

# Compassion Fatigue and Emotional Intelligence in Physicians

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## ABSTRACT

Literature reveals that healthcare professionals, like **physicians**, experience **compassion fatigue (CF)** as a result of exposure to patient trauma. Research also demonstrates that leaders, like physicians, with higher **emotional intelligence (EI)** are more effective. This study proposes to identify if there is a correlation between CF and EI in physicians.

## PROBLEM

In health care, **CF produces negative effects** on nurses, social workers, and psychologist, such as:

- avoidance of patients and/or coworkers,
- sleeplessness,
- and/or ruminating on the traumatic experiences of their patients (Figley, 1995; Pearlman & Saakvitne, 1995; Rothschild, 2006; Stamm, 2010; Wilson & Lindy, 1994).

There has been little research on the effects of CF on physicians. **Thus, do physicians experience CF? If so, is there a relationship between their EI and CF?**

## PURPOSE

The **purpose** of this study is to address **the gap in research of how CF and EI might be correlated as it pertains to physicians with direct patient contact.**

- Research on CF has been dedicated to other healthcare professions such as nursing, psychology, and social work.
- Physicians are considered to be at a higher risk for job stress such as burnout or reduced job satisfaction.
- Research shows that leaders with higher EI are more effective and satisfied.

## RELEVANT LITERATURE

### 1. Figley's (1995) theory of CF:

Defined as, "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized or suffering person" (p.7).

- *Measurement tool for CF - The Professional Quality of Life (ProQOL) Survey* (Stamm, 2010).

### 2. Salovey and Mayer's (1990) theory of EI:

Defined as, "the ability to monitor one's own and others' emotions, to discriminate among them, and to use the information to guide one's thinking and actions" (p. 185).

- *Measurement tool for EI - The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT)* (Mayer, Salovey, & Caruso, 2002) using the total score and four branch scores of perceive, use, understand, and manage.

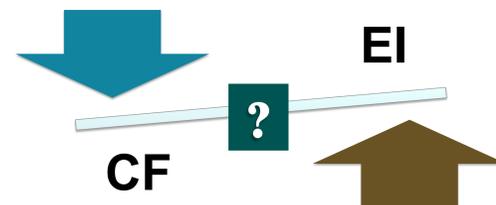
In business, studies completed on leaders reflect that the **higher the EI scores, the more effective leaders were at managing themselves and others** (Bar-On, Handley, & Fund, 2006; Goleman, Boyatzis, & McKee, 2002; Mayer, Salovey, & Caruso, 2008).

Supporting this have been research on the **occupational hazards** of negative emotional experiences (Kahn & Byosiere, 1992; Sauter & Murphy, 1995).

Since physicians are both health care professionals and leaders, they would be a unique group to study.

## RESEARCH QUESTION

Is there a **relationship** between **CF** and **EI** (the total score and four branch scores) in physicians?



## PROCEDURES

This is a **nonexperimental quantitative study**.

**Sampling Frame:** Physicians licensed in MN working at least 20 hours per week with more than 50% of their time being spent directly with patients.

**Convenience Sample:** Recruit through professional associations and networks through mail and email.

**Sample Size:** 84 physicians, minimum.

**Collection:** All data collected through **SurveyMonkey** and **Multi-Health Systems, Inc.**

## DATA ANALYSIS

### Six Subscales:

- CF is the continuous **dependent** variable of the regression and will be measured by the secondary trauma score on the ProQOL.
- Five measures of EI are the **independent** continuous variables and will be represented by the total score and four branch scores of the MSCEIT.

### Linear and Multiple Regression:

- Will be conducted to assess if the variables of EI (total score, and four branch scores) predict CF.

### Stepwise Multiple Linear Regression:

- If at least one predictor is not significant, then this procedure will be conducted to find the most optimal model for the four EI branches predicting EI.

## FINDINGS

If a correlation is discovered, additional scientific research would be needed to:

- Discover **cause** and **effect**.
- Design and implement **possible interventions** for physicians.
- Develop **instructional programs** to reduce CF and increase EI in physicians.

## LIMITATIONS

The literature review included different populations and those findings may not be applicable to others.

The results of this research will be specific only to the sampling frame of physician's described.

**Care must be taken if significant results are found to not draw any cause and effect conclusions.**

**Convenience Sample:** May introduce a self-selection bias as participants will not have been chosen randomly from the full population.

**Social Desirability Bias:** Participants may respond in a manner that supports the way they think they should answer instead of how they truly feel.

## CONCLUSIONS

### Potential Research Outcomes:

- No significant results
- **Negative correlation** between CF and EI in physicians. (EI scores are high then their CF scores may be low or EI low and CF high).
- **Positive correlation** between CF and EI in physicians. (EI scores are high then their CF scores may be high or EI low and CF low).

## SOCIAL CHANGE IMPLICATIONS

### This study will:

- Contribute to the growing knowledge base of CF and EI in relationship to physicians
- Add empirical data to the research base that has been constructed with different samples
- Provide a clearer understanding of how physicians respond to ongoing patient trauma and how their EI abilities may intercede.
- Be useful in the research of more holistic approaches to stress and self-care for physicians.
- **Overall, such knowledge may lead to experiments to reduce and or prevent CF in physicians, improve the quality of care provided, and help them to respond to others in an emotionally responsive and effective manner** (Figley, 1995; Weng, Chen, Chen, & Yuan, 2007).