

Cross-sectional study

Paediatric intensive care nurses report higher empathy but also higher burnout than other health professionals

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Commentary on: Latimer M, Jackson PL, Eugène F, *et al.* Empathy in paediatric intensive care nurses part 1: behavioural and psychological correlates. *J Adv Nurs* 2017;73:2676–85.

Implications for practice and research

- ▶ Intensive care nurses should be provided with advice on how to care for their own psychological well-being at work given their regular exposure to traumatic events.
- ▶ Further research could establish whether the associations found between exposure to patients' pain, staff distress and overestimation of pain apply to other nursing groups.

Context

A recent increase in the number of publications on the high prevalence of burnout and moral distress in health professionals in general, and in critical care staff in particular, has led to a call for more research into the mechanisms by which burnout arises and into interventions to increase resilience in the workplace.¹ In this study, the associations between exposure to pain, empathy and work-related distress were examined in two groups of health professionals working in a tertiary paediatric setting.

Methods

In this study, 27 paediatric/neonatal intensive care nurses and 24 allied health professionals (AHPs), all of whom were based at the same tertiary paediatric hospital, were asked to complete a survey that measured their empathy and symptoms of burnout and traumatic stress. They were also asked to provide information on the degree to which they were exposed to patients' pain in their work and to take part in a series of experimental tasks in which they were asked to rate (1) the pain of adults and children in video case vignettes and (2) their own imagined level of pain in relation to a number of hypothetical scenarios provided to them.

Findings

As hypothesised, nurses reported significantly higher exposure to pain in their work and significantly more burnout and secondary traumatic stress. In addition, their pain ratings (both for video cases and for themselves) were significantly higher than those provided by the AHPs. However, the hypothesis that pain exposure would be inversely related to empathy was not found, with nurses reporting *higher* levels of empathy than AHPs, but also reporting more burnout and secondary traumatic stress.

Commentary

These findings are consistent with the hypothesis that intensive care nurses become sensitised to pain by virtue of the fact that they witness more of it in their clinical work than other health professionals and that, while this may increase their empathy, it also leads them to overestimate pain in themselves and their patients and predisposes them to burnout and secondary traumatic stress.

However, this was a relatively small sample and may not be representative of paediatric intensive care since most of the nurses studied (n=24/27) worked on the neonatal unit. Furthermore, the finding that higher rates of distress were found in nurses with less experience is not borne out by the literature² and although the groups were matched for age, gender and experience, the differences found may have related to other factors. Variables such as profession, number of deaths encountered, moral distress³ or factors specific to neonates (such as inadequate analgesia) or intensive care could be controlled for in a larger study.

The finding that the nurses overestimated pain, in themselves as well patients, suggests a degree of maladaptive overidentification—a possible downside of empathy. It might, however, be possible to retain empathy without running this risk if resilience is maintained. Indeed, the relationship between empathy and burnout may be mediated by resilience, which was not measured in this study. There is a developing literature examining the ways in which intensive care staff may enhance their resilience and thereby cope better in the long term with workplace stressors.^{4,5}

Competing interests None declared.

Provenance and peer review Commissioned; internally peer reviewed.

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