Background

More often than none we assume that doctors enjoy their work, which they more than likely do they after enduring years of school for the sake of providing service and helping. But with the job they presumably love comes great stress and burden to “always be correct” and available. Though we all, as individuals know that they endure both identical and additional stressors to the average Joe we still expect a lot from them as the patient or consumer.This need or desire by patients being known by the caregivers puts them at a higher risk for a lower level of emotional and interpersonal wellness. Lower levels of these dimensions of wellness can cause burnout, which in turn can affect interpersonal relationships in their personal and home lives. Burnout is also associated with not being able to live up to others’ or a satisfactory patient-physician relationship and having to lower their personal aspirations in providing care.

A study was done investigating the relationship between patient-physician communication and caregiving burden. This study consisted of ill patients ages 60 and older and their caregivers. The study analysed the perceived communication concerns, including agreement as well as caregiver burden. The results revealed **that 39.9% of the caregivers desired more communication and 37.3% reported communication to be difficult. In regards to the patients 20.2% desired more communication and 22.3% reported difficulty. This study also revealed many disagreements between the two groups showing that of the caregivers who desired more communication 83.1% did not; and of the patients who desired this 66.7% caregivers did not. With this data it was concluded that the caregivers who desired more communication reported higher levels of caregiver burden.**

There’s also a domain of communication between the caregivers that can affect the wellbeing of a health care professional. Researchers concluded that miscommunication between healthcare professionals is at a higher risk during “hand offs” or transfers which is most likely during shift changes. During this time important information is passed along to those who’re covering that professional’s shift, which if miscommunicated can lead to error both financially as well as physically (the loss of a life). A study was conducted in nine hospitals showing a correlation between communication with healthcare providers during hand offs and medical errors or preventable events. **The results were that with the improvement of communication between healthcare providers medical errors and avoidable events by 30%.**

Researchers found that over **90,000 Americans died each year due to medical error based on data from New York hospitals of the early 1980s**. Of the developed countries in the world, the US trails in the use of electronic medical records which also makes new and improved methods harder to attain. An article was also written by The American College of Obstetricians and Gynecologists stating that the use of a **patient -centered interview (Five Step Patient-Centered Interviewing), caring communication (AIDET and The RESPECT Model) and shared decision making improves communication and boots patient satisfaction.**

All of these can contribute to burnout syndrome, which is a psychological state as a result from prolonged exposure to job stressors. Although determinants differ between the healthcare professionals it was found in a study that **about 50% of critical care physicians and within one third of the critical care nurses suffer from burnout. Another study done in Sweden, conducted in 2003, concluded that out of the sample of 423 participant health health care professionals about 59% of the total variation of causes for burnout was emotional exhaustion.**

<http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=1&sid=caf99627-9ab1-445e-a9a5-5ab142ae34e2%40sessionmgr1>

<https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co587.pdf?dmc=1&ts=20160909T2316243318>

<https://ww2.kqed.org/stateofhealth/2014/11/25/miscommunication-a-major-cause-of-medical-error-study-shows/>

<http://www.nejm.org/doi/full/10.1056/NEJMsa1405556>

<http://journals.lww.com/journalpatientsafety/Fulltext/2013/09000/A_New,_Evidence_based_Estimate_of_Patient_Harms.2.aspx>

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2007.04111.x/full>

<http://journals.lww.com/co-criticalcare/Abstract/2007/10000/Burnout_syndrome_among_critical_care_healthcare.4.aspx>