Coll. Antropol. **46** (2022) 1: 29–35
Original scientific paper
doi:10.5671/ca.46.1.5

The Level of Empathy and Psychological Distress in Nurses and Health Technicians

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ABSTRACT

The aim of the study was to examine the overall level of empathy, its affective and cognitive aspects, the level of psychological stress, and to determine the relationship between empathy, emotions and psychological stress in nurses and health technicians employed at the Clinical Hospital Center Osijek. A cross-sectional study was conducted from March to June 2019 among 152 nurses and health technicians using the authors personally prepared questionnaire, and standard questionnaires BES, PANAS and K10 to evaluate empathy, positive and negative emotions and psychological distress of respondents. Respondents exhibited a middle – a higher degree of total empathy (median 50 and interquartile range of 43–56), with more emphasized affective than cognitive component. Psychological distress was confirmed in 65% of respondents. There was a correlation between affective and cognitive empathy ($p<0.001$, $r = 0.355$). People with a higher degree of distress also had more negative emotions that tended to increase with increasing distress ($p <0.001$, $r = 0.426$). Healthcare workers are mostly empathic and in a great deal exhibit psychological distress. It is necessary to carry out systematic surveys among health personnel to determine the empathy and distress levels to detect the risk groups who need help with stress prevention.

Key words: *psychological distress, empathy, nurses, health technicians*

Introduction

Emotion is any conscious experience accompanied by intense mental activity and a certain degree of satisfaction or dissatisfaction.[1] Nursing care for patients carries many obstacles and strong emotions that sometimes make emotional separation from professional ones difficult. Therefore, it is important to know how to recognize and react to your own and other people's emotions. Strong emotions are a natural and common occurrence, however, the problem arises if the emotions are not verbalized and suppressed. Most employees do not show their feelings and continue to provide health care, believing that this will reduce the severity of the situation.[2] The ability to verbalize and manage emotions is crucial in all areas of human action.[3] People with developed emotional intelligence have better communication skills and are less susceptible to stressful situations.[4,5] Empathy is defined as the ability to understand other people's experiences and feelings and empathize with each other and can be divided into affective and cognitive. Affective empathy includes experiencing emotions as a reaction to another person's emotional state, caring for disadvantaged people, and emotional arousal due to another person's unpleasant experiences. Cognitive empathy is defined as understanding the other person's affective state.[6] Knowledge of the types of empathy and its development is crucial in all professional occupations that involve working with people and is also useful in private life. It is for this reason that in more developed countries there is an educational program aimed at developing empathy in individuals from an early age.[7] Interestingly, empathy increases with age and remains stable throughout life, and that women on average have a higher degree of empathy than men.[8] Research conducted on nursing students has shown that people with a higher degree of empathy towards patients have better results and grades

Received for publication January 20, 2022

in clinical exercises.[9] From all this, we conclude that empathy is an important component of nursing care and has a crucial role in the planning and implementation of health care. Stress is a physiological and psychological response to specific demands to resist physical and mental stress. Chronic stressful events include long-term impaired health, financial difficulties, impaired interpersonal relationships in the family and at work, unresolved housing issues and the like.[10] Distress is an unfavourable condition of the body that cannot adapt to stressors. This condition is characterized by inappropriate social interaction due to inadequate adaptation to stressors.[11] Distress research is very relevant in the field of medicine and psychology, since the connection between distress and the development of chronic diseases, anxiety, depression, distorted self-perception has been established.[12,13] There is no need to further emphasize the level of stress that health professionals are continuously exposed to daily in their workplace. The simultaneous negative impact of multiple stressors almost always results in burnout syndrome.[14,15] In stressful situations, the individual chooses characteristic behaviours that can be divided into positive and negative.[16] Among the positive ones are seeking emotional support and psychological help, verbalization of feelings, showing emotions, choosing free activities, and problem-solving behaviours. Negative behaviours include seeking solace in alcohol and narcotics, excessive self-criticism, denying the situation, and subjectively reducing the severity of the problem.[17,18]

The aim of the research was to examine the overall degree of empathy, its affective and cognitive aspects, the degree of psychological distress, and to determine the relationship between empathy, emotions and psychological distress in nurses and health technicians at KBC Osijek.

Material and Methods

The cross-sectional study was conducted from March to June 2019 and included a total of 152 respondents, including 128 nurses and 24 health technicians employed at the Clinical Hospital Center Osijek. Before completing the survey, each respondent read the instruction on the purpose of the survey and was told that the survey was anonymous and voluntary and that they could withdraw from participation at any time and without explanation of their decision. A newly formed questionnaire of 14 questions related to growing up, marital and family status, quality of family relationships, education, age, number of children, quality of sleep, mental illness, addiction and opinions about the workplace as a possible source of stress was used to examine the sociodemographic characteristics of respondents.

Standard questionnaires were used to examine empathy, positive and negative feelings, and psychological distress: The Basic Empathy Scale (BES), PANAS (Positive and Negative Affect Schedule), and the Kessler 10-item distress scale. The Basic Empathy Scale (BES) is compiled by Jolliffe & Farrington and is available for use with permission. It consists of 20 empathy-related statements that are divided into cognitive (9 statements) and affective (11 statements) and each statement can be positive (12 statements) or negative (8 statements). Respondents rated statements with numbers from 1–5, where 1 represents "I completely agree" and 5 "I completely disagree". The overall degree of empathy was obtained by summing affective and cognitive empathy.[19]

The Positive and Negative Affect Schedule (PANAS) is the second questionnaire used in the research with the author's permission to use and consists of 20 words describing various emotions. The task of the respondents was to indicate how often in the past two weeks they felt a certain emotion (very little or not at all, little, moderate, quiet, extreme). Values of positive and negative emotions range from 10 to 50.[20]

The third questionnaire used was the Kessler 10 – item distress scale available for use with the author's permission and contained 10 statements about stressful situations.[21]

Statistical methods

The results of the research are presented textually and tabularly. All standard surveys were tested for internal consistency of Cronbach's alpha. The normality of the distribution of continuous numerical variables was tested by the Kolmogorov-Smirnov test, and in the case of questionable normality of the distribution by the nonparametric analogue median and the limits of the interquartile range. Differences of normally distributed continuous numerical variables were tested by Student's t-test and in case of deviation from normal distribution by non-parametric analogues of Mann-Whitney's U test. The Pearson correlation coefficient was used for the correlation analysis. Statistical significance was assessed based on the obtained p-value compared to the significance level $\alpha = 0.05$. The significance of the differences determined by statistical testing was expressed at the level of $p < \alpha$. The statistical program SPSS (version 16.0, SPSS Inc., Chicago, IL, USA) and Microsoft Office Excel spreadsheet calculator were used for statistical analysis.

Results

A total of 152 subjects participated in the study, of whom 128 were women and 24 were men, with a median age of 39 years (interquartile range of 30.25 to 51.75 years). Among the respondents, 65% were aged between 19 and 45 years. According to the level of education, 67% of respondents have completed high school, 59% of respondents are married, and 57% of respondents have children. Table 1 shows the distributions of responses to claims from the Basic empathy scale survey.

According to the results of the research, a significant correlation was found between cognitive and affective empathy ($p < 0.001$, $r = 0.355$). A statistically significant difference was found in the division of the degree of em-

pathy according to gender (Mann Whitney U test, p = 0.006). It was observed that male respondents have a higher degree of empathy compared to women. Subjects under the age of 45 had a significantly higher degree of empathy compared to others (Mann Whitney U test, p = 0.032). The difference in the degree of empathy was found in respondents who had a happy childhood compared to those who had a not very happy or unhappy childhood (Mann Whitney U test, p = 0.033) (Table 2)

A statistically significantly higher degree of psychological distress was found in subjects older than 45 years compared to younger subjects (Mann Whitney U test, p = 0.017). Distress was statistically significantly higher in respondents who consider the workplace a source of stress (Mann Whitney U test, p <0.001), than in respondents with poor sleep quality (Mann Whitney U test, p <0.017), in respondents who have problematic relationship quality with close family members (Mann Whitney U test, p =

TABLE 1

DISTRIBUTION OF ANSWERS TO THE QUESTIONS FROM THE "BASIC EMPATHY SCALE" SURVEY

	1	2	3	4	5
	Number of respondents (%)				
The emotions of my friends do not affect me. (A)	5 (3)	25 (17)	39 (26)	37 (24)	46 (30)
After hanging out with a friend who is sad and I usually feel sad. (A)	25 (16)	36 (24)	57 (38)	29 (19)	5 (3)
I can understand the happiness of my friend when he is good at something. (K)	86 (57)	31 (20)	11 (7)	17 (11)	7 (5)
I get scared when I watch the characters in an interesting horror movie. (A)	24 (16)	28 (18)	42 (28)	30 (20)	28 (18)
I easily get involved in other people's feelings. (A)	12 (8)	30 (20)	59 (39)	25 (16)	26 (17)
I find it hard to recognize when my friends are scared. (K)	7 (5)	23 (15)	35 (23)	46 (30)	41 (27)
I don't get sad when I see other people crying. (A)	12 (8)	14 (9)	31 (20)	39 (26)	56 (37)
Other people's feelings do not touch me at all. (A)	7 (5)	16 (10)	26 (17)	41 (27)	62 (41)
When someone feels bad, I usually understand how they feel. (K)	48 (32)	35 (23)	36 (24)	19 (12)	14 (9)
I usually know when my friends are scared. (K)	43 (28)	58 (38)	27 (18)	17 (11)	7 (5)
I often get sad when I watch sad things on TV or in movies .(A)	31 (20)	34 (23)	58 (38)	18 (12)	11 (7)
I can often understand how a person feels even before he tells me. (K)	20 (13)	65 (43)	46 (30)	15 (10)	6 (4)
An angry person does not influence my feelings (A)	18 (12)	16 (10)	56 (37)	41 (27)	21 (14)
I usually recognize when a person is cheerful. (K)	69 (45)	57 (37)	15 (10)	7 (5)	4 (3)
I get scared when I'm with a person who gets scared (A)	15 (10)	22 (14)	51 (34)	37 (24)	27 (18)
I soon see when my friend is angry (K)	64 (42)	42 (28)	22 (14)	15 (10)	9 (6)
I often get lost in my friend's feelings. (A)	8 (5)	23 (15)	58 (38)	40 (27)	23 (25)
My friend's dissatisfaction has no effect on me. (A)	6 (4)	9 (6)	43 (28)	50 (33)	44 (29)
I'm usually unaware of my friend's feelings.	8 (5)	14 (9)	29 (19)	51 (34)	50 (33)
I have difficulty understanding when my friends are happy. (K)	12 (8)	5 (3)	19 (13)	47 (31)	69 (45)

K – claims related to cognitive empathy

A – claims related to affective empathy

0.04), and in subjects treated for chronic disease or in a psychiatrist, compared to those not treated (Mann Whitney U test, p = 0.029) (Table 3).

Observing the degrees of psychological distress, a statistically significant association of probably serious disorders with negative emotions was found (Kruskal – Wallis test, p <0.001) (Table 4).

Pearson's correlation coefficient between the degree of empathy, individual aspects of empathy and the degree of distress with positive and negative emotions determined the relationship between the increase in distress and negative emotions (p <0.001, r = 0.426) (Table 5).

Pearson's correlation coefficient established a significant correlation between affective empathy and the degree of psychological distress (p = 0.012, r = – 0.203) and that there is a slight correlation between the variables. No correlation was found between the degree of psychological distress and the total degree of empathy (p = 0.238, r = – 0.096), as well as with cognitive empathy (p = 0.621 r = 0.04) shown in Table 6.

Discussion

Nurses and health technicians are members of the medical team who spend most of their working time in direct contact with the patient. The job description is patient care, cooperation with doctors and other health professionals. According to recent studies focused on research on the relationship between empathy and distress, there are views that a higher degree of empathy in nurses acts as a protective mechanism for the prevention of psychological distress.[22] Looking at the results of our research, the respondents achieved a medium and higher degree of

TABLE 2

SOCIODEMOGRAPHIC CHARACTERISTICS WITH RESPECT TO OVERALL LEVEL OF EMPATHY

	Median (Q1, Q3)	p*
Sex		
Men	55 (50 – 58.75)	0.006
Woman	49 (42 – 55)	
Age		
19 to 45 years	50 (46 – 58)	0.032
46 to 65 years	46 (41 – 54.5)	
Workplace opinion		
Source of stress due to patient weight / poor interpersonal relationships	50 (41.5 – 58)	0.848
It feels good in the workplace	50 (44 – 56)	
Quality of relationships with close family members		
Good/close	49,5 (43 – 56)	0.244
Problematic	55 (47.25 – 58,75)	
Description of childhood		
Happy	50 (43 – 58)	0.033
Not very happy / unhappy	46 (39 – 51.25)	
Psychiatric treatment / chronic illness		
Yes	47 (41.75 – 53)	0.156
No	50 (43 – 58)	
Taking substances (alcohol, smoking)		
Yes	50 (44.5 – 56)	0.828
No	49 (42 – 58)	
Quality sleep		
Good	49 (42 – 56)	0.255
Not very good / bad	51 (45 – 58)	

median (Q1, Q3) = interquartile range, * Mann Whitney U test

TABLE 3

SOCIODEMOGRAPHIC CHARACTERISTICS WITH RESPECT TO THE DEGREE OF PSYCHOLOGICAL DISTRESS

	Median (Q1, Q3)	p*
Sex		
Men	23,5 (17 – 26)	0.994
Woman	22 (18 – 25)	
Age		
19 to 45 years	22 (17 – 25)	0.017
46 to 65 years	24 (20 – 26. 5)	
Workplace opinion		
Source of stress due to patient weight / poor interpersonal relationships	22 (20,5 – 27)	> 0.001
It feels good in the workplace	20 (17 – 24)	
Quality of relationships with close family members		
Good/close	22 (18 – 25)	0.040
Problematic	26 (23.5 – 28.25)	
Description of childhood		
Happy	22 (18 – 25)	0.081
Not very happy / unhappy	25 (19.5 – 27)	
Psychiatric treatment / chronic illness		
Yes	24 (20 – 27.25)	0.029
No	22 (18 – 25)	
Taking substances (alcohol, smoking)		
Yes	23 (18 – 25.5)	0.613
No	22 (18 – 26)	
Quality sleep		
Good	22 (17 – 25)	0.017
Not very good / bad	24 (20 – 27)	

median (Q1, Q3) = interquartile range, * Mann Whitney U test

TABLE 4

POSITIVE AND NEGATIVE EMOTIONS IN RELATION TO DEGREES OF PSYCHOLOGICAL STRESS

	Median (Q1, Q3)	p*
Positive emotions		
They probably don't have any disorder	30,5 (28 – 35.25)	0.372
They probably have a mild disorder	30 (27 – 35)	
They probably have a moderate disorder	29 (26.5 – 33.5)	
They probably have a serious disorder	32 (30 – 34)	
Negative emotions		
They probably don't have any disorder	13.5 (11 – 18)	< 0.001
They probably have a mild disorder	20 (15 – 23.5)	
They probably have a moderate disorder	18 (16 – 26.5)	
They probably have a serious disorder	23 (14.5 – 28.5)	

median (Q1, Q3) = interquartile range, * Kruskal – Wallis test

TABLE 5

CONNECTION OF EMPATHY AND DISTRESS WITH POSITIVE AND NEGATIVE EMOTIONS

	Empathy	Cognitive empathy	Affective empathy	Degree of distress
Positive emotions	p = 0.272, r = 0,090	p = 0.371, r = 0.073	p = 0.361, r = 0.07	p = 0.890, r = 0.011
Negative emotions	p = 0.360, r = 0.075	p = 0,232, r = 0.098	p = 0.78, r = 0.024	p < 0.001 r = 0.426

TABLE 6

DEGREE OF DISTRESS TO AFFECTIVE, COGNITIVE AND TOTAL EMPATHY

	Degree of distress
Cognitive empathy	p = 0.621
	r = 0.04
Affective empathy	**p= 0.012**
	r= – 0.203
Total empathy	p = 0.238
	r = – 0.096

empathy, and according to the division of empathy, they achieved higher results on the scale of affective than cognitive empathy. Furthermore, we can conclude that respondents feel that they empathize with other people and that other people's feelings have an impact on their ones. According to research conducted in the United States, hospitals that encourage employees to empathize and reward employees for such behaviour record better patient ratings for service and greater satisfaction with care.[23] It has been confirmed that employees have recognized emotions but are not competent to deal with such situations and take the necessary steps. Precisely for such reasons, some circumstances lead to psychological distress.

The research found that respondents younger than 45 have a higher level of empathy than older respondents and it is reasonable to conclude that younger people are still learning and only realizing certain challenges in practice that are possible causes of stronger emotions and higher levels of empathy. Only the cooperation of older, more experienced nurses and younger ones can increase the satisfaction of patients, employees, but also the progress of the profession.[24,25] Other socio-demographic data, which according to the results have an impact on a lower level of empathy, highlight social factors and interpersonal relationships, ie growing up (happy or unhappy) and direct relationships in various areas of social life. Ardizzi et al. state that a troubled childhood encourages an individual to develop functional synchronization between their own emotions, physical symptoms, and threatening stimuli from the environment that they retain later in life, as a defence mechanism.[26] The results of our study found a positive relationship between the degree of cognitive and affective empathy, and that a higher level of affective empathy in individuals with underdeveloped appropriate cognitive response patterns is a risk factor for the development of psychological distress. What is worrying in the results of the research is the fact that 64% of respondents have some form of psychological distress, and almost 1/3 have clearly expressed psychological distress. Unfortunately, the system is failing on this issue because stress is still a topic that is talked about a lot and little is being done. According to the literature, the stress in nursing is a very current topic due to its severity and high levels in the profession.[27,28] Higher levels of stress were found in respondents older than 45 years. The high degree of psychological distress in older subjects can be explained by the impossibility of developing compensatory mechanisms due to the accumulation of stressful events during life.[33] It is important to note that there is room for progress and improvement of weaknesses. In addition to relaxation techniques and cognitive behavioural therapy, the introduction of supervision has also been shown to be positive.[29,30] People who consider the workplace as a source of stress, due to the weight of patients or poor interpersonal relationships, have a statistically significantly higher degree of psychological stress compared to those who feel good in the workplace. Nurses and medical technicians with higher levels of psychological distress have poor sleep quality. Nursing is a dynamic profession that is often organized by working 12-hour shifts. Understandably, employees often work night shifts as well. Constant schedule changes harm the biological rhythm of individuals who in this case may suffer from insomnia, excessive sleepiness and fatigue.[31] Numerous studies confirm that the quality of sleep in nursing is extremely impaired, but, unfortunate-

ly, in Croatia, there is no systematic strategy for solving these problems.[32,33] A statistically significantly higher degree of psychological distress was found in subjects treated by a psychiatrist or suffering from chronic diseases. Unfortunately, mental disorders are still a stigmatized topic that is most often avoided, although it is often present in the nursing profession.[34] Respondents whose health is impaired and those with negative childhood experiences have lower levels of empathy. Negative emotions were unrelated to empathy and do not change depending on the degree of empathy. In contrast, negative emotions were significantly associated with psychological distress. From the obtained results, it is possible to detect the previously mentioned risk groups that have a predisposition for psychological distress, although they do not yet have expressed negative emotions.

On the whole, the obtained results show that it is necessary to conduct a systematic examination of health care staff on empathy, including the cognitive and affective aspects and the degree of psychological distress. In further research, it would be useful to include testing stress response patterns.

Conclusion

Coping mechanisms with stress are another key factor in the association between empathy, emotion, and psychological distress in health professionals. Research has shown that nurses and health technicians are moderate to highly empathetic and have psychological distress. A high degree of empathy was shown by respondents younger than 45, while a high degree of psychological distress was present in older respondents, in respondents who perceived the work environment as a source of stress, in those who had unhappy childhoods, poor sleep quality and subjects with impaired health. Human resources are the fundamental basis of any profession. Without satisfied and healthy employees, there is no quality medical service. It is necessary to conduct a systematic examination of health care staff for empathy, including the cognitive and affective aspects, and the degree of psychological distress. In further research, it would be useful to include testing stress response patterns. In this way, stress could be identified, responded to and reduced on time, thus preventing a negative impact on the physical and mental health of employees.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors**.**

Conflicts of Interest: The authors declare no conflict of interest.

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RAZINA EMPATIJE I PSIHOLOŠKOG DISTRESA KOD MEDICINSKIH SESTARA I ZDRAVSTVENIH TEHNIČARA KLINIČKOG BOLNIČKOG CENTRA OSIJEK

S A Ž E T A K

Cilj istraživanja bio je ispitati ukupni stupanj empatije, njen afektivni i kognitivni aspekt, stupanj psihološkog distresa, te utvrditi povezanost između empatije, emocija i psihološkog distresa kod medicinskih sestara i zdravstvenih tehničara zaposlenih u Kliničkom bolničkom centru Osijek. Od ožujka do lipnja 2019. godine provedeno je presječno istraživanje na 152 medicinske sestre i zdravstvenih tehničara uz korištenje upitnika koji je autor osobno izradio, te standardnim upitnicima BES, PANAS i K10 za procjenu empatije, pozitivnih i negativnih emocija i psihološkog distresa kod ispitanika. Ispitanici su pokazali srednji – viši stupanj ukupne empatije (medijan 50 i interkvartilni raspon 43 – 56) s više izraženom afektivnom nego kognitivnom komponentom. Psihološki distres je utvrđen kod 65 % ispitanika. Ispitanici sa višim stupnjem distresa imaju i više negativnih emocija (medijan 23 i interkvartilni raspon 14,5 – 28,5). Porastom distresa, rastu negativne emocije ($p < 0,001$, $r = 0,426$). Postoji povezanost između afektivne i kognitivne empatije ($p < 0,001$, $r = 0,355$) te blaga negativna povezanost između afektivne empatije i psihološkog distresa ($p = 0,012$ $r = – 0,203$). Zdravstveni djelatnici su pretežito empatični i imaju u velikoj mjeri prisutan psihološki distres. Potrebno je vršiti sustavno ispitivanje zdravstvenog osoblja na empatiju i distres kako bi se detektirale rizične skupine kojima je potrebna pomoć radi prevencije stresa.