

# Telemedicine: A Feasible Treatment for Burnout among Students Amidst the COVID-19 Pandemic and Thereafter

ISSN: 2689-2707



**\*Corresponding author:** Joy O Thuruthel,  
The Graduate School, Manila

**Submission:** 📅 February 14, 2022

**Published:** 📅 March 01, 2022

Volume 3 - Issue 3

**How to cite this article:** Thuruthel JO. Telemedicine: A Feasible Treatment for Burnout among Students Amidst the COVID-19 Pandemic and Thereafter. Trends Telemed E-Health. 3(3). TTEH. 000561. 2022. DOI: [10.31031/TTEH.2022.03.000561](https://doi.org/10.31031/TTEH.2022.03.000561)

**Copyright@** Thuruthel JO, This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use and redistribution provided that the original author and source are credited.

**Thuruthel JO\***

The Graduate School, Manila

---

## Abstract

Telemedicine became a game-changer in the health care system, especially during the current pandemic. COVID-19 disrupted the lives of everyone, particularly the students who are deprived of the optimal learning facilities and opportunities for socialization. These factors impacted their overall wellbeing and considerably increased their stress and burnout. In this precarious situation, the study opines that telemedicine is a feasible solution to address the emerging issue of burnout adequately by ensuring the safety of students and professionals and the benefits of everyone. It can serve as an optimal response for averting the risk of depression/addictions and maintaining their overall wellbeing. The techno-savvy new generation can quickly adapt and greatly benefit from telemedicine amidst the current pandemic and after that, with minimal cost and maximum benefits.

**Abbreviations:** WHO: World Health Organization; ICD-11: International Classification of Diseases; APA: American Psychological Association

---

## Opinion

COVID-19 pandemic disturbed the rhythm of our lives and heightened our awareness of novel ways of care. It compelled us to increase the utilization of rapidly evolving telemedicine immensely. It provides access to high-quality, efficient, affordable, and cost-effective health care services to patients while maintaining social distance to ensuring patients' and professionals' safety [1,2]. Telemedicine employs mobile and internet communication media to share documents and images. Real-time interactions are made feasible through teleconferencing, video calls, and live chats, and they facilitate accurate assessment and live monitoring of the clinical situation for a prompt response [3]. Empirical evidence suggests that the COVID-19 has adversely impacted the mental health of every section of society and a significant increase in stress, anxiety, depression, and burnout among students [4-6].

The World Health Organization (WHO) has enlisted burnout in the 11th edition of the International Classification of Diseases (ICD-11). It continues to adversely affect the lives of both employees and students around the globe. The research findings associate burnout with poor psychological, academic, social, and physical wellbeing with a greater risk of slipping into depression and addictions [7]. The increasing cases of student burnout challenge the mental health professionals to expand their practice of telemedicine to these areas as well. The educators need to be keen to provide students with the opportunities tele counseling or teletherapy during the current pandemic. They have to ensure the practice of telepsychology according to the guideline established by APA [8]. Considering the impact of burnout on the overall functioning and wellbeing of students, telemedicine can be a feasible and rather readily available possibility for treating burnout and ensuring the optimal health of students [2].

WHO defined telemedicine as prompt and efficient delivery of health care services through the electronic medium for diagnosing the health problem, planning treatment, preventing diseases, curing injuries, conducting research and evaluations, educating health care professionals and laypeople, and improving the overall wellbeing of everyone. The evaluation of telemedicine can be traced to the utilization of ancient hieroglyphs and scrolls to share health information and smoke signals to alert nearby cities of sickness or outbreak of epidemic. The last two centuries saw extensive telegraph use and later telephones to request medical supplies and team to war zones [1,9]. The second half of the 20th century, with the development of television and video technology and its widespread use in military, space and health care sectors underscored the telemedicine' relevance. The emergence of the internet revolutionized telemedicine services by significantly improving the quality of images, vital signals, ECG, live audio, and video interactions. The widespread use of mobile technology considerably enhanced the experience of patients and health professionals [1]. With the emergence of the current pandemic, many federal governments deemed telemedicine as a more feasible alternative to a face-to-face visit to fulfil the right to health articulated by the UN: accessibility, availability, participation, accountability, acceptability, and good quality [10,11].

The advantages of adopting telemedicine includes: (a) overcoming distance barriers to clinical assistance, education and health care; (b) monitoring and interacting in real time and responding promptly with the assistance of web-enabled computers and smartphones; (c) reducing fatigues of clinic visits for consultation, follow-up, especially those with geriatric mental ailments and secondary or tertiary diseases; (d) improving professional efficacy, quality control of screening process and accessibility to information's; (e) ensuring real time availability of quality health care services to those who have inhibitions of clinic visits or inaccessible resources; (f) reducing considerably health care costs and visiting room waiting; (g) enhancing the convenience of both patient and health professionals; (h) disseminating reliable healthcare information to larger groups for prevention; (i) caring chronic patients and breaking the chains in times of pandemic (j) deploying healthcare providers in urgent area; (k) networking with urban and rural healthcare facilities; (l) conserving and transmitting records virtually to facilitate comprehensive understanding and further scrutiny and (m) stabilizing patients with anxiety, depression, so on without a clinic visit [1,10,12].

The clinicians observed that the practice of telemedicine considerably improved the healthy behaviour and efficiency of recipients [13]. The records show that telemedicine played a significant role in mental health care during the current pandemic.

The need of the hour compelled several federal states of the US to revise their policies on telemedicine [14]. Empirical evidence shows that student burnout is connected with poor psychological wellbeing. The ICD-11 defined burnout as a three-dimensional psychological phenomenon of emotional exhaustion, cynicism/ depersonalization, and professional efficacy/sense of inadequacy. Burnout significantly affected their daily functioning, academic performance, and interpersonal relationships. They manifested a decline of interest in academic matters, emotional distancing from educational institutions, and incompetency as a student. They experienced loneliness, isolation, social withdrawal, and a sense of inadequacy. When student burnout is not appropriately addressed, there is a greater risk of slipping into depression or various addictions like drugs, alcohol, and internet gaming [15].

For this reason, students who are at risk of burnout will substantially benefit from the practice of telepsychology. The educators can encourage them to examine the state of mental health and if it is required to receive professional assistance at an affordable rate or even free of cost to maintain their overall wellbeing. The digital generation of students is in an advantageous position to use telehealth, which includes: excellent digital literacy, high internet connectivity, availability of appropriate technological devices (smartphone, desktops, laptops, tabs, smart-watches), familiarity in virtual communication (text messaging, video conferencing, chat rooms or emails), minimal cost of resources (time and finance), and competence in the digital transmission of adequate data and feedback for assessment and evaluation [16]. Telecounseling carried out from the comfort and privacy of their homes alleviates the social stigma related to seeking professional help or divulging the details of their mental health. Teletherapy might reduce anxiety and facilitate a trusting relationship with a counsellor for sharing and a willingness to accept help. In the current scenario, with various protocols of social distancing and fear of infection, health professionals are cautious in accepting clients in the office. In this regard, telepsychology and teleconsultation significantly complement each other in addressing student burnout. It provides prompt relief and mitigates the symptoms before worsening to depression or slipping to other addictions. Teletherapy facilitates virtual education to improve mental health. Studies suggest that students with burnout tend to isolate themselves but they are more likely to communicate using their devices or be more verbose. Communication with a teletherapist in an online therapy chat room may overcome these barriers [17].

Despite the various benefits of telemedicine, it is not free from certain limitations. To date, there are no globally accepted regulatory policies and licensing standards concerning data privacy, technological and professional requirements, and the

policies vary from country to country. The USA strongly promotes e-health/telepsychiatry, but it requires standard devices and broadband internet connections to bolster information, images, and sound transmission. In the absence of physical interactions with patients and health professionals, establishing and nourishing quality relationships with the client is challenging. Protecting patients' right, ensuring the quality transmission of data, good internet connectivity, etc., are a few limitations in the attempt of telemedicine to larger sections of society [1,18]. However, the benefits of telemedicine outweigh its limitations. In brief, telemedicine has immense scope for addressing the emerging issue of burnout among students adequately. It can be quickly adapted to various levels of education and beyond the boundaries and locations. A standardized and effective intervention program for burnout among students in the clinical setting is yet to be established. Telemedicine practitioners are challenged to explore and develop a culture-free and efficacious treatment program to reduce the symptoms of burnout and improve the overall wellbeing of students.

## References

- Kichloo A, Albosta M, Dettloff K, Wani F, El-Amir Z, et al. (2020) Telemedicine, the current COVID-19 pandemic, and the future: A narrative review and perspectives moving forward in the USA. *Family Medicine and Community Health* 8(3): 1-9.
- Monaghesh E, Hajizadeh A (2020) The role of telehealth during COVID-19 outbreak: A systematic review based on current evidence. *BMC Public Health* 20(1): 1193.
- (2013) What is Telemedicine? American Telemedicine Association, USA.
- Chhetri B, Goyal LM, Mittal M, Battineni G (2021) Estimating the prevalence of stress among Indian students during the COVID-19 pandemic: A cross-sectional study from India. *Journal of Taibah University Medical Sciences* 16(2): 260-267.
- Volken T, Zysset A, Amendola S, Swormink KA, Huber M, et al. (2021) Depressive symptoms in Swiss University students during the COVID-19 pandemic and its correlates. *International Journal of Environmental Research and Public Health* 18(4): 1458.
- Kaggwa MM, Kajjimu J, Serunkuma J, Najjuka SM, Atim LM, et al. (2021) Prevalence of burnout among university students in low- and middle-income countries: A systematic review and meta-analysis. *PLOS ONE* 16(8): 1-21.
- Salmela-Aro K, Read S (2017) Study engagement and burnout profiles among Finnish higher education students. *Burnout Research* 7: 21-28.
- (2013) Guidelines for the Practice of Telepsychology. American Psychological Association, p. 1-26.
- Hurst EJ (2016) Evolutions in telemedicine: From smoke signals to mobile health solutions. *J Hosp Librariansh* 16(2): 174-185.
- Hong Z, Li N, Li D, Li J, Li B, et al. (2020) Telemedicine during the COVID-19 pandemic: Experiences from Western China. *Journal of Medical Internet Research* 22(5): e19577.
- (2016) Toolkit on the right to health: United Nations human rights office of the high commissioner.
- Hau YS, Kim JK, Hur J, Chang MC (2020) How about actively using telemedicine during the COVID-19 pandemic? *Journal of Medical Systems* 44(6): 108.
- Hjelm NM (2005) Benefits and drawbacks of telemedicine. *Journal of Telemedicine and Telecare* 11(2): 60-70.
- Busch AB, Sugarman DE, Horvitz LE, Greenfield SF (2021) Telemedicine for treating mental health and substance use disorders: Reflections since the pandemic. *Neuropsychopharmacology* 46(6): 1068-1070.
- Lee M, Lee K, Lee SM, Cho S (2020) From emotional exhaustion to cynicism in academic burnout among Korean high school students: Focusing on the mediation effects of hatred of academic work. *Stress and Health* 36(3): 376-383.
- Ramsetty A, Adams C (2020) Impact of the digital divide in the age of COVID-19. *J Am Med Inform Assoc* 27(7): 1147-1148.
- (2021) Six benefits of using telemedicine for behavioural and mental services. *Anytime paediatrics*.
- Arafat MY, Zaman S, Hawlader MDH (2021) Telemedicine improves mental health in COVID-19 pandemic. *Journal of Global Health* 11: 1-4.