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Job burnout and empathy among different healthcare professionals

Abstract

Introduction. Burnout and empathy affect employees in social professions due to the demanding work environment. Characterized, among others, by: stress, experiencing failure, workload and its multitasking. At the same time, social professions require high interpersonal skills, active listening, communication, empathy, patience and interest from people who practice them.

Aim. The aim of the study was to analyze the influence of occupational burnout on showing empathy among medical personnel towards patients.

Material and methods. The research was conducted among a group of 104 nurses and 103 doctors, working in hospitals and clinics located in urban areas. The nurses' mean age is 37,35 (SD=11.32), the doctors' mean age is 32.50 (SD=8.29). The surveyed persons completed a set of questionnaires: Self-authorship sheet for collecting sociodemographic data, Link Burnout Questionnaire by Massimo Santinello, and Personal Empathy Questionnaire by Zenon Uchnast.

Results. The conducted research shows a negative correlation between occupational burnout and the empathy of medical personnel. Research also shows that burnout affects younger medical staff with a short period of work and wage-driven. On the other hand, empathy is visible above the age of 40.

Conclusion. The research deepened the knowledge about the factors of burnout, which have an impact on the negative perception of development opportunities, failure to perceive work efficiency and the perception of the professional situation as significantly exceeding the individual's abilities. Negative correlations between burnout and staff empathy indicate a lack of burnout in empathetic people. However, you should bear in mind that having mature empathy protects you from burnout.

Keywords: empathy, job burnout, nurse, doctor, medical staff, psychophysical exhaustion.

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INTRODUCTION

Burnout and empathy are related to social professions. The term burnout is derived from the English language ("Job burn-out") and is a term that describes a set of symptoms arising in people whose work involves contact with other people. Creating a single definition of burnout is quite complex due to the specificity of the phenomenon and not fully defined symptoms of the process, which causes ambiguous boundaries between burnout and stress, fatigue, and an existential crisis. On the basis of Maslach's three-dimensional theory of burnout, we can distinguish several key symptoms that characterize the above-mentioned phenomenon.

They include: the occurrence of a feeling of physical and mental exhaustion with the simultaneous lack of regeneration of strength, impatience, tendency to irritation, isolation, suppression of feelings, impulsiveness, as well as negative and indifferent reaction to another person [1-6].

The factors contributing to the occurrence of occupational burnout have attracted the attention of many researchers for years, thanks to which the scope of knowledge is constantly expanding. So far, researchers have been able to determine

that the factors contributing to physician burnout include: a demanding environment characterized by a high burden and a strong emotional involvement with care recipients. However, with regard to nurses, researchers are able to name the following factors: multi-task nature of work, including keeping medical records, performing procedures, conducting health education and conducting conversations on intimate topics, where ethical standards play a special role. Equally important factors influencing burnout in this occupational group include: job variability, low remuneration and constant care for patients [7-11].

Empathy is the ability to accurately understand the feelings, thoughts and desires of another person characterized by sensitivity, compassion for feelings and taking their point of view. A correct empathic relationship takes place at the moment of temporarily leaving the boundaries of one's own "I" and putting oneself in the shoes of another person while maintaining one's own identity [12-14]. Showing mature empathy allows you to verbalize your feelings and show the other person understanding without losing your identity. A mature empathetic relationship is appropriate in the contacts of medical personnel related to treatment and care because it is a process of open-

ness, trust and kindness. It causes that the patient becomes a participant, not the subject of activities, and also leads to the creation of a situation in which the recipient of care receives a lot of support, experiencing a sense of security and understanding [10,15].

On the other hand, showing immature empathy by medical personnel in a professional situation triggers defense mechanisms, causing emotional distancing, especially in moments related to the threat to life and experiencing unpleasant emotions by the patient.

Both doctors and nurses belong to professional groups whose activities are directed towards the patient's well-being. These occupations require employees to have many soft skills, which include, among others, active listening, communication skills, assertiveness, patience and empathy. However, the work performed by medical personnel, on the one hand, brings good and comfort to patients, and the staff satisfaction with its performance, and on the other hand, work in such a demanding and multitasking environment is a source of emotional burdens that have a significant impact on the formation of occupational burnout.

Until now, researchers have focused to a much greater extent on the aspects of occupational burnout, thus taking less account of the skills typical of a given medical profession that may contribute to the mitigation or enhancement of the occurrence of occupational burnout. Therefore, the aim of this article is to present research showing the dependence of occupational burnout on showing empathy among medical personnel towards patients.

MATERIAL AND METHODS

The research was conducted on a group of 207 people (104 nurses, 103 doctors) working in hospitals and clinics located in urban areas, over 200,000 inhabitants. The average age of the surveyed nurses was 37.35 years (SD=11.32), doctors – 32.50 years (SD=8.29). Work experience in the first group was on average 14.42 years (SD=11.70), while in the second group it was 6.67 years (SD=6.67). The study group was selected in a purposeful manner, the criterion of selection to the group was the fact of the medical profession. The tests were individual and were conducted in direct contact with the examined person. Before starting the study, the subjects were informed about its purpose.

The study was conducted using three research methods, i.e. 1) own authorship sheet to collect sociodemographic data, taking into account gender, age, occupation and length of service, as well as collecting information on the workplace, professional satisfaction, the level of subjective fatigue, and motivation in performing the profession; 2) LBQ Professional Burnout Questionnaire by Massimo Sontinello, consisting of twenty-four statements relating to professional work, which were included in one of the four scales (psychophysical exhaustion, lack of commitment to relationships with clients, sense of professional ineffectiveness and disappointment); 3) Zenon Uchnast's Personal Empathy Questionnaire, containing eighty statements about empathy, falling into one of the ten scales (spontaneous kindness (SK), conditional kindness (CK), supporting others (SO), social comfort (SC), solidity (S), emotional balance (EB), sense of the situation (SS), self – knowledge (S-K), general empathy index (GEI), personal empathy (PE).

The obtained results were analyzed statistically. For measurable features, the normality of distribution was assessed using the Shapiro-Wilk and Kolmogorow-Smirnow W test. Student's t-test was used to compare two independent groups, and ANOVA was used to compare multiple groups. Pearson's r correlation test was used to assess the relationship between the variables, and for variables that did not meet the assumptions of Spearman's normal distribution. For unrelated qualitative features, the Chi2 homogeneity test was used to detect differences between the compared groups and to test the existence of a relationship between the studied features. The significance level was set at $p < 0.05$. The database and statistical surveys were based on STATISTICA 13.0 (StatSoft, Poland).

RESULTS

The conducted research shows that professional burnout affects young nurses with shorter work experience, experiencing a high level of fatigue, being driven by salary issues and characterized by a low sense of professional satisfaction (Tables 1, 2). They notice that paid work differs from the initial expectations, which is associated with the lack of recognition of opportunities for personal development, and thus contributing to the loss of passion and enthusiasm. A high sense of fatigue combined with the lack of rest has an influence on perceiving one's situation as stressful, far beyond the individual's abilities.

TABLE 1. Assessment of burnout in a group of nurses taking into account the assessment of fatigue in the last week.

Scales	Low/ very low		Neither high nor low		High/ Very High		Statistical analysis	
	M	SD	M	SD	M	SD	F	p
Psychophysical exhaustion	17.87	7.63	16.80	6.46	22.32	5.87	7.73	0.0008*
Lack of commitment to relationships with clients	18.13	4.29	16.80	4.35	20.30	5.15	4.49	0.01*
Sense of professional ineffectiveness	12.93	3.31	14.05	3.86	14.55	4.85	0.82	0.44
Disappointment	12.53	5.21	14.00	6.12	17.58	7.02	4.88	0.009*

TABLE 2. Assessment of burnout in a group of nurses, taking into account the aspirations in the performance of their work.

Scales	Greater gratification		Self-development		Statistical analysis	
	M	SD	M	SD	F	p
Psychophysical exhaustion	22.22	6.55	18.88	6.39	-2.63	0.01*
Lack of commitment to relationships with clients	21.07	4.55	17.42	4.90	-3.93	0.0002*
Sense of professional ineffectiveness	14.22	4.48	14.22	4.52	-0.00	1.00
Disappointment	17.83	6.51	14.36	6.85	-2.65	0.01*

The conducted research shows that occupational burnout is most common among doctors under 40, with a short professional experience, because it is difficult for them to notice the progress they are making, thus experiencing a sense of professional failure. This feeling is intensified by the loss of enthusiasm in performing one's job and noticing the differences between reality and expectations, thus affecting the negligible realization of values and ideals that are important to them,

and noticing the possibilities of personal development to a small extent. Research has also shown that an important factor influencing burnout is being guided by physicians' finances, leading to the treatment of patients like objects and communication full of indifference, distance and cynicism (Table 3).

TABLE 3. Assessment of burnout in a group of doctors, taking into account the aspirations in the performance of their work.

Scales	Greater gratification		Self-development		Statistical analysis	
	M	SD	M	SD	F	p
Psychophysical exhaustion	23.71	6.14	21.58	6.83	-1.49	0.14
Lack of commitment to relationships with clients	21.16	5.39	18.38	5.05	-2.52	0.01*
Sense of professional ineffectiveness	16.58	4.39	15.72	4.84	-0.85	0.40
Disappointment	18.32	5.47	16.28	7.14	-1.42	0.16

TABLE 4. Assessment of the level of empathy in a group of nurses taking into account age.

Scales	Up to 30 years		31-40 years		Over 40 years		Statistical analysis	
	M	SD	M	SD	M	SD	F	p
	spontaneous kindness (SK)	50.26	10.02	49.10	9.01	53.16	10.49	1.48
conditional kindness (CK)	51.24	11.41	47.10	8.38	50.29	11.65	0.99	0.38
supporting others (SO)	50.66	11.13	47.24	9.02	53.91	9.86	3.22	0.04*
social comfort (SC)	50.82	9.55	46.52	9.41	53.87	10.35	4.02	0.02*
solidity (S)	51.34	10.98	47.24	9.59	51.82	12.08	1.29	0.28
emotional balance (EB)	48.39	9.60	51.00	7.31	48.60	9.66	0.62	0.54
sense of situation (SS)	50.71	11.29	47.62	8.21	52.49	9.62	1.70	0.19
self-knowledge (S-K)	48.66	8.55	49.86	8.43	46.73	10.69	0.89	0.42
general empathy index (GEI)	51.08	11.65	47.52	12.24	53.38	11.67	1.79	0.17
personal empathy (PE)	49.92	8.97	48.05	8.72	51.60	7.35	1.38	0.26

TABLE 5. Assessment of the level of empathy in a group of doctors taking into account age.

Scales	Up to 30 years		31-40 years		Over 40 years		Statistical analysis	
	M	SD	M	SD	M	SD	F	p
	spontaneous kindness (SK)	46.16	8.87	50.63	9.35	52.77	12.22	3.77
conditional kindness (CK)	50.71	10.14	50.12	7.60	47.00	8.54	0.88	0.42
supporting others (SO)	47.20	8.53	49.56	10.54	49.77	8.73	0.84	0.43
social comfort (SC)	47.24	9.98	50.22	8.57	49.46	11.69	1.10	0.34
solidity (S)	47.69	8.71	50.54	7.02	51.85	11.39	1.91	0.15
emotional balance (EB)	48.53	9.98	51.95	11.35	57.23	8.77	3.87	0.02*
sense of situation (SS)	47.00	9.41	51.68	9.96	49.23	9.94	2.60	0.08
self-knowledge (S-K)	50.45	10.89	51.71	9.86	58.38	4.37	3.32	0.04*
general empathy index (GEI)	47.55	12.00	53.02	11.37	56.85	12.05	4.32	0.02*
personal empathy (PE)	47.02	9.48	51.76	10.19	52.92	9.80	3.43	0.04*

As a result of the research carried out on a group of medical personnel, both doctors and nursing, a higher level of empathy is noticeable over the age of 40 (Tables 4, 5). In nurses, the level of empathy is determined by the feeling of fatigue (Table 6), while among physicians, empathy grows with their work experience. As empathy grows, both the nursing and medical staff show openness, greater interest in the fate of patients, selfless commitment to the patient's well-being, and the ability to solidify with those who suffer.

The conducted analysis of the relationship between burnout and empathy of medical personnel showed a negative correlation (Table 7). A high level of empathy contributes to the feeling of a lower lack of strength, thus giving the possibility of regeneration and a sense of efficiency of the work performed.

TABLE 6. Assessment of the level of empathy in the group of nurses taking into account the assessment of the feeling of fatigue in the last week.

Scales	Low/very low		Neither high nor low		High/Very High		Statistical analysis	
	M	SD	M	SD	M	SD	F	p
spontaneous kindness (SK)	55.67	8.48	54.15	8.65	49.49	10.41	3.47	0.03*
conditional kindness (CK)	51.93	9.74	51.45	7.85	49.14	11.99	0.61	0.54
supporting others (SO)	55.47	7.20	54.15	7.67	49.68	11.32	2.89	0.06
social comfort (SC)	57.33	7.60	54.10	9.15	49.13	10.29	5.40	0.006*
solidity (S)	51.60	9.31	54.25	8.30	49.51	12.22	1.44	0.24
emotional balance (EB)	53.53	10.28	48.45	7.55	48.19	9.21	2.18	0.12
sense of situation (SS)	53.40	9.07	54.80	7.89	49.16	10.53	3.11	0.05*
self-knowledge (S-K)	49.47	10.58	45.80	9.46	48.42	9.32	0.78	0.46
general empathy index (GEI)	58.20	8.95	54.90	9.48	48.84	12.30	5.35	0.006*
personal empathy (PE)	55.53	7.85	52.95	6.41	48.35	8.23	6.58	0.002*

TABLE 7. Correlation between empathy level and level of job burnout in the whole professional group.

Empathy scales	Psychophysical exhaustion		Deterioration of relations with the clients		Job ineffectiveness		Disappointment	
	M	SD	M	SD	M	SD	F	p
spontaneous kindness (SK)	-0.11	0.10	-0.17	0.02*	-0.21	0.002**	-0.18	0.01**
conditional kindness (CK)	0.06	0.42	0.04	0.59	0.05	0.43	0.04	0.53
supporting others (SO)	-0.02	0.74	-0.21	0.003**	-0.07	0.29	-0.09	0.19
social comfort (SC)	-0.14	0.04*	-0.08	0.26	-0.23	0.001***	-0.12	0.08
solidity (S)	-0.08	0.26	-0.15	0.03*	-0.15	0.04*	-0.09	0.19
emotional balance (EB)	-0.23	0.001***	-0.12	0.09	-0.29	<0.001***	-0.21	0.002**
sense of situation (SS)	-0.20	0.003**	-0.08	0.23	-0.37	<0.001***	-0.19	0.01**
self-knowledge (S-K)	-0.08	0.28	-0.08	0.28	-0.15	0.04	-0.10	0.17
general empathy index (GEI)	-0.20	0.004**	-0.18	0.01**	-0.32	<0.001***	-0.22	0.001***
personal empathy (PE)	-0.26	<0.001***	-0.14	0.04*	-0.39	<0.001***	-0.25	<0.001***

DISCUSSION

The research conducted so far on the relationship between burnout and empathy of medical personnel is relatively modest. Researchers focused much more on the factors contributing to the development of occupational burnout. Nevertheless, despite the constantly expanding scope of knowledge, not all influencing factors are identified yet.

Research conducted on nurses by Wieder-Huszel shows that when they start work, they do not show signs of burnout due to their commitment to work and a high level of satisfaction with its performance. On the other hand, nurses with long professional experience and in old age are at a much greater risk of burnout [7]. Similar conclusions can be drawn from the research conducted by J. A. Jończyk and M. Siwicka, C. Bressi, A. Karakoc, as they show that the highest risk of burnout is experienced by nurses working in the profession of 26-35 years and over 35 years [4,16-18]. The research work carried out by Perek showed that age and seniority influenced the ability to cope with stress, as well as reducing the number of stress factors in the workplace [19]. Important memories are also studies conducted by Akman and Faller, which drew attention to an important issue, namely the smaller the number of patients for whom a nurse is responsible, the lower the occupational burnout she experiences [20-21]. Many studies from the world literature also indicate the influence of work character traits, which can include – workload, traumatic events, poor communication in the team and conflicts, long and night shifts, multiple employment, as well as the lack of recognition of the results [22-30]. Research carried out by me shows a higher risk of burnout among young nurses, highlighting the next factors contributing to the above-mentioned phenomenon, which we include – focusing on pay issues at work and the difference in the image of work in relation to reality.

Nurses, who in their work are largely driven by the amount of earnings, experience fatigue, lack of strength needed to fulfill their duties, and do not see the possibility of regenerating their strength. They also do not see the possibility of realizing themselves through work, which makes personal development, in their opinion, unrealistic.

One of the previous studies on professional burnout of doctors indicates that the age of up to 31 and between 40 and 50 is a difficult period in the professional life. Research by Gębska-Kuczerowska has shown that people with the shortest work experience are not immune to burnout, which is associated with high stress at work, for which young doctors are usually not ready [31-32]. Both Yates and Lacy Chan in their research work emphasize the significant impact of the imbalance between work and private life, which has an impact on the occurrence of burnout. Additionally, Yates draws attention to overtime spent at work, related to, among others, filling out medical records, which contribute to burnout and lower job satisfaction [31,33]. The research from 2020 by Nana K Ayisi-Boateng is also worth mentioning, as they indicate the lack of correlation between burnout and gender, years of practice and specialization among doctors [34]. M. Kozłowiec in his research also proves that the length of service does not affect the level of burnout and shows that the group most exposed to burnout are people who cannot cope with stress [12,35].

My research deepens knowledge of the factors contributing to the above-mentioned phenomenon – to being guided by financial issues. Doctors, who chose their profession because

of their earnings, feel tired more often, have a sense of lack of strength to cope with their duties, and do not see the possibility of regenerating and recovering energy after work, which means that they perceive their own life situation as stressful, the requirements of which exceed the capabilities of the individual.

Based on the research, we are able to notice that the medical staff is largely guided by financial issues in their work. This proves a greater external motivation in the performance of their profession by medical personnel than in doing it due to the attractiveness and willingness to help others. Therefore, factors such as the lack of development opportunities, job characteristics, and noticing the difference between reality and imagination contribute so significantly to the experience of burnout.

Earlier research on empathy conducted on nursing staff by M. Cybule show that longer work experience is associated with showing empathy, which is also indicated by the study conducted by Teleghaki. Moreover, another important factor influencing the level of empathy is the choice of a profession due to its attractiveness and willingness to help [36-38]. On the other hand, Cheng and Yang in their research indicate that the level of empathy depends on such factors as professional level, professional title and type of employment [39]. The results of my research say that empathy is determined by the level of fatigue and good communication with the supervisor because it favors the introduction of a positive attitude towards others, as well as showing interest in what is close and important to the other person.

Referring to the few studies on empathy in the medical community, it can be stated that empathy increases with the years of work experience. It is revealed through the tendency to be moved in response to negative and positive emotional reactions [40]. The research carried out by me deepens the knowledge on this subject, showing that empathy is displayed by doctors over 40 and by those who evaluate the relationship with the superior as good.

The presentation of the results of my research and both Polish and international studies, clearly shows the multitude of factors that affect burnout, empathy and the relationship between them. The research I have carried out shows a negative correlation between empathy and burnout, at the same time pointing to other factors that have an impact.

The use of empathy may prevent the occurrence of burnout symptoms, while paying attention to the development of mature empathy and the ability to control empathic sensitivity to such limits that would favor the pursuit of the profession and protect against burnout [9]. Approximate conclusions can be drawn from studies conducted by S. Tei S, C. Becker [41] and studies by F. Wu, M. Ireland, K. Hafekost [9,42] indicating that too high level of immature empathy in medical workers affects the development of burnout symptoms. Excessive empathy towards the patient increases suffering, breeds fatigue and exhausts emotionally. Hiding your own emotions, not expressing your feelings or dissatisfaction without exposing yourself to showing a lack of professionalism results in a lack of protection against burnout, and may even significantly contribute to it. However, as researchers point out, skillful empathizing of medical personnel reduces the factors of burnout [9,32].

It is important to note that doctors and nurses filling in the questionnaire have different concepts of empathy, which can definitely go beyond its traditional definition. Therefore, some

behaviors, perceived by the staff as empathetic – team care, availability, staying after hours, may actually contribute to the development of burnout, which has been shown in research available in Polish and foreign literature [41].

Reducing the effects of burnout factors can be achieved through various interventions, including stress management programs, relaxation techniques, cognitive behavioral therapy, and attending a Balint session to help reduce anxiety levels while improving the mental and physical well-being of health-care professionals. Interventions aimed at preventing as well as reducing occupational burnout should be directed at the individual level. Better understanding of burnout in terms of both treatment and prevention is very important in terms of increased productivity, better contact with the patient, and greater empathy.

CONCLUSION

The original research presented in this article was aimed at analyzing the phenomenon of burnout among medical personnel and examining the dependence of burnout on the staff showing empathy towards patients. On their basis, a negative correlation between burnout and empathy was found, and attention was drawn to important factors having a significant impact on the burnout experience.

The study broadened knowledge of the factors of burnout, including financial issues and differences in perception of the reality of work from expectations towards it. These two factors mean that employees do not see the effectiveness of work, opportunities for self-fulfillment, they experience a lack of strength, which means that they perceive work as a stressor, and contact with the patient becomes cold and full of indifference.

Research has also shown that the correlations between burnout and empathy are negative, therefore a higher level of empathy is associated with a lack of burnout. However, it should be borne in mind that the medical personnel of the questionnaire itself, according to their subjective assessment, are not always consistent with the traditional definition of empathy, and only mature empathy prevents the symptoms of burnout, while immature may significantly contribute to this process.

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