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The relationship between clinical empathy, quality of life, and job burnout among psychiatry residents

Alireza Zibaei[1]; Maryam Emadzadeh[2]; *Zanireh Salimi[3]

[1]*Resident of psychiatry, Psychiatry and Behavioral Sciences Research Center, Mashhad University of Medical Sciences, Mashhad, Iran.*

[2]*Associate professor of community medicine, Clinical Research Development Unit, Ghaem Hospital, Mashhad University of Medical Sciences, Mashhad, Iran.*

[3]*Associate professor of psychiatry, Psychiatry and Behavioral Sciences Research Center, Mashhad University of Medical Sciences, Mashhad, Iran.*

Abstract

Introduction: Clinical empathy, burnout, and quality of life (QoL) significantly impact healthcare professionals' well-being. Psychiatry residents are particularly susceptible to burnout, which may affect their empathy and QoL. This study explores these relationships among psychiatry residents.

Materials and Methods: In this cross-sectional study, 50 residents in Mashhad University of Medical Sciences were assessed using the Jefferson Scale of Empathy (JSE), Maslach Burnout Inventory (MBI), and WHOQOL-BREF. Data were analyzed using SPSS. v. 22, descriptive statistics, and Pearson's test.

Results: Mean empathy was 110.4 ± 12.7 (moderate level). Burnout was high (33.6 ± 9.2), primarily due to emotional exhaustion (18.2 ± 6.1). QoL was moderate (67.5 ± 9.4), with the lowest score in social relationships (13.2 ± 3.6). Empathy negatively correlated with burnout (r= -0.45, *P*= 0.003) and positively with QoL (r= 0.38, *P*= 0.028). Burnout negatively impacted physical (r= -0.458, *P*= 0.003), mental (r= -0.640, *P*< 0.001), and social QoL (r= -0.618, *P*< 0.001). Cognitive empathy positively correlated with physical (r= 0.459, *P*= 0.003), mental (r= 0.376, *P*= 0.028), social (r= 0.348, *P*= 0.005), and environmental QoL (r= 0.446, *P*= 0.004). Emotional empathy was linked to better mental health (r= 0.437, *P*= 0.005) and social relationships (r= 0.446, *P*= 0.004).

Conclusion: The study highlights key relationships between empathy, burnout, and quality of life. Reducing burnout and improving life quality may enhance empathy, benefiting both residents and patient care. Targeted mental health interventions are needed to support healthcare workers.

Keywords: Burnout, Clinical empathy, Mental health, Psychiatry residents, Quality of life

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***Corresponding Author:**
Psychiatry and Behavioral Sciences Research Center, Mashhad University of Medical Sciences, Mashhad, Iran.
salimizn@mums.ac.ir
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Introduction

Clinical empathy is a valuable clinical skill for clinicians, particularly psychiatrists, since it establishes patient-clinician relationships and makes treatment more effective. Clinical empathy leads to greater patient satisfaction, adherence to treatment, and health outcomes (1,2). Clinicians, however, often suffer from job burnout, a state of emotional, mental, and physical exhaustion caused by extended periods of stress. This burnout can weaken empathy, reduce clinical performance, and damage patient care (3,4).

The quality of life (QoL) has also been recognized to be a key issue influencing the happiness of healthcare professionals since it determines their ability to empathize with patients and cope with stress related to their profession (5,6).

Research has demonstrated that QoL improvement can negate burnout and increase empathy, with benefits for both healthcare providers and patients. It is necessary to comprehend the interrelations between clinical empathy, QoL, and burnout for the creation of interventions to support the mental health of psychiatry residents (7,8). Recent studies have stressed the critical necessity of mental health care for healthcare professionals, especially during periods of increased stress, e.g., the COVID-19 pandemic. The pandemic has escalated mental health issues among numerous healthcare workers, marked by workload intensification and emotional pressure that can cause empathy to decrease and burnout levels to rise (5,9,10). Equally vital is maintaining mental well-being by achieving work-life balance and promoting physical and psychological well-being in mitigating burnout and developing a health-promoting work environment for health professionals (11,12).

The influence of occupational burnout and clinical empathy on patient care quality indicates the necessity for specific interventions. Interventions aimed at improving the well-being of healthcare professionals can lead to greater empathy, reduced burnout levels, and overall better outcomes for both healthcare providers and their patients (13,14). Identifying factors that lead to burnout and empathy can guide policy and strategy development in medical education, thus enabling residents to be better equipped to manage stress and maintain high levels of patient care (5,15). Thus, the present study sought to examine the interrelations of clinical empathy, quality of life, and occupational burnout in psychiatry residents. Through the exploration of such interrelations, we hope to present results that can inform the creation of focused interventions intended to decrease burnout, enhance empathy, and ensure the overall well-being of psychiatry residents.

Materials and Methods

This cross-sectional investigation was carried out in 2024 at Mashhad University of Medical Sciences, Mashhad, Iran, specifically targeting psychiatry residents. A cohort of 50 psychiatry residents, representing a range of training years from the first to the fourth, were recruited to take part in the study. The questionnaire was distributed among all residents, and ultimately, 50 participants took part in the study. Alternatively, the inclusion criteria consisted of those who were willing to participate, being an active psychiatry resident at Mashhad University of Medical Sciences, having provided informed consent to participate in the current study, and having no record of severe mental illness or medical conditions that could affect the study results. The residents who had active psychiatric issues or severe physical illnesses were not included in the study.

Research instruments

A) Jefferson Scale of Empathy (JSE): This standardized instrument, tailored for medical residents, evaluates cognitive empathy (understanding patients' emotions) and emotional empathy (responding to patients' emotions). Higher scores signify greater empathy, indicating an enhanced capacity to connect with patients and strengthen the patient-clinician relationship. The Persian version of the JSE exhibits robust validity and reliability (Cronbach's alpha of 0.86 for the total scale and 0.81 for its subscales), demonstrating strong convergent and discriminant validity (16).

B) Maslach Burnout Inventory (MBI): This inventory was used to assess job burnout, encompassing three subscales: emotional exhaustion, depersonalization, and personal accomplishment. Elevated scores on emotional exhaustion and depersonalization indicate higher burnout levels, while lower scores on personal accomplishment reflect diminished professional efficacy. Its Persian version demonstrates good validity and reliability, with

Cronbach's alpha coefficients ranging from 0.76 to 0.87 and significant correlations with related burnout measures (17).

C) WHOQOL-BREF: It was employed to evaluate quality of life across four domains: physical health, psychological functioning, social relationships, and environment. Higher scores reflect better quality of life. The Persian version of the WHOQOL-BREF shows high internal consistency, with Cronbach's alpha coefficients ranging from 0.70 to 0.85 for its domains, and its construct validity is supported by significant correlations with related health measures (18).

Data were analyzed with SPSS version 22, descriptive statistics, and Pearson's correlation test.

Results

The study sample included 50 residents of psychiatry, comprising 30 males (60%) and 20 females (40%), with a mean age of 31.5 ± 3.2 years. Regarding marital status, 36 residents (72%) were married, and 14 residents (28%) were single. Residents' empathy level showed an average of 110.4 ± 12.7, which is indicative of moderate to high levels of empathy. However, burnout scores (33.6 ± 9.2) showed a significant burnout effect, especially for emotional exhaustion which had a mean score of 18.2 ± 6.1.

While assessing quality of life (QoL), the participants scored an average of 67.5 ± 9.4, where the social relationships domain had the most concerning average scores of 13.2 ± 3.6.

The Maslach Burnout Inventory reveals burnout to have negative correlations with all domains of quality of life (QoL). Especially, emotional exhaustion and depersonalization negatively correlate with physical health (r= -0.458, *P*= 0.003), mental health (r= -0.640, *P*< 0.001), and social relationships (r= -0.618, *P*< 0.001), demonstrating a trend in which increased levels of burnout adversely impact physical and psychological health. Also, lower personal achievement was inversely related to physical health (r= -0.458, *P*= 0.003) and mental health (r= -0.640, *P*= 0.004), further showing that absence of achievement and satisfaction is directly proportional to burnout.

Concurrently, empathy was positively correlated with quality of life. Specifically, cognitive empathy was positively correlated with physical health (r= 0.459, *P*= 0.003), mental health (r= 0.376, *P*= 0.028), social relationships (r= 0.348, *P*= 0.005), and environmental domains (r= 0.446, *P*= 0.004), indicating that people with greater cognitive empathy are likely to enjoy overall well-being. Emotional empathy also showed positive correlations with mental health (r= 0.437, *P*= 0.005) and social relationships (r= 0.446, *P*= 0.004) which means that people who are emotionally empathic tend to have a better quality of life. Lastly, empathy was discovered to play a significant protective role against burnout. Findings revealed that cognitive and emotional aspects of empathy revealed negative correlation with personal accomplishment (r= -0.521, *P*= 0.001) and overall burnout (r= -0.565, *P*< 0.001) (Table 1). This reveals that individuals who are more empathetic are less likely to experience burnout.

Table 1. Correlations between cognitive empathy, total burnout, and health variables in psychiatry residents

Variable	Cognitive empathy		Total burnout	
	r	P	r	P
Physical health	0.459	0.003	-	-
Mental health	0.376	0.028	-0.640	< 0.001
Total burnout	-	-	-0.565	< 0.001

Discussion

This study explores empathy, burnout, and quality of life (QoL) among psychiatry residents, offering findings that both align with and diverge from prior research. For instance, a study of 112 postgraduate medical trainees across various specialties reported high burnout rates, with 58% experiencing emotional exhaustion, alongside moderate QoL levels (19). These findings reflect the findings of burnout and moderate QoL among psychiatry residents. However, the Lebanese study did not examine empathy, one of the main variables investigated in this study, and therefore, limits direct comparisons based on this variable. It examined more extensive variables such as social isolation and financial stress—variables that were not examined in this study—suggesting that psychiatry residents, who endure unique emotional complexities, may

also be subjected to other influencing pressures that can be studied in the future, like how economic or social factors contribute to heightened levels of burnout.

Similarly, a 2020 Portuguese study of 104 physicians (53 residents and 51 specialists) found higher burnout and lower empathy among residents compared to specialists, with significant inverse correlations between empathy and burnout (20). These results corroborate the results of our study, which found a negative relationship between empathy and burnout. The Portuguese study included specialists as participants to demonstrate how specialists' experience might mitigate burnout and it only examined feelings of burnout. The current study only included residents as participants. The Portuguese study also did not measure QoL, whereas in the current study, QoL had positive associations with empathy and negative associations with burnout in the domains of physical health and mental health. The present study expands the focus beyond the experience of burnout to show the impact of emotionality beyond expert performance. Regardless of whether the underlying emotional states were cognitive, affective, or emotional, QoL is an important outcome variable that impacts experiences. A South Korean study of 317 residents also identified negative correlations between empathy and burnout and a positive link with personal achievement (21). These results reinforce the current findings and highlight empathy’s protective role. The South Korean research added demographic insights, noting higher empathy in females and married residents—details not explored here. This opens avenues for future research into how gender or marital status might shape psychiatry residents’ experiences.This study exclusively investigates psychiatry residents, addressing the unique emotional aspects of providing psychiatric care, whereas the other studies considered groups of residents. This study also uses the Jefferson Scale of Empathy, Maslach Burnout Inventory, and WHOQOL-BREF, providing a more comprehensive view of this population than the mentioned foreign studies. While the consistent relationship between empathy and burnout across studies is noteworthy, the additional understanding of QoL in this study highlights the need for targeted interventions to address both burnout and well-being in this unique group. Future studies should explore long-term strategies for reducing burnout, improving quality of life, and fostering empathy in healthcare professionals, which will ultimately lead to improved patient care.

Conclusion

Our findings affirm the critical relationship between burnout, clinical empathy, and quality of life among psychiatry residents. Addressing burnout through interventions focused on improving quality of life and promoting work-life balance is crucial in preserving empathy and enhancing both professional well-being and patient care.

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Conflict of Interests

There was no conflict of interest.

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Ethical Considerations

The study was approved by the Ethics Committee of Mashhad University of Medical Sciences. Participants were fully informed about the study, and their personal information was kept confidential throughout the research.

Code of Ethics

IR.MUMS.REC.1399.152

Authors' Contributions

Zanireh Salimi: Conceptualization, supervision, review, and editing the manuscript, and funding acquisition.Alireza Zibaei: Investigation, review, and editing the manuscript. Maryam Emadzadeh: Statistical analysis, data interpretation, review, and editing the manuscript.

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