International Journal of Nursing Studies 60 (2016) 1–11

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study

Joana Duarte *, José Pinto-Gouveia, Bárbara Cruz

Cognitive-Behavioral Research Centre for Research and Intervention (CINEICC), University of Coimbra, Portugal

ARTICLE INFO

Article history:
Received 9 July 2015
Received in revised form 25 February 2016
Accepted 26 February 2016

Keywords:
Empathy
Compassion fatigue
Nurses
Professional quality of life
Self-compassion

ABSTRACT

Background: Job stress and burnout are common among healthcare professionals, and nurses in particular. In addition to the heavy workload and lack of recourses, nurses are also confronted with emotionally intense situations associated with illness and suffering, which require empathic abilities. Although empathy is one of the core values in nursing, if not properly balanced it can also have detrimental consequences, such as compassion fatigue. Self-compassion, on the other hand, has been shown to be a protective factor for a wide range of well-being indicators and has been associated with compassion for others.
Objectives: The main goal of this study was to explore how empathy and self-compassion related to professional quality of life (compassion satisfaction, compassion fatigue and burnout). In addition, we wanted to test whether self-compassion may be a protective factor for the impact of empathy on compassion fatigue.
Methods and participants: Using a cross-sectional design, 280 registered nurses from public hospitals in Portugal's north and center region were surveyed. Professional quality of life (Professional Quality of Life), empathy (Interpersonal Reactivity Index) and self-compassion (Self-compassion Scale) were measured using validated self-report measures.
Results: Correlations and regression analyses showed that empathy and self-compassion predicted the three aspects of professional quality of life. Empathic concern was positively associated with compassion satisfaction as well as with compassion fatigue. Mediation models suggested that the negative components of self-compassion explain some of these effects, and self-kindness and common humanity were significant moderators. The same results were found for the association between personal distress and compassion fatigue.
Conclusions: High levels of affective empathy may be a risk factor for compassion fatigue, whereas self-compassion might be protective. Teaching self-compassion and self-care skills may be an important feature in interventions that aim to reduce burnout and compassion fatigue.

What is already known about the topic?

- Empathy is associated with positive outcomes for the healthcare provider (e.g., personal and professional well-being and quality of life).

* Corresponding author at: CINEICC, Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra, Rua do Colégio Novo, 3001-802 Coimbra, Portugal. Tel.: +351 239 851 450.
E-mail address: joana.fm.duarte@gmail.com (J. Duarte).

http://dx.doi.org/10.1016/j.ijnurstu.2016.02.015
0020-7489/

- Healthcare professionals are at risk of developing burnout and compassion fatigue, especially if they are unable to effectively regulate their capacity to empathize and their empathic feelings.
- Self-compassion is associated with a wide range of well-being indicators in different populations.

What this paper adds

- Self-compassion is positively associated with compassion satisfaction and negatively associated with burnout and compassion fatigue.
- Empathic feelings may be a risk factor for compassion fatigue.
- Self-compassion components mediate and moderate the relation between affective empathy and compassion fatigue.

1. Introduction

Empathy is a central aspect of healthcare, and has been associated with positive outcomes not only for the patient (e.g., Blatt et al., 2010; Hojat et al., 2011; Rakel et al., 2011) but also for the healthcare professional (Shanafelt et al., 2005; Thomas et al., 2007).

However, given the constant exposure to highly distressing situations, such as illness, suffering and death, healthcare professionals are particularly vulnerable to the development of professional stress and compassion fatigue, especially if they are not able to effectively regulate their capacity to empathize and their empathic feelings (Decety et al., 2010).

1.1. Stress and burnout among nurses

Job stress and burnout are common in healthcare professionals (e.g., McCray et al., 2008) and in nurses in particular (Dominguez-Gomez and Rutledge, 2009; Sermeus et al., 2011). Several studies have reported that stress and burnout in healthcare professionals are associated with several physical and mental health problems, such as depression, anxiety and low self-esteem (e.g., Maslach et al., 2001; Schulz et al., 2011). Stress and burnout also impact on professional effectiveness and has been associated with suboptimal patient care (Shanafelt et al., 2002), and self-reported medical errors (West et al., 2006).

In addition to objective errors in care, stress and burnout may decrease compassion in the caregiver (Neumann et al., 2011; Nunes et al., 2011; Wilson et al., 2012), and impact on their relationship with patients (Ratanawongsa et al., 2008). Thus, it is not surprising that burnout has been associated with decreased patient satisfaction, suboptimal self-reported patient care, and longer patient-reported recovery times (Shanafelt et al., 2002; Shapiro et al., 2005; Vahey et al., 2004). A survey of intensive care unit nurses and physicians in Europe and Israel indicates that one fourth of those surveyed report providing less than optimal care (Hand, 2011).

Apart from the heavy workload and lack of resources that are important risk factors for burnout (Maslach et al., 2001), healthcare providers are also confronted daily with emotionally stressful situations associated with illness, suffering and dying, which require empathic abilities.

1.2. Empathy

There have been many definitions of empathy (see Batson, 2009). In general, empathy is activated when observing or imagining another person's affective state triggers an isomorphic affective response, and requires some differentiation of one's own and the other's emotional states (see Batson, 2009; Singer and Leiberg, 2009). Current approaches converge to consider empathy not as a single ability but a complex socio-emotional competency that encompasses different but interacting components (e.g., Decety and Svetlova, 2012).

Having an idea of the other person's thoughts, feelings and motives can be considered the cognitive component of empathy. There are two main categories of affective empathy responses to observing another person in pain. Self-oriented responses are feelings of distress and anxiety when witnessing another's negative state (personal distress), whereas other-focused responses are feelings that focus on the well-being of the other person (empathic concern; Davis, 1983). These two types of affective responses can have different motivational tendencies. Self-oriented feelings will motivate the observer to reduce his/her own distress, whereas other-focused feelings will motivate the observer to focus on the needs of the other and to provide care (Batson et al., 1987).

Empathy is particularly important in healthcare provider–patient relations, and is associated with improved patient satisfaction and compliance with recommended treatment (Epstein et al., 2007).

However, there can be costs associated with empathy (Hodges and Biswas-Diener, 2007). Literature suggests that being overly sensitive to others' suffering in the course of caring for patients experiencing trauma or pain can lead to deleterious effects, such as burnout or compassion fatigue (Figley, 2002, 2012). However, there are few empirical studies to date directly exploring such hypothesis.

1.3. Compassion

While empathy can be a seen as double-edge sword, facilitating care but at the same time leaving the healthcare provider vulnerable to compassion fatigue, compassion may instead be a protective factor (Boellinghaus et al., 2012). Compassion appears to buffer the effects of stress on well-being (Poulin et al., 2013). Also, the other-oriented focus of the compassionate response may allow the observer to empathize with the other's suffering but without identifying with it, providing a self-other distinction which is essential to regulate personal distress feelings and to provide adequate care to the sufferer (Klimecki and Singer, 2012).

Research suggests that compassion can also be important for the successful treatment of patients. For example, in one study watching 40 s of compassionate communication from a provider on videotape was sufficient to reduce anxiety in breast cancer patients (Fogarty et al., 1999).