

Correlation Between Health Care Provider Empathy and Burnout During The COVID-19 Pandemic

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Empathy, the emotional ability to relate to and understand the needs of others, is an instrumental element of the caregiver-patient relationship. Expressing empathy is effective in strengthening the level of trust between the caregiver and patient, alleviating the anxiety of patients and their family members, and improving overall health outcomes. According to Moudatsou et al, health care professionals need to understand their patients' feelings and emotional needs to ensure their medical needs (physical and mental) are recognized and that they receive the effective, personalized care they deserve.¹

The COVID-19 pandemic has caused an increase in burnout, defined as "a state of psychological, emotional, and physical stress in response to prolonged exposure to occupational stress."² With health care professionals on the frontlines of the pandemic, burnout is common. Providing daily care to critically ill patients causes stress and sadness in health care professionals, which results in emotional withdrawal from those they care for.³

Importance of Empathy in Health Care

According to Anzaldúa and Halpern, clinical empathy is a health care professional's ability to employ cognitive listening and show emotional empathy for the patients they serve.³ It is envisioning each patient's perspective, relating to their pain and medical situation, and using that understanding to promote a better outcome for the patient. All humans have unique values and needs, and empathy supports these

features in the health care setting. Health care professionals who demonstrate compassion and empathy for their patients often form an attached concern for the emotional and physical well-being of those they care for.³ Another journal article described empathy as accepting a patient's wants and needs unconditionally and without prejudice, using verbal and nonverbal cues.¹ Medical research confirms that an increase in clinical empathy in health care correlates with a decrease in clinical errors.³ This same study also confirmed more accurate diagnoses, a greater commitment by the patient to follow medical advice, and an improvement in patients' and family members' ability to cope with a medical illness.³

Negative Effects of COVID-19

As of October 21, 2023, the U.S. Centers for Disease Control and Prevention reported more than 6.4 million COVID-19 cases and more than 1.1 million COVID-19 deaths in the United States since the first case was confirmed more than 4 years ago.⁴ The deadly, highly communicable nature of COVID-19, which gave rise to high infection and mortality rates among health care professionals and the patients they care for, causes stress, anxiety, insomnia, and depression in this population.⁵ Despite limited supplies of personal protective equipment, longer shifts from health care worker shortages, unstable work-life balance, and sleep disturbances, health care professionals are expected to perform their duties proficiently.⁶

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Health care professionals face 4 difficult challenges in the workplace and at home related to the COVID-19 pandemic: reducing infection spread, treating infected and uninfected patients, coping with death, and maintaining personal care for their families and themselves.⁷ The emotional burden of completing these tasks successfully on a long-term basis can cause devastating consequences on the psychological health of frontline workers.

Burnout

Burnout is the psychological result of working in a high-stress environment for an extended period.⁶ Anzaldúa and Halpern noted that burnout involves 3 core features: mental and physical exhaustion; a lack of feeling successful in one's career; and depersonalization, a disorder marked by disconnection from one's thoughts and emotions.³ The result of long-term burnout is a health care professional's inability to ensure a safe environment for patients, increased medical errors, loss of passion for the work they loved, and detachment from their own emotions and the emotional needs of the patients they care for.⁶

A cross-sectional survey conducted by a panel of nursing professors in the United States found that more than 30% of health care professionals were experiencing severe burnout within 6 months of working with COVID-19 patients; however, those who felt safe (ie, were provided with adequate personal protective equipment), had a strong support system, and held strong spiritual beliefs were shown to have a 2- to 4-fold decrease in experiencing burnout symptoms.⁸ A larger-scale study performed on intensive care nurses found that 31.1% of nurses were experiencing severe burnout symptoms 9 months after the breakout of COVID-19 cases.⁶ This same study found that 24.7% of nurses made mistakes with negative consequences for patients; 14.9% felt that they fell short of providing quality care; and almost 20% believed they did not have enough time to adequately care for their patients.⁶

Effect of Burnout on Empathy

Because a sense of self is required to manifest empathy, health care professionals who experience severe burnout struggle to empathize with their

patients. A combination of professional inefficacy and depersonalization depletes the ability to display emotions toward others and to oneself.³ Because many health care professionals have described their clinical environment as a battlefield-type setting during the pandemic, they are unable to show genuine emotional engagement, which is a foundation for clinical empathy.³ The result is to internalize their professional duty to perform clinical tasks virtuously, without emotion or compassion. Although this emotional state works for the short term, it can lead to long-term psychological problems. Although a sense of duty is important, the long-term loss of emotional engagement can lead to outrage, resentment, and fear toward their job and the health care profession. In broad terms, this can lead to a large cohort of battle-scarred health care professionals.³

Addressing Burnout

According to a health care professional working during the pandemic, "There was a point where I could no longer contain the heartbreak of everyone that had been lost."⁹ During this pivotal point in our profession, health care organizations, researchers, the government, and the community have a shared concern about health care workers who are battling burnout.

A number of strategies have proven to reduce burnout in health care professionals, not only during the COVID-19 pandemic, but under typical circumstances as well (see **Box**).⁹ Health care professionals should practice self-reflection and recognize that their own mental health and well-being is just as important as the patients they serve. Basic self-care, such as a healthy diet, practical sleep habits, and daily exercise are foundational steps to alleviating burnout symptoms. Reaching out to trusted coworkers, friends and family members is beneficial as well. Having strong social support, especially in the workplace, is vital when facing burnout. Coworkers can help on a busy day, empathize with stressors, or share wisdom gained on the job, which can contribute as buffers to the negative effects of burnout. Advocating for positive change in the health care organization brings the issue to the frontlines so that all levels of the health care organization are aware and positive changes can be made.⁹

Box

Burnout Prevention Strategies⁹**Individual level**

- Self-reflection and recognition of the physical and emotional signs of burnout
- Reach out and seek help from trusted coworkers, friends, and family
- Prioritize healthy habits (eg, balanced diet, practical sleep habits, increased physical activity)
- Advocate for positive changes in the workplace

Organizational level

Employee assistance programs

- Counseling and therapy services
- Peer support programs
- Social services assistance (childcare, elderly care)

Resolving systemic issues

- Management of staff workload
- Amending scheduling policies (shorten shift length, alternate series of shifts with days off)
- Effective leadership training to promote supportive management

Cultural level

- Recognize human limitations at cognitive, physical, and psychological levels
- Adopt a blame-free environment and encourage open communication of incidents, ethical issues, and challenges

Health care organizations have a responsibility to their employees to promote and provide psychosocial support, as well as to review and revise policies that ensure health care professionals are not deterred from seeking the help they need.⁹ This might be accomplished by incorporating employee assistance programs to offer confidential and private resources to employees, such as counseling and therapy services, peer support programs, and providing social services assistance such as childcare for staff. Recognizing and resolving systemic issues in the workplace also is crucial in alleviating burnout. Examples of such changes include management of staff workload, amending scheduling policies (shortening shift lengths, alternating series of shifts with days off), and effective leadership training for management. From a cultural perspective in the workplace, recognizing human limitations at the cognitive, physical, and psychological levels takes pressure off of health care workers to do more than they are capable of. Also, adopting a blame-free environment and encouraging open communication of incidents, ethical issues, and challenges leads to problem resolution.⁹

The government is obligated to invest in evidence-based practices that ensure the health and safety of health care professionals.⁹ Researchers can take an active role in developing a national protocol to regularly

assess, measure, and respond to burnout, as well as investigate the long-term effects on health care professionals and the patients they serve.⁹ If all involved parties were to actively participate in these changes, the odds of health care workers beating burnout during a future pandemic increase.

Conclusion

The psychological toll and overall wellness of health care professionals during the COVID-19 crisis have received much attention from medical and psychological researchers, health care systems, the media, and the public. There is concern in the health care profession that medical workers with burnout could have long-term, if not permanent, psychological damage from working during the COVID-19 pandemic if the burnout is left untreated. This awareness has evoked a surge in medical research, with experts seeking ways to help those suffering from burnout and prevent a recurrence during future pandemics. Studying the long-term psychological effects and the treatment options available to help health care professionals rebound and regain empathy would be beneficial. The burnout crisis not only affects health care workers but the patients they are responsible for, and possibly the future of quality patient care.

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References

1. Moudatsou M, Stavropoulou A, Philalithis A, Koukouli S. The role of empathy in health and social care professionals. *Healthcare (Basel)*. 2020;8(1):26. doi:10.3390/healthcare8010026
2. Maslach C, Jackson SE, Leiter MP. *Maslach Burnout Inventory*. 3rd ed. Consulting Psychologists Press; 1996.
3. Anzaldúa A, Halpern J. Can clinical empathy survive? Distress, burnout, and malignant duty in the age of COVID-19. *Hastings Cent Rep*. 2021;51(1):22-27. doi:10.1002/hast.1216
4. Centers for Disease Control and Prevention. COVID data tracker weekly review. Accessed July 15, 2022. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>
5. Jalili M, Niroomand M, Hadavand F, Zeinali K, Fotouhi A. Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study. *Int Arch Occup Environ Health*. 2021;94(6):1345-1352. doi:10.1007/s00420-021-01695-x
6. Kakemam E, Chegini Z, Rouhi A, Ahmadi F, Majidi S. Burnout and its relationship to self-reported quality of patient care and adverse events during COVID-19: a cross-sectional online survey among nurses. *J Nurs Manag*. 2021;29(7):1974-1982. doi:10.1111/jonm.13359
7. Shreffler J, Petrey J, Huecker M. The impact of COVID-19 on healthcare worker wellness: a scoping review. *West J Emerg Med*. 2020;21(5):1059-1066. doi:10.5811/westjem.2020.7.48684
8. Kim SC, Sloan C, Chechel L, Redila M, Ferguson J. Severe burnout and poor mental health among healthcare workers 6 months after COVID-19 pandemic declaration. *J Nurs Adm*. 2021;51(11):554-560. doi:10.1097/NNA.0000000000001063
9. United States Surgeon General. Addressing healthcare worker burnout: the U.S. Surgeon General's advisory on building a thriving health workforce. United States Department of Health and Human Services. Published 2022. Accessed July 2, 2022. <https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf>