



## Original article

# Empathy and feelings of guilt experienced by nurses: A cross-sectional study of their role in burnout and compassion fatigue symptoms



Joana Duarte\*, José Pinto-Gouveia

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

## ARTICLE INFO

## Article history:

Received 1 September 2016

Accepted 1 February 2017

## Keywords:

Empathy  
Empathy-based guilt  
Compassion fatigue  
Burnout  
Nurses

## ABSTRACT

**Aims:** The main goal of this study was to explore the relationships between empathy, empathy-based pathogenic guilt and professional quality of life (burnout and compassion fatigue). We aim to test a model in which we hypothesize that when empathic feelings are related to pathogenic guilt, burnout and compassion fatigue symptoms may be increased.

**Background:** Empathy is at the core of nursing practice, and has been associated with positive outcomes not only for the healthcare provider but also for the patient. However, empathy is also at the core of guilt feelings that, when excessive and misdirected, can lead to pathogenic guilt beliefs. We focused on two types of empathy-based guilt characterized by excessive responsibility over others' well-being and how these can be related to professional quality of life.

**Methods and participants:** This study is a cross-sectional self-report survey. Data were collected during 2014 and 2015. Two hundred ninety-eight nurses from public hospitals in Portugal's north and center region were surveyed. Professional quality of life (burnout and compassion fatigue), empathy, and empathy-based guilt were measured using validated self-report measures.

**Results:** Correlation analyses showed that empathy-based guilt was positively associated with empathy, and with burnout and compassion fatigue. Results from multiple mediation models further indicated when empathy is associated with empathy-based guilt, this leads to greater levels of burnout and compassion fatigue.

**Conclusions:** Given the nature of their work, nurses who experience pathogenic guilt feelings may have compromised well-being, and this should be addressed in training programs aiming at preventing or treating burnout and compassion fatigue.

© 2017 Elsevier Inc. All rights reserved.

## 1. Introduction

Empathy is a central aspect of healthcare. It has been associated with positive outcomes for the patient, such as patient satisfaction, compliance with treatments and improved health (e.g., Blatt, Le Lacheur, Galinsky, Simmens, & Greenberg, 2010; Del Canale et al., 2012; Epstein et al., 2007; Hojat et al., 2011; Raker et al., 2011). Being empathic also has a positive impact upon the healthcare provider, who can be more effective and provide better care (Di Blasi, Harkness, Ernest, Georgiou, & Kleijnen, 2001), experience more well-being and less distress (Thomas et al., 2007; Shanafel et al. 2005), and is less likely to experience burnout (e.g., Gleichgerrcht & Decety, 2013; Lamothe, Boujut, Zenasni, & Sultan, 2014).

There have been many definitions of empathy (see Batson, 2009). Current approaches informed by findings from social neuroscience suggest that empathy is not a single ability but a complex socio-emotional

competency that includes different but interacting components (e.g., Decety & Svetlova, 2012). A widely used measure of empathy by Davis (1983) proposed four components of empathy. Fantasy was defined as being able to transpose oneself (imaginatively) into the feelings of a fictional character. Perspective taking was defined as the ability to place oneself in another's shoes and understand his or her point of view. These two dimensions have come to be regarded as the cognitive components of empathy. Empathic concern was defined as feelings of care about the welfare of others and becoming upset over their misfortunes. Personal distress was defined as feelings of distress and anxiety when witnessing another's negative state. These two dimensions are considered the affective components of empathy. In contrast to the prosocial effects of perspective taking and empathic concern, personal distress does not appear to have positive effects on personal relations.

Previous theoretical and empirical work (e.g., Hoffman, 2000; Leith & Baumeister, 1998) suggests that empathy is closely related to guilt, so that more empathic people are more likely to experience guilt than less empathic people.

Empathy-based guilt, often nonpathogenic, is necessary in many social situations. Our ability to respond to one another with empathy, to

\* Corresponding author at: CINEICC, Faculdade de Psicologia e de Ciências da Educação, Universidade de Coimbra, Rua do Colégio Novo, 3001–802 Coimbra, Portugal.  
E-mail address: [joana.fm.duarte@gmail.com](mailto:joana.fm.duarte@gmail.com) (J. Duarte).

experience guilt when we believe we have harmed another, or simply when we perceive inequity, allows us to overcome many common social conflicts that might, without empathy-based guilt, undermine our relationships. Empathy-based guilt becomes pathogenic when it leads to cognitive errors in understanding causality. When people who feel empathy at witnessing another's suffering falsely believe they cause others' problems, or falsely believe that they have the means to relieve the person of suffering, they have erred in their analysis of the situation. Pathogenic guilt is thus associated with incorrect explanations of causality and can result in maladaptive outcomes, such as psychopathology and pathological acts of altruism (O'Connor, Berry, Lewis, & Stiver, 2012).

We particularly focused on survivor guilt and omnipotence guilt, both of which involve an exaggerated sense of responsibility for others. Survivor guilt can be seen as an extreme symptom of a more general pattern in which people feel guilty over positive inequities, and this general pattern would presumably be extremely beneficial for promoting fair, equitable, and hence strong and durable relationships (Baumeister, Stillwell, & Heatherton, 1994). Although the term was originally coined to describe the guilt people feel when someone else dies, it broadly defines the feeling people may experience for "surviving" harm while others do not, with erroneous beliefs that in some way one is responsible or contributed to that harm. Omnipotent responsibility guilt also arises out of empathy and involves an exaggerated sense of responsibility and concern for the happiness and well-being of others, even in instances where one has no power to change another's situation (O'Connor, Berry, Weiss, Bush, & Sampson, 1997).

Adaptive guilt, which concerns feeling anxious and distressed about real and specific wrongful behaviors and the desire to make reparation, is associated with good social adjustment and healthy personality development (Tangney, 1991, Zahn-Waxler & Kochanska, 1990). In contrast, survivor guilt and omnipotent responsibility guilt have been empirically associated with several psychopathology indicators (e.g., Locke, Shilkret, Everett, & Petry, 2015; O'Connor, Berry, & Weiss, 1999).

In certain jobs where one is responsible for others' lives and well-being, such as nursing, guilt can be especially acute when things go wrong. However, few studies to date explored the impact of feelings of guilt in nurses' well-being. In a previous qualitative study exploring the experience of witnessing trauma and suffering among acute care nurses, there was a common experience of feeling guilty that bad things were happening to people who didn't deserve to be sick, which added an extra layer to the nurses' workplace stress (Walsh & Buchanan, 2011). We hypothesize that nurses who are more prone to experience pathogenic empathy-based guilt (e.g., survivor and omnipotent guilt) may be particularly vulnerable to symptoms of burnout and compassion fatigue.

### 1.1. Aims

In this study we set out to explore the complex relationships between empathy and guilt, and how these can be related to professional ill-health. Understanding the pathways between empathy, which is an inherent part of the nursing profession, and burnout and compassion fatigue symptoms remains largely unclear. Although empathic engagement is positively related to indices of job satisfaction and thus is a possible protective factor it may also leave healthcare providers more vulnerable to the negative effects of trauma exposure (Figley, 1995; Jenkins & Baird, 2002). Given the close relation between empathy and guilt, we hypothesize that, in a job where one is responsible for others' lives, proneness to experience excessive feelings of guilt may be particularly problematic and can be possible link between empathy and burnout/compassion fatigue. Specifically, we aim to test a model in which we hypothesize that pathogenic empathy-based guilt mediates the association between empathy and burnout/compassion fatigue symptoms. Understanding these relationships in more depth is important to providing

nurses with targeted support for preventing and treating burnout and compassion fatigue.

## 2. Method

### 2.1. Design

A descriptive, correlational, cross-sectional study design was used to investigate the relationships among empathy, empathy-based guilt and professional quality of life in nurses recruited from public hospitals in central and northern Portugal, using a non-probability based sampling method. Self-report questionnaires were used to test the study's aims.

### 2.2. Participants

A convenience sample of nurses was recruited from five public hospitals in Portugal. Exclusion criteria included respondents who were non-nurses, nurse managers, educators, or researchers with no direct patient care activities. A total of 298 registered nurses from public hospitals participated in the study. This sample had a mean age of 37.86 (SD = 9.22), ranging between 22 and 60 years of age; the majority of participants were female (n = 245; 82.2%) and married (n = 171; 57.4%). Also, the mean years of schooling was 15.80 (SD = 2.18). Participants practiced nursing in a wide variety of fields, with 14.98 (SD = 9.19) mean years of practice. This sample consisted primarily of nurses who are women, married, living and working in an urban area, and working for an average of 15 years.

### 2.3. Data collection

Data was collected between 2014 and 2015. After approval of hospitals' ethics committees, department chief nurses were contacted by the researcher who explained the study aims and the importance of participation. Department chief nurses were asked to advertise the study among the nurses in their services and to deliver and receive the questionnaire packet from those who agreed to participate. The questionnaire included an information sheet explaining the study aims, the importance of participation, and confidentiality.

### 2.4. Measures

#### 2.4.1. The professional quality of life scale, version 5 (ProQOL-5; Stamm, 2010)

The ProQOL is a 30-item self-report measure composed by three discrete subscales. The first subscale measures compassion satisfaction (CS), defined as the pleasure derived from being able to do one's work (helping others) well (e.g., "I get satisfaction from being able to help people"). The second subscale measures burnout (BO), or feelings of hopelessness and difficulties in dealing with work or in doing one's job effectively (e.g., "I feel worn out because of my work as a health care provider"). The third subscale measures secondary traumatic stress (STS), defined as work-related, secondary exposure to people who have experienced extremely or traumatically stressful events (e.g., "I feel depressed because of the traumatic experiences of the people I help"). We will use the term "compassion fatigue" to refer to this factor. Respondents are instructed to indicate how frequently each item was experienced in the previous 30 days, on a 5-point Likert scale (from 1 = never to 5 = very often). Scoring requires summing the item responses for each 10-item subscale. The subscale compassion satisfaction was not included in this study. Internal consistency estimates for the original sub-scales are reported as .88 for the compassion satisfaction scale, .75 for the burnout scale, and .81 for the compassion fatigue/secondary trauma scale. The Portuguese version also showed good internal consistency (.86 for the compassion satisfaction scale, .71 for the burnout scale, and .83 for the compassion fatigue/secondary trauma scale;

Download English Version:

<https://daneshyari.com/en/article/5567377>

Download Persian Version:

<https://daneshyari.com/article/5567377>

[Daneshyari.com](https://daneshyari.com)