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Letter to the editor

Training in communication skills, end-of-life care, and coping strategies as the key to preventing burnout in clinicians

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Dear Editor,

We thank the authors of the letter to the Editor entitled “Burnout and devastated feeling on patients' death: Universal to clinicians” for their thoughtful comments on the article by Rodríguez-Rey et al.¹ and for raising the important point of emotional distress of clinicians resulting from patients' deaths, irrespective of the medical specialty. Their comments are fully coherent with the conclusions of the study by Rodríguez-Rey et al.,¹ with the literature in the field^{2,3}, and with their clinical experience, as well as with our own experience. In fact, results of the study conducted by Rodríguez-Rey et al.¹ on professionals working in paediatric intensive care units (PICUs) and in other paediatric settings showed that the death of a patient was significantly associated with a higher risk of experiencing burnout syndrome (BOS) and posttraumatic stress disorder (PTSD).

Considering that in the PICU, the death of a patient is more frequent than in other units, Rodríguez-Rey et al.¹ hypothesised that PICU staff would report a higher prevalence of BOS and PTSD than professionals in other wards. However, no significant differences emerged. It seems therefore that the infrequent occurrence of the death of a patient in noncritical units (e.g. cardiology, neurosurgery) leads to the same level of distress as the more frequent death of a patient in the PICU. A possible explanation is that professionals in noncritical units could be less trained to face the death of a patient. According to previous studies, we believe that such training should include communication skills to provide end-of-life care, emotion self-regulation, and active coping strategies.^{1,4,5}

It should also be accounted that not only the death of a patient but also many other factors, such as conflicts with colleagues or inadequate coping strategies, are related to higher risk of BOS. Unfortunately, it is not possible to avoid the death of some of

our patients; however, communication difficulties and inadequate coping strategies in such difficult situations are modifiable risk factors. Besides, communication difficulties can create a vicious circle: Problems in these areas predispose clinicians to higher levels of BOS, and professionals with higher levels of BOS will have increased difficulties in communication with their patients and other members of the team.⁶

Consequently, we consider that providing training in communication skills, end-of-life-care, coping strategies, and emotion self-regulation in every field of specialisation is crucial to prevent higher levels of BOS and PTSD, contributing to maintain professionals' wellbeing.

Approval of Institutional Review Board

Not needed.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.aucc.2019.01.008>.

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