*Original Article*

# The Relationship between Burnout and Interpersonal Communication in Medical Inpatient Nurses

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**Abstract**

**Introduction:** Nursing management involves organising, supervising, and developing the skills of nurses to ensure optimal service standards. Burnout, characterised by significant physical, mental, and emotional exhaustion, can negatively impact individual performance. Interpersonal communication is one of the contributing factors to burnout, accounting for 28.7%, with the remaining 71.3% attributed to other factors. If left unaddressed, burnout can adversely affect the quality of nursing care. This study aims to determine the relationship between burnout and interpersonal communication among inpatient medical nurses. **Methods:** This study utilised a quantitative research method with a descriptive correlational research design and a cross-sectional approach. The Spearman Rank statistical test was employed to analyse the data. The sampling technique used was Total Sampling, and the analysis was carried out through bivariate analysis. **Results:** The majority of respondents were aged 31-40 years (standard deviation = 7.074), with most being female (92.9%, n = 78). Most respondents held a diploma in nursing (D3) (55.9%, n = 47). In terms of marital status, 83.3% (n = 70) were married, and the majority had more than 10 years of work experience (47.6%, n = 40). Regarding burnout dimensions, 81.0% of respondents experienced low emotional exhaustion, 79.8% showed low depersonalisation, and 100% exhibited high personal achievement. Statistical analysis revealed a negative relationship between burnout and interpersonal communication, with a $p$-value of 0.000 < 0.05. Spearman Rank correlations were as follows: -0.348 for emotional exhaustion, -0.452 for depersonalisation, and -0.568 for personal achievement. **Conclusion:** The study concluded that there is a significant relationship between burnout and interpersonal communication among inpatient medical nurses. This highlights the importance of addressing burnout to improve communication and overall nursing care quality.

*Keywords: Burnout; Implementing Nurse; Interpersonal Communication*

## Introduction

Nursing management is an important element in the health care system that aims to ensure that nurses are able to provide quality and effective services to patients. Along with the growing challenges in the health sector, such as the increasing number of patients, limited resources, and demands for high-quality services, the role of nursing management is becoming increasingly crucial in managing and supporting nursing staff (Monica & Sureskiarti, 2022). Improving patient care outcomes and nursing job

satisfaction, as well as reducing the risk of medical errors and patient complications, is a good environment in nursing management (Coster, Watkins & Norman, 2017). In the context of human resources (HR), nursing management includes organising, supervising, and developing the skills of nurses to ensure optimal service standards. In a complex hospital environment, HR management of nurses plays a vital role in ensuring the availability of skilled professionals who are responsive to patient needs (Marquis & Huston, 2017). Research by Mahvar *et al.* (2020) indicates that depersonalisation among nurses negatively impacts the quality of interpersonal communication. Nurses experiencing higher levels of depersonalisation face greater challenges in establishing effective professional relationships with both patients and colleagues, which subsequently affects their job satisfaction and the quality of care provided. High job demands, excessive workloads, and an unconducive work environment can trigger burnout (Agung Yudhianto, 2023). Burnout is characterised by prolonged physical and emotional exhaustion, decreased performance, and negative feelings toward the job or responsibilities held. Maslach and Leiter (2016) stated that burnout can occur when job demands exceed available resources, which can be triggered by various factors, including high workload, lack of social support, and inconsistency between individual and organisational values.

Burnout has been identified by the World Health Organisation (WHO) as a serious global problem, especially in the health sector. WHO defines burnout as a condition that arises from chronic work stress that is not managed properly, and in 2019, burnout was included in the International Classification of Diseases (ICD-11) as an occupational phenomenon. WHO noted that around 41% to 52% of health workers worldwide show symptoms of burnout, including emotional exhaustion, depersonalisation, and decreased work performance. This condition not only has a negative impact on individuals who experience burnout, but also on the quality of health services (WHO, 2019). The quality of health services in Indonesia and the welfare of nurses are things that must be maintained. Data from the Indonesian National Nurses Association (PPNI) shows that around 30% to 40% of nurses experience symptoms of burnout, including emotional exhaustion, depersonalisation, and decreased professional achievement. This figure shows that burnout is a mental health problem that must be addressed immediately to maintain the welfare of nurses and the quality of health services in Indonesia (Juanamasta *et al.*, 2024). The high prevalence among nurses is influenced by various work, psychological, and demographic factors that can contribute to the development of burnout (Cañadas-De la Fuente *et al.*, 2018). Interpersonal communication is an essential skill for every nurse in carrying out their duties. Communication is one of the important ways to prevent burnout. In primary prevention, communication plays a role in preventing burnout. In secondary prevention, communication helps to cope with and prevent worsening of symptoms. In tertiary prevention, communication supports the reintegration of individuals into their work lives while preventing the recurrence of burnout. The ability to communicate effectively helps nurses convey medical information clearly and understand patient needs and concerns, which contributes to patient satisfaction and the success of the care process (Marquis & Huston, 2017). Burnout has become an emergency that is increasingly getting attention in various sectors, especially in demanding work environments such as the health sector. This phenomenon not only affects the mental well-being of nurses, but also the quality of services they provide, which ultimately has a negative impact on the institution as a whole. Therefore, it is important to address burnout in nurses with interpersonal communication. If not addressed in the context of health care, where the interaction between nurses and patients is very important, burnout can interfere with effective communication and good relationships between medical personnel and patients as well as collaboration with other medical personnel.

**Methodology**

This study uses a quantitative research method that focuses on measuring and analysing numerical data. The researcher uses a descriptive and correlational research design. This design is used to obtain an overview of an incident with a cross-sectional approach to determine the relationship between burnout and interpersonal communication in medical inpatient nurses.

### Research Design

This study employed a quantitative research approach focusing on numerical data measurement and analysis. A descriptive and correlational research design was used to provide a general understanding of the phenomenon and to examine the relationship between burnout and interpersonal communication among inpatient nurses. The research adopted a cross-sectional study design, which means data were collected at a single point in time to determine associations between the study variables (Astuti *et al.*, 2022).

### Study Setting and Population

The research was conducted at RSUD Arifin Achmad Pekanbaru, Indonesia specifically in the medical inpatient wards. This hospital was selected as the study site because it serves as both a teaching hospital and a referral centre in Riau Province, Indonesia. Additionally, no prior research had been conducted on the relationship between burnout and interpersonal communication among nurses in the medical inpatient department. The medical inpatient wards were chosen because they have a higher division of work areas and a monotonous, repetitive work pattern compared to other inpatient departments, making them a relevant setting for studying burnout and communication challenges among nurses.

The study population consisted of all inpatient nurses working in the medical wards at RSUD Arifin Achmad Pekanbaru. The study utilised a total sampling technique, meaning that all 84 nurses working in the medical inpatient department were included in the study. These nurses were distributed across five inpatient units.

### Variables and Measurement Instruments

The study examined two main variables, Independent Variable: Burnout and Dependent Variable: Interpersonal Communication. Burnout was assessed using the Maslach Burnout Inventory Human Services Survey (MBI-HSS-MP), which consists of 22 items measuring three dimensions: Emotional Exhaustion (9 items), Depersonalisation (5 items) and Personal Achievement (8 items). Interpersonal communication was measured using a Likert scale with four response options: Strongly Agree (4), Agree (3), Disagree (2), Strongly Disagree (1). For negatively worded (unfavorable) items, the scoring was reversed: Strongly Agree (1), Agree (2), Disagree (3), Strongly Disagree (4) (Masitoh, Putri & Fahdi, 2022).

### Data Collection Process

The data collection was conducted using structured questionnaires and interviews. The process followed these steps: Screening and Inclusion/Exclusion Criteria: Identifying nurses who met the inclusion criteria. Explaining the Research Purpose: Informing participants about the objectives of the study and the research procedures. Obtaining Informed Consent: Ensuring voluntary participation with signed consent forms. Distributing the Questionnaires: Providing self-administered questionnaires to participants. Checking and Collecting Questionnaires: Ensuring completeness of responses before data processing. Data Processing and Analysis: Conducting statistical analysis using SPSS (Statistical Package for the Social Sciences) software.

### Data Processing and Analysis

Editing: Checking the accuracy and completeness of collected data and ensuring all responses were correctly recorded before analysis. Coding: Assigning numerical values to variables for statistical analysis. Data Entry: Entering the responses into SPSS software using numerical codes and ensuring that data entry was accurate and complete. Data Cleaning: Verifying the dataset for missing or incorrect values and ensuring all questionnaires were fully completed before statistical analysis. The data Univariate Analysis: Used to describe demographic characteristics and study variables and data were

presented using frequency distributions, means, medians, standard deviations, minimum, and maximum values. Bivariate Analysis: Statistical significance was set at $p < 0.05$ with speaman-rank.

**Ethical Consideration**

The research obtained ethical clearance from the Health Research Ethics Commission of Hang Tuah University, Pekanbaru, Indonesia with reference number 545/KEPK/UHTP/XII/2024 on 20th December 2024.

**Results**

Based on the results of statistical data processing, the ages of the implementing nurses are as shown in Table 1.

*Table 1: Frequency distribution of respondents based on the age of the implementing nurses in the medical inpatient room of Arifin Achmad Regional Hospital, Riau Province (n = 84)*

|  | N | Range | Min-max | Median | Mean | Standard Deviation |
|---|---|---|---|---|---|---|
| **Ages** | 84 | 34 | 24-58 | 38 | 37.79 | 7.074 |

Based on Table 1 above, the age of respondents has normal distribution data with an average age of implementing nurses of 37.79 with a minimum age of implementing nurses of 24 years and a maximum age of 58 years with a standard deviation of 7.074.

*Table 2: Respondent Characteristics Based on Gender, Last Education, Marital Status, Length of Service (n= 84)*

| Number | Respondent Characteristics | Frequency (N) | Percentage (%) |
|---|---|---|---|
| 1 | *Gender* |  |  |
|  | Male | 6 | 7.1 |
|  | Female | 78 | 92.9 |
| 2 | *Last Education* |  |  |
|  | D3 Kep. | 47 | 56.0 |
|  | S1 | 15 | 17.9 |
|  | Ners | 22 | 26.2 |
| 3 | *Marital Status* |  |  |
|  | Not Married Yet | 14 | 16.7 |
|  | Married | 70 | 83.3 |
| 4 | *Length of Service (year)* |  |  |
|  | < 5 | 15 | 17.9 |
|  | 5 – 10 | 29 | 34.5 |
|  | > 10 | 40 | 47.6 |
|  | Total | 84 | 100 |

Table 2 shows the characteristics of respondents based on gender, the majority of respondents are female as many as 78 people (86.4%). In terms of the last education, the majority of respondents have the last education as D3 Nursing as many as 47 people (56.0%). The distribution of respondents' marital status shows that from a total of 84 respondents, the majority, namely 70 people (83.3%) are married. In addition, based on the length of work, the majority of respondents have more than 10 years of work experience, as many as 40 people (47.6%).

**Table 3: Frequency Distribution of Burnout Variables**

| Number | Category | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | *Emotional Exhaustion* | | |
| | Low | 68 | 81.0 |
| | Medium | 11 | 13.1 |
| | High | 5 | 6.0 |
| | Total | 84 | 100 |
| 2 | *Depersonalisation* | | |
| | Low | 67 | 79.8 |
| | Medium | 13 | 15.5 |
| | High | 4 | 4.8 |
| | Total | 84 | 100 |
| 3 | *Personal Achievement* | | |
| | Low | 0 | 0 |
| | Medium | 0 | 0 |
| | High | 84 | 100 |
| | Total | 84 | 100 |

Based on Table 3, it can be seen that out of 84 respondents in the aspect of emotional exhaustion, most respondents are classified as low, amounting to 68 people (81.0%). Then in the aspect of depersonalisation, most respondents have depersonalisation that is classified as low, amounting to 67 people (79.8%). In the aspect of personal achievement in this study, it was found that all respondents have personal achievement that is classified as high, amounting to 84 people (100%).

**Table 4: Frequency Distribution of Interpersonal Communication Variables**

| Number | Category | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | Low | 17 | 20.2 |
| 2 | High | 67 | 79.8 |
| | Total | 84 | 100 |

Based on Table 4, it can be seen from 84 respondents at Arifin Achmad Regional Hospital that in the interpersonal communication variable for inpatient medical nurses, the majority of respondents have high interpersonal communication, namely 67 people (79.8%), while 17 nurses (20.2%) have low interpersonal communication.

**Table 5: Relationship between Burnout (Emotional Exhaustion) and Interpersonal Communication in Medical Inpatient Nurses**

| Burnout | Category | Interpersonal | Communication | Total | *Pvalue* | Correlation Coefficient (*r*) |
|---|---|---|---|---|---|---|
| | | **Low** | **High** | | | |
| Emotional Exhaustion | Low | 12 (17.6%) | 56 (82.4%) | 68 (100%) | | |
| | Medium | 4 (36.4%) | 7 (63.6%) | 11 (100%) | | |
| | High | 1 (20%) | 4 (80%) | 5 (100%) | | |
| | Total | 17 (20.2%) | 67 (79.8%) | 84 (100%) | 0.001 | -0.348 |

Based on Table 5 shows the P value obtained from the analysis of bivariate data correlation between emotional exhaustion indicators and interpersonal communication that in 68 respondents with low emotional exhaustion, 12 people (17.6%) had low interpersonal communication and 56 people (82.4%) high. Furthermore, there were 11 respondents with moderate emotional exhaustion, 4 people (36.4%) had low interpersonal communication and 7 people (63.6%) high. Furthermore, there were 5 respondents with high emotional exhaustion, 1 person (20%) had low interpersonal communication and 4 people (80%) high, with a *p*-value of 0.001 <0.05 and a correlation value of -0.348 which means there is a relationship between emotional exhaustion indicators and interpersonal communication with a negative relationship direction (not unidirectional) which means the higher the emotional exhaustion, the lower the interpersonal communication with which is in the coefficient range of 0.2 - <0.4 with a weak relationship level.

**Table 6: Relationship between Burnout (Depersonalisation) and Interpersonal Communication in Medical Inpatient Nurses**

| Burnout | Category | Interpersonal | Communication | Total | *P value* | Correlation Coefficient (*r*) |
|---|---|---|---|---|---|---|
| | | **Low** | **High** | | | |
| **Depersonalisation** | Low<br>Medium<br>High | 13 (19.4%)<br>3 (23.1%)<br>1 (25%) | 54 (80.6%)<br>10 (76.9%)<br>3 (75%) | 67 (100%)<br>13 (100%)<br>4 (100%) | | |
| | Total | 17 (20.2%) | 67 (79.8%) | 84 (100%) | 0.000 | -0.452 |

Based on Table 6, depersonalisation indicator with interpersonal communication, 67 respondents with low depersonalisation found 13 people (19.4%) had low interpersonal communication and 54 people (80.6%) had high. Furthermore, there were 13 respondents with moderate depersonalisation found that 3 people (23.1%) had low interpersonal communication and 10 people (76.9%) had high. Furthermore, there were 4 respondents with high depersonalisation found 1 person (25%) had low interpersonal communication and 3 people (75%) had high, with a *p*-value of 0.000 <0.05 with a correlation value of -0.452 which means there is a relationship between the depersonalisation indicator and interpersonal communication with a negative direction (not in the same direction) which means the higher the depersonalisation, the lower the interpersonal communication with a coefficient range of 0.4 - <0.6 and a moderate relationship level.

**Table 7: Relationship between Burnout (Personal Achievement) and Interpersonal Communication in Medical Inpatient Nurses**

| *Burnout* | Category | Interpersonal | Communication | Total | P value | Correlation Coefficient (*r*) |
|---|---|---|---|---|---|---|
| | | **Low** | **High** | | | |
| **Personal Achievement** | Low<br>Medium<br>High | 0 (0%)<br>0 (0%)<br>17 (20.2%) | 0 (0%)<br>0 (0%)<br>67 (79.8%) | 0 (0%)<br>0 (0%)<br>84 (100%) | | |
| | Total | 17 (20.2%) | 67 (79.8%) | 84 (100%) | 0.000 | -0.568 |

On the personal achievement indicator with interpersonal communication, 84 respondents with high personal achievement found 17 people (20.2%) had low interpersonal communication and 67 people (79.8%) had high, with a *p*-value of 0.000 <0.05 with a correlation value of -0.568 which means there is a relationship between personal achievement indicators and interpersonal communication which is in the range of 0.4 - <0.6 with a moderate relationship level and a negative relationship direction (not in the same direction). This means that the higher the decline in personal achievement, the lower the nurse's interpersonal communication will be (Table 7).

**Discussion**

***a. Relationship between burnout (emotional exhaustion) and interpersonal communication in medical inpatient nurses***

Based on the results of the study, there is a significant relationship or correlation between the indicators of emotional exhaustion and interpersonal communication with a correlation value of -0.348 and a weak relationship level and a negative relationship direction (not in the same direction) meaning that the higher the burnout (emotional exhaustion) the lower the nurse's interpersonal communication. This proves that burnout (emotional exhaustion) is related to interpersonal communication in medical inpatient nurses. The results of this study are in line with research conducted by Geun and Park (2019) which shows that high interpersonal communication contributes to increasing nurse productivity and reducing levels of emotional exhaustion. The study by Gül (2021) revealed a significant positive relationship between emotional intelligence and communication skills among healthcare staff. This highlights that higher levels of emotional intelligence contribute to improved interpersonal communication abilities in healthcare settings. This can help reduce emotional exhaustion. Based on the results of research conducted by (Widyakusumastuti & Fauziah, 2016) found a significant negative relationship between interpersonal communication and emotional exhaustion in nurses. The more

effective the interpersonal communication of nurses, the lower the level of burnout experienced. Interpersonal communication contributed 49.7% to the reduction of burnout, while the rest was influenced by other factors. The reason behind this finding is that effective interpersonal communication allows nurses to build good relationships with patients and coworkers, thus creating a more supportive work environment and reducing stress. The ability to communicate well also helps nurses in dealing with conflict and workload, which can ultimately reduce the risk of burnout.

### b. Relationship between burnout (depersonalisation) and interpersonal communication in medical inpatient nurses

On the depersonalisation indicator with interpersonal communication, a correlation value of -0.452 was obtained with a moderate relationship level and a negative relationship direction (not in the same direction), meaning that the higher the burnout (depersonalisation), the lower the nurse's interpersonal communication. This proves that burnout (depersonalisation) is related to interpersonal communication in medical inpatient nurses. This study is in line with research conducted by (Widyakusumastuti & Fauziah, 2016) at the Semarang City Hospital. This study involved 119 inpatient nurses under the age of 40. The results of the data analysis showed a correlation coefficient (r) of -0.705 with a significance level of $p = 0.000$ ($p < 0.01$), which indicates a significant negative relationship between interpersonal communication and burnout in nurses. This means that the higher the effectiveness of interpersonal communication, the lower the level of depersonalisation experienced by nurses. In addition, research by Febriyani, Masitoh & Kurniasih (2024) at PKU Muhammadiyah Hospital Yogyakarta also showed a significant relationship between interpersonal communication and burnout incidents in nurses in the inpatient ward, with a significance value of $p = 0.004$. This finding indicates that good interpersonal communication can reduce the level of burnout in nurses. Research by Mahvar *et al.* (2020) indicates that depersonalisation among nurses negatively impacts the quality of interpersonal communication. Nurses experiencing higher levels of depersonalisation face greater challenges in establishing effective professional relationships with both patients and colleagues, which subsequently affects their job satisfaction and the quality of care provided.

### c. Relationship between burnout (personal achievement) and interpersonal communication in medical inpatient nurses

In the personal achievement indicator with interpersonal communication, a correlation value of -0.568 was obtained with a moderate level of relationship and a negative relationship direction (not in the same direction), meaning that the higher the burnout (decrease in personal achievement), the lower the nurse's interpersonal communication. This proves that burnout (personal achievement) is related to interpersonal communication in medical inpatient nurses. Maslach and Jackson's Burnout Theory: Decreased Performance: Decreased performance due to burnout can have an impact on the quality of communication with patients. This study aligns with research by Mirnawati (2020), which found that effective interpersonal communication between nurses significantly contributes to inpatient satisfaction. Key factors such as empathy, caring attitudes, and mutual respect play a crucial role in fostering positive nurse-patient relationships. This study shows a positive and significant relationship between nurses' interpersonal communication and patient satisfaction. The higher the communication carried out by nurses, the higher the level of patient satisfaction with the services received, thereby increasing personal achievement. Another study conducted by (Ma'arif & Eliyana, 2019) found that good interpersonal communication can increase job satisfaction and reduce the risk of burnout in nurses. This study shows that nurses who have effective interpersonal communication skills tend to have higher personal achievement and lower levels of burnout.

Research by Agung Yudhianto (2023) supports this finding by demonstrating a significant negative relationship between effective interpersonal communication and burnout levels among emergency room nurses. This indicates that better interpersonal communication is associated with lower levels of burnout experienced by nursesGood interpersonal communication can increase job satisfaction and a sense of personal accomplishment, which are protective factors against burnout. Based on the results of the study, it can be assumed that there is a significant negative relationship between burnout and

interpersonal communication in inpatient nurses. The higher the level of burnout experienced by nurses, the lower the quality of their interpersonal communication. Conversely, effective interpersonal communication can help reduce burnout levels by creating a more supportive work environment and improving relationships with patients and coworkers (Lastari *et al*., 2024; Surya & Adiputra, 2017).

Interpersonal Communication Theory: Transactional Communication Model: Communication is a two-way process that influences each other. When a nurse experiences burning out, their ability to participate in healthy and productive interactions with patients will be impaired. In addition, good interpersonal communication not only contributes to increased patient satisfaction but can also increase job satisfaction and a sense of personal accomplishment in nurses. This suggests that effective interpersonal communication can act as a protective factor against burnout. Thus, it can be assumed that improving interpersonal communication skills in nurses can be an important strategy in reducing burnout levels and creating a healthier and more productive work environment (Dudija & Putri, 2025; Utami *et al*., 2020).

**Conclusion**

The study conducted in the medical inpatient room of Arifin Achmad Hospital aimed to explore the relationship between burnout and interpersonal communication among medical inpatient nurses. The findings revealed that the average age of respondents was 38 years. Most of the nurses were female, held a D3 (Diploma) degree as their highest education, were married, and had over 10 years of work experience. These demographic factors provided valuable insights into the professional background of the participants and their potential impact on burnout and communication skills.

The study further analysed burnout in terms of emotional exhaustion, depersonalisation, and personal achievement. The results indicated that the majority of nurses experienced low emotional exhaustion and low depersonalisation while demonstrating high personal achievement. These findings suggest that despite the demanding nature of their work, many nurses maintained resilience and job satisfaction, possibly due to their experience and coping mechanisms developed over the years. Regarding interpersonal communication, the study found that most of the respondents had high levels of interpersonal communication skills. Effective communication is a crucial aspect of nursing, facilitating better patient care, teamwork, and professional relationships. The ability of the nurses to maintain strong interpersonal communication despite workplace stress indicates their commitment to patient-centered care and professional collaboration. Data analysis of 84 respondents demonstrated a significant relationship between burnout (emotional exhaustion, depersonalisation, and personal achievement) and interpersonal communication among medical inpatient nurses. This relationship highlights the importance of addressing burnout to enhance communication effectiveness in healthcare settings. Nurses experiencing high levels of burnout may struggle with effective communication, potentially affecting patient care and workplace dynamics.

Future research can explore interventions to mitigate burnout among nurses while enhancing their interpersonal communication skills. Longitudinal studies can be conducted to assess how burnout and communication evolve over time, particularly in response to policy changes, workload variations, and training programs. Additionally, investigating the role of organisational support, psychological resilience, and coping strategies could provide deeper insights into improving nurse well-being and communication effectiveness. Comparative studies across different healthcare facilities and departments may also help in understanding broader trends and best practices for mitigating burnout and fostering professional communication in nursing.

**Conflict of Interest**

The authors affirm that there are no conflicting objectives.

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