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The relationship between burnout syndrome and empathy among nurses in emergency medical services

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ABSTRACT

The aim of the research was to determine the prevalence of burnout syndrome and empathy among general nurses working in standard hospital settings (University Hospital Olomouc), and among general nurses working in emergency medical services, as well as to identify the differences in the degree of burnout syndrome and empathy between the two groups. Another objective was to establish whether there is a relationship between burnout syndrome and empathy in the groups of general nurses specified above. Questionnaires MBI-GS (Maslach Burnout Inventory) and IVE (Eysenck Impulsivity Inventory) were used to obtain the data. The research involved 175 respondents. A significantly higher rate of emotional exhaustion was found in hospital nurses ($p = 0.001$), while the degree of depersonalization was significantly higher in emergency medical services nurses ($p = 0.001$). The difference in the degree of personal accomplishment was not statistically significant. The relationship between burnout syndrome and empathy was confirmed. A significant weak positive correlation ($r = 0.361$; $p = 0.001$) between empathy and emotional exhaustion was found among general nurses working in emergency medical services.

Introduction

In healthcare professionals with developing burnout syndrome (BS) we observe the gradual loss of an active attitude to the outside world, less communication, and mechanical performance of their duties. Slowly, an empathic concern for recipients of health care (i.e. patients/clients) disappears. The welfare of patients and altruism are abandoned which results in irreversible damage to the patient, as well as to the

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healthcare professional. This leads to staff turnover and the loss of the best workers [1].

The incidence of burnout syndrome varies according to the type of workplace. Taking care of the elderly and the terminally ill in wards lacks the healing process that is considered as evidence of ''good care'' [2–4]. This can be demotivating for general nurses and it is one of the causes of burnout syndrome. Nurses working in critical care workplaces are confronted with traumatic experiences every day and show signs of an increasing level of depersonalization. For these nurses a defensive strategy is an adaptive mechanism where the empathy level is inhibited [5,6]. Nurses in emergency medical services provide intensive short-term health care out of hospital [7]. Emergency medicine, part of which is emergency medical service, demands the ability to decide quickly, work independently and, last but not least, to quell emotions in order to manage job responsibilities during an intervention. Minimum autonomy in the working process, unpredictable working conditions, and a lack of positive feedback are typical factors that may lead to the development of burnout syndrome [8,9].

Protective factors related to burnout include: ''Type B behavior'', the ability to experience meaningfulness in work, effective relaxation, effective time-management, steadfastness (resilience), hardiness (resistance), optimism, ''flow'', ''well-being'', ''sense of coherence'', skills (e.g. social, cognitive, in the satisfaction of needs, in coping with stressful situations, in self-control), along with social support [10–12]. An important protective external factor is professional support in the work environment (peer-support) [10,11,13]. Given the nature of BS development, intelligence and demographic data such as age, condition and education are considered neutral factors [14]. Those factors are mediators or inhibitors, not BS triggers [7]. An ambiguous factor in relation to the development of BS is the length of experience in the field of work. Studies show that the length of practice is not significant in relation to BS [13,15]. In contrast, Šeblová [8] considers it essential in connection with the stagnation of doing the same job in the same workplace. In the 1980s, gender was also considered a risk (up to 2× more burnt out women than men). However, the outcome at that time was influenced by female-dominated professions (health care, education) [10]. Statistical figures from 2010 say that 98% of nurses in the Czech Republic are women [16]. In these studies, there is a lack of a comparable male data file in what are predominantly female occupations [17].

Empathy, like the length of practice, is a factor whose relationship to BS has not yet been satisfactorily explained by primary research. Empathetic care by general nurses is crucial to nursing care quality and patient satisfaction [18,19]. So far there are three theories about the relationship between empathy and BS [20]: (1) burnout causes the reduction of empathy; (2) empathy increases the level of burnout and is a risk factor; (3) empathy works as a protective factor against burnout syndrome.

Many authors agree with the opinion that due to burnout, the level of empathy is reduced, and low empathy level is one of the signs of burnout [3,20–24]. Those who support the second opinion see empathy as a risk factor for burnout [25–28]. Thus, empathy is a fundamental value of the nursing profession, but may also increase the risk of BS development [26].

The third view considers empathy as the factor protecting against burnout syndrome. Empathy can be associated with job satisfaction and can help to better perceive the meaning of professional activities. Physicians who are more emotionally oriented, have a higher therapeutic effect, and thus a higher probability of positive feedback from patients [29].

The aim of the research was to determine the incidence of BS and empathy among nurses working in standard hospital wards, and to compare the results with those obtained from nurses working in pre-hospital emergency care (emergency medical services). Another objective was to determine whether there is a relationship between BS and empathy among nurses, and whether there is a difference in empathy levels for nurses working in standard hospital wards and emergency medical services.

Materials and methods

The research was conducted among general nurses of the Olomouc region in 2014, and approved by the Ethics Committee of the University Hospital Olomouc (UHOL). Two major health organizations of the Olomouc Region were contacted by phone: the University Hospital, and the Emergency Medical Service of the Olomouc region (EMS OR). The respondents included in the research met the following criteria: a nurse working either in a standard hospital ward or in EMS; minimum of one year practice. According to the UHOL 2012 report, the total number of nurses is 1357 [30]. 144 general nurses working in UHOL standard wards agreed to participate in anonymous research. In 2012, 95 nurses were employed in EMS, of whom 48 were women and 37 men. In EMS, 85 respondents agreed to participate in the research.

The survey was carried out by a quantitative method of research; Ex Post Facto Design. For the research purposes the following standardized questionnaires were used: ''Maslach Burnout Inventory GS'' (''the MBI-GS'') and the ''Eysenck Impulsivity Inventory'' (''IVE''). MBI-GS detects three components of BS: emotional exhaustion (''EE''), depersonalization (''DP'') and reduced personal performance (''PA''). The IVE questionnaire determines the level of empathy, adventurousness and impulsiveness. The statistical software used for the data analysis was the SPSS Version 22. Statistical Mann–Whitney tests and the Spearman correlation coefficient were performed at the level of significance $p = 0.05$.

Results

The reliability of the measurements was determined using Cronbach's alpha for the total MBI-GS 0.82; MBI-GS EE 0.904; MBI-GS DP 0.643; MBI-GS PA 0.792.

The evaluation of burnout syndrome with the MBI-GS among general nurses revealed 57 respondents with high EE and, therefore, with proven BS, (32.7%). 56 respondents had high DP (32%) and 46 respondents had low PA (26.3%). The results are given in Table 1.

There were significantly more UHOL nurses with proven BS in EE compared to EMS nurses ($p = 0.013$). For DP and PA no significant difference was found (Table 1).The group of nurses

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