



ORIGINAL ARTICLE

The role of emotional intelligence and empathy in compassionate nursing care

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Abstract Compassionate patient relationships can be deeply rewarding, but continuous exposure to emotionally charged situations can also tax clinicians' emotional resources and lead to exhaustion and burnout. A better understanding of factors that relate to clinicians' ability to manage the emotional demands of the profession is needed. Hence, this study examined the relationships between emotional intelligence, empathy, and job-related compassion and burnout in 92 direct-care registered nurses in the United States. Results showed that whereas higher levels of emotional intelligence, empathy for others' positive emotions, and empathy for others' negative emotions were associated with greater compassion satisfaction, only higher levels of emotional intelligence and empathy for positive emotions were associated with reduced fatigue and burnout. The results have implications for clinicians as they provide foundational information to help determine appropriate strategies, supports, and solutions to reduce compassion fatigue and burnout while increasing compassion satisfaction.

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PALABRAS CLAVE

Inteligencia emocional;
Empatía;
Desgaste profesional;
Satisfacción de la compasión;
Cansancio de la compasión

El papel de la inteligencia emocional y la empatía en el cuidado compasivo de enfermería

Resumen Las relaciones compasivas hacia los pacientes pueden ser muy gratificantes, pero la exposición continua a situaciones con una carga emotiva también puede hipotecar los recursos emocionales de los profesionales clínicos y provocar agotamiento y desgaste profesional. Es necesario una mejor comprensión de los factores que se relacionan con la capacidad de los profesionales clínicos para manejar las exigencias emocionales de la profesión. Por ello, este estudio analizó las relaciones entre inteligencia emocional, empatía y compasión relacionada

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con el trabajo y desgaste profesionales en 92 enfermeras estadounidenses que prestaban cuidados directos. Los resultados mostraron que, mientras que los niveles más altos de inteligencia emocional, la empatía por las emociones positivas de los demás y la empatía por las emociones negativas de los demás estaban relacionadas con mayor satisfacción de la compasión, solo altos niveles de inteligencia emocional y empatía por las emociones positivas estaban relacionadas con menor cansancio y desgaste profesional. Los resultados conllevan implicaciones para los profesionales clínicos ya que proporcionan información básica para tratar de establecer las estrategias, apoyos y soluciones apropiadas para reducir el cansancio que comporta la compasión y el desgaste profesional mientras aumenta la satisfacción de la compasión.

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Compassion among clinicians has become a priority in the healthcare industry. This is partly related to the fact that clinicians are under tremendous pressure to produce specific patient outcomes. The pressure to obtain positive outcomes can take clinicians' attention away from compassionate care. Clinicians are focused on completing tasks and paperwork that may result in difficulty connecting compassionately with the patient (Barratt, 2017). Most clinicians enter the profession inspired to provide excellent, compassionate care. Once engaged in practice, however, clinicians are faced with the complex emotional demands associated with providing patient care. This means they must respond to multiple emotional experiences every workday (Cherry, Fletcher, O'Sullivan, & Dornan, 2014). For example, clinicians must attend to the emotional responses of their patients and the healthcare team as well as attend to their own emotional reactions. Compassion and effective emotional abilities are critical skills given the need to promote rapport and trust in interactions. These abilities in turn can lead to positive patient and professional relationships as well as personal and professional satisfaction (Cherry et al., 2014). However, compassionate patient relationships can also all too often drain clinicians' resources and negatively impact their health and well-being. The continuous exposure to emotionally charged situations can lead to emotional exhaustion and burnout.

Burnout is a critical issue for clinicians in the United States and globally (Gregory, 2015). The prevalence rates for burnout and compassion fatigue are high for physicians, nurses, social workers, and allied health professionals (Emanuel, Ferris, von Gunten, & von Roenn, 2011). The concern about physician distress, burnout, and well-being has been highlighted in the literature (Shanafelt et al., 2012; Shanafelt, Sloan, & Habermann, 2003). Unfortunately, physicians have demonstrated a higher prevalence and a significantly greater risk for professional burnout compared with the general population (Shanafelt et al., 2012). Nurses have also been negatively impacted by burnout. For example, a recent study by Potter et al. (2010) found that 44% of inpatient nurses and 33% of outpatient nurses were at high risk for burnout. In addition, approximately 17.5 percent of new nurses leave their jobs within the first year (Kovner, Brewer, Fatehi, & Jun, 2014). Burnout has implications for the emotional and physical health of clinicians (Henry, 2014). Clinicians experiencing burnout symptoms may be at greater risk of committing medical errors, and may have

interactions with patients that result in dissatisfaction with care (McClure, 2013). Burnout can also influence organizational costs, outcomes, and mortality (Aiken, Clark, Sloane, Sochalski, & Silber, 2002). The healthcare industry cannot afford to lose clinicians to burnout given the projected shortages of physicians and nurses. Hence, it is imperative to have a better understanding of the factors related to compassion fatigue and burnout. Furthermore, additional knowledge regarding the factors that relate to clinicians' ability to manage the emotional demands of the profession is needed. Therefore, the present study focuses on how emotional intelligence and empathy relate to clinicians' (specifically nurses') compassion satisfaction/fatigue and burnout.

Emotional intelligence

The concept of emotional intelligence was first discussed in the literature in 1990 by Salovey and Mayer. However, it was not until 1995 with the popular press publication of Goleman's book *Emotional Intelligence* that the concept gained the public's interest. Although emotional intelligence is conceptualized and measured in a variety of ways in the literature, the present research focused on emotional intelligence as a standard intelligence and a mental ability to work with emotional information. In other words, emotional intelligence is viewed in a similar fashion to general intelligence or IQ. This study utilized the Mayer-Salovey four branch model, which theorizes that emotional intelligence is an ability to reason with and about emotions that allows an individual to more fully comprehend and adjust to the individual circumstances of a situation (Mayer & Salovey, 1997). The four branch model involves the ability to: (a) correctly *perceive* emotions in faces, body language, artworks, and other stimuli; (b) *use* emotions to assist thinking and functioning; (c) *understand* the reason for emotions and how they change over time; and (d) successfully *manage* and regulate emotions of oneself and of others in constructive ways (Caruso, Bhalariao, & Karve, 2016).

The four branch model was utilized because it is associated with an ability-based measurement of emotional intelligence, the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT). Many other measures of emotional intelligence rely exclusively on self-report. Although self-report measures provide information on how respondents

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