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Review Article

The relationship between self-compassion and burnout in healthcare professionals: A narrative review

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Abstract

Various difficulties and stressors, such as time limitations, lack of support, exposure to trauma, heavy workload, morbidity, and mortality, characterize the workplace of healthcare professionals. According to recent psychological studies, compassion at work is a crucial internal factor that protects employees' well-being and is negatively correlated with burnout. The current research is a narrative review. Articles in line with the research goal and written in English were included in the study. Search without a time limit and until September 10, 2023, using the keywords "self-compassion", "professional burnout", "healthcare provider", and "nurses" in international databases such as PubMed, Scopus, and Web of Science and also Google Scholar search engine were performed. In the initial search, 6,499 studies were obtained, which were reduced to 91 studies by screening based on the title and abstract of the articles in the first step and by screening the articles based on the full text of the articles in the next step, 15 articles met the inclusion criteria. Different medical fields and areas of expertise show variations in the ability to cultivate self-compassion and the effectiveness of its techniques. Self-compassion levels substantially influence burnout more than social or demographic factors among these individuals. Self-compassion helps manage exhaustion by maintaining balance, showing kindness, observing without being overwhelmed and preventing burnout. Alterations in the workplace can play a role in organizations' efforts to reduce or prevent burnout. Self-compassion and burnout are negatively correlated in healthcare professionals. Improving healthcare professionals' capacity and reducing occupational burnout can be achieved by providing conditions to promote self-compassion. Ultimately, their extended efficiency brings about the health system's goals more perfectly and comprehensively.

Keywords: Self-compassion, Professional Burnout, Healthcare Provider, Nurses.

1 | Introduction

Various difficulties and stressors, such as time limitations, lack of support, exposure to trauma, heavy workload, morbidity, and mortality, characterize the workplace of healthcare professionals. Additionally, it has worsened with time and occasional global pandemics [1, 2]. It has been announced that nurses and physicians encounter more significant stress levels than the general population [3]. 47.8% of nurses experience occupational stress [4]. Professions like healthcare providers and priests, which necessitate significant education and involve high levels of stress, are more prone to stress and stress-related mental illness [5]. Recent research indicates that cognitive functioning can be improved in a challenging situation by treating oneself like a close friend [5, 6].

Occupational burnout can be caused by work-related stress [3]. Burnout is a psychological syndrome that arises from chronic workplace stress [7]. It has been demonstrated that burnout comprises three significant dimensions: emotional exhaustion, depersonalization, and low personal accomplishment. These result from chronic stress and lead to negative perceptions and a rise in

medical errors [6, 8-10]. It is reported one-third of physicians (9% to 51%) and half of the nurses (28% to 66%) experience burnout [11].

Burnout and work-related stress impact individuals and society, resulting in higher costs [12]. Also, Burnout is associated with mental disorders like substance abuse and suicide, which in turn impact professional behavior [12, 13]. Nonetheless, it has been proposed that burnout is not solely linked to work-related stress and heavy workloads [3]. According to various sources, personal life events and poor relationships at work contribute to burnout [5], while stressful conditions are also identified as a risk factor [14]. Internal and external resources play a role in protecting individuals. Internal resources like emotional skills, communication strategies, self-efficacy, mindfulness, self-compassion, and subjective well-being are important factors. The environment's quality falls under external resources [5]. According to recent psychological studies, compassion at work is a crucial internal factor that protects employees' well-being and is negatively correlated with burnout [1, 14-16]. There was increased certainty in the correlation during COVID-19 [13]. The healthcare system's insufficiency and the importance of addressing burnout in mental health require attention [17]. This study evaluates the connection between self-compaction and burnout among healthcare professionals.

2 | Methods

Original research and review articles on the relationship between self-compassion and burnout in healthcare professionals were included in this narrative review. Search without a time limit and until September 10, 2023, using the keywords "self-compassion", "professional burnout", "healthcare provider", and "nurses" in international databases such as PubMed, Scopus, and Web of Science and also Google Scholar search engine were performed. All four databases have reproducible search strings appended for reference. Published articles were included in the search with an English language filter. Furthermore, the bibliographies of relevant publications were researched. For this narrative review, the chosen literature was systematically reviewed and synthesized. The authors conducted independent research on articles using various descriptors and keywords, including the title and abstract. The full texts of these studies were examined and evaluated for eligibility based on the specified inclusion criteria. After passing the title and abstract review, the research team members independently examined the full texts of studies meeting the inclusion criteria. Conference presentations, case studies, and letters to the editor were excluded from this research. Articles that did not contain the necessary data or were not in line with the main objective of our study were also excluded. Also, non-English articles were excluded. At first, the database search produced 6,499 articles. Then the duplicate articles were eliminated. After screening the titles and abstracts, 6,408 articles were excluded. The investigators excluded all articles without full text. Then, the full texts of the remaining 91 articles were extensively reviewed, which included 15 relevant journal articles in the final review (Figure 1). Quality of included articles were assessed by the Joanna Briggs Institute (JBI) Critical Appraisal Tool [18]. Through discussion, the research team extracted and finalized the data. The extracted information included details such as the name of the first author, study design, publication date, sample size, questionnaire used, country where the study was conducted, and critical results. The search results were entered using the EndNote X20 software to organize references effectively. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart was used to record collecting, screening, and selecting articles.

3 | Results

Overall, from 6,499 studies, 15 were included, pooling data from 2907 participants (76.6% female). The design of the studies being included comprised randomized controlled trial, cross-sectional, prospective cohort, and correlational design. The dominant population of participants was composed of 1,376 physicians (47%) and 960 nurses (33%). The remaining 20% included psychologists, psychotherapists, medical students, and other healthcare workers. According to our target population which is healthcare professionals, sampling in included studies was done in healthcare organizations, hospitals especially intensive care units, and psychiatry centers. The main method of data collection included web-based surveys that consisted of questions concerning basic sociodemographic information and work experience, and; semi-structured phone interviews (Table 1). Procedures, measures, and scales through all included studies were fully reviewed. Considering the commanding measurement instruments for indexing main variables, self-compassion was assessed through Self-Compassion Scale developed by Kristin Neff [19]. This scale is made up of 26 items assessed on a 5-point Likert scale with responses ranging from 1 (almost never) to 5 (almost always) used for higher levels of self-compassion. It evaluates 6 subscales of self-compassion: self-kindness, self-judgement, common humanity, isolation, mindfulness, and over-identification. As a burnout measure, different measurement approaches were mentioned in the included articles such as the Burnout

Assessment Tool [5], Shirom Melamed Burnout Questionnaire [10, 12], Professional Quality of Life scale [3, 6]. But the main approach of most of the included articles is Maslach Burnout Inventory (MBI) [20]. The 22-items MBI scale on a six-point Likert scale, consists of 3 dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment at work.

3.1 | Healthcare professionals

According to the International Standard Classification of Occupations, medical doctors, nursing professionals, midwifery professionals, dentists, and pharmacists are minor groups of healthcare professionals. Healthcare professionals are tasked with protecting individuals and populations 99 from disease, injury, and disabilities and fulfilling their health needs through study, diagnosis, treatment, and, at times, prevention. So, the effectiveness of healthcare professionals is directly 101 linked to the overall health outcomes of the population [24].

3.2 | Self-compassion

Self-compassion is a healthy way to respond to one own's distress in suffering situations, like a failure, dissatisfaction, inadequacy feeling, and generally; difficult life experiences. It can help individuals to alleviate and tolerate painful emotions such as depression, anxiety, displeasure, isolation and shame [27]. Recently, self-compassion has gained widespread recognition as an essential matter, with increasing research interest [24]. Despite failures and imperfections, self-compassion is a positive and caring attitude towards oneself [13].

3.3 | Burnout

Burnout syndrome poses a significant challenge for healthcare professionals, impacting individuals, the workforce, organizations, and care quality [13, 24]. Furthermore, it can cause medical errors, lower patient satisfaction, raise turnover rates, and lead to unsafe practices [10, 17]. Assessing occupational burnout among healthcare workers, specifically the influencing factors, is crucial. According to healthcare professionals, burnout is influenced by weekly working hours, age, tele-pressure, and self-compassion [24]. Sociodemographic and occupational variables, such as depersonalization, emotional exhaustion, and personal accomplishment, were investigated in a study on healthcare professionals in Beirut, Lebanon, between August 2018 and April 2019.

3.4 | The relationship between self-compassion and burnout in healthcare professionals

Several studies have been carried out to establish the correlation between self-compassion and career burnout in healthcare professionals. A total of 15 articles underwent a precise review in this study. All 15 studies found evidence suggesting a negative association between self-compassion and career burnout. Self-compassion significantly reduces occupational burnout, which addresses work-related stress as a critical factor. Based on an observational study in 2017, less distress, which is caused by compassion and some other side variables including emphasizing mindfulness and lovingkindness, is known as a mediating variable that results in lower burnout [22, 24, 28]. Various mediators which have been mentioned in included studies include mindfulness [13], perceived stress [12], well-being [5], quality of life [23], tele pressure [24], anxiety and depression [3]. So, lower burnout is related to practicing self-compassion.

4 | Discussion

This review focused on the relationship between self-compassion and burnout in healthcare professionals. All the articles examined in this review indicate a negative correlation between self-compassion and burnout, with consistent agreement and no controversial result [6, 13, 17, 24]. Additionally, empirical evidence supports the notion that healthcare professionals who possess greater knowledge of self-compassion techniques are less prone to experiencing burnout [6], and this aligns with the theoretical understanding of self-compassion [6, 29]. Different medical fields and areas of expertise show variations in the ability to cultivate self-compassion and the effectiveness of its techniques. Self-compassion levels substantially influence burnout more than social or demographic factors among these individuals [22]. Research shows a connection between self-compassion and burnout, both in the short term and long term. Furthermore, self-compassion is believed to protect against burnout [13].

Self-compassion helps manage exhaustion by maintaining balance, showing kindness, observing without being overwhelmed, and preventing burnout. Alterations in the workplace can play a role in organizations' efforts to reduce or prevent burnout. Implementing initiatives like mindfulness training is one way to achieve this [30]. The effectiveness of this approach in reducing stress levels among healthcare professionals has already been demonstrated. Additionally, self-compassion can be improved through training programs like mindful self-compassion and compassion cultivation training [22, 31].

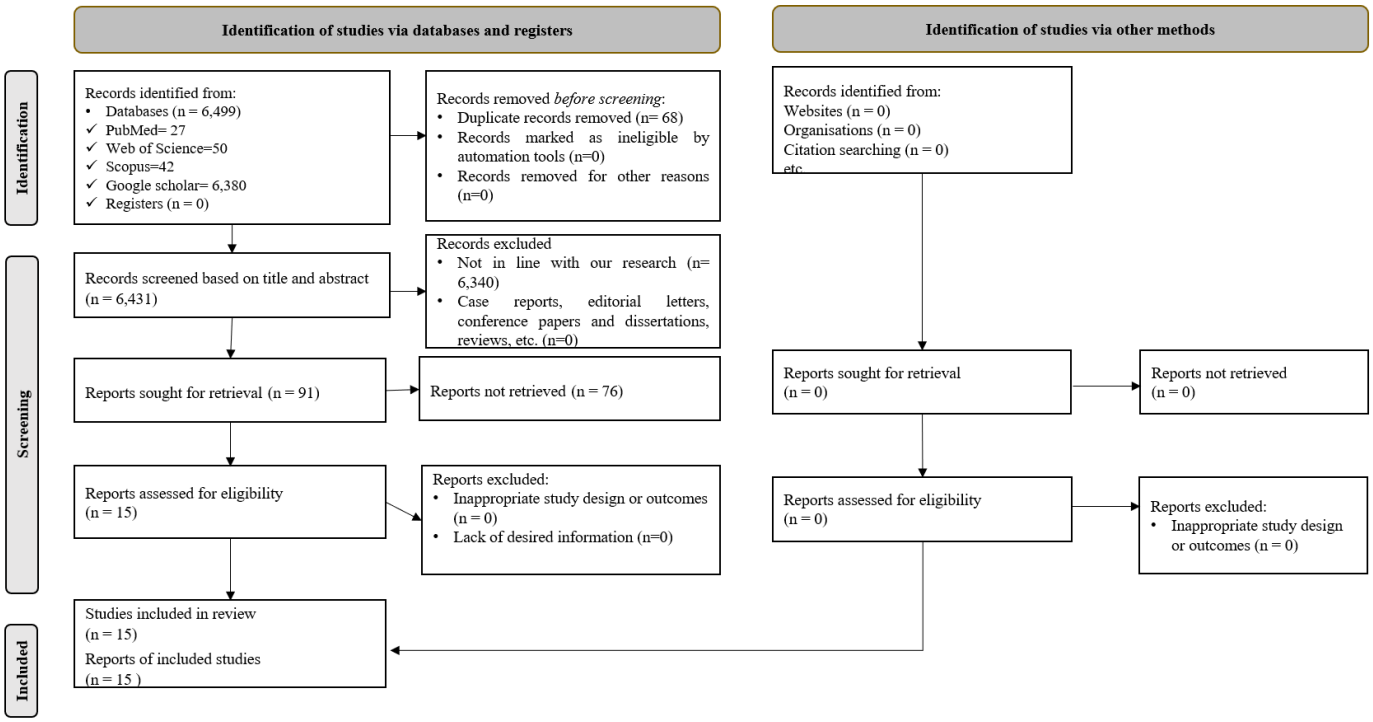


Figure 1. Flow diagram of the study selection process.

Table 1. Basic characteristics of the included studies in this narrative review

First Author/ year	Study characteristics 1. Design 2. Sample Size (M/F)	Participants	Age (Mean ± Standard deviation)	Tools	Location
Eriksson *et al*., 2018 [12]	1. Randomized controlled trial 2. 107 (3/97, one participant providing a non-binary response to the question regarding gender)	Practicing psychologists	36.2 (SD=8.2)	1. Self-compassion Scale 2. Five facets mindfulness questionnaire 3. Perceived stress scale 4. Shirom-melamed burnout questionnaire 5. Mindful self-compassion program	Sweden
Buonomo *et al*., 2022 [5]	1. Cross-sectional 2. 117 (224/487)	Italian healthcare workers	36.4 (SD=11.2)	1. Burnout assessment tool 2. A three-items scale rated on a five-point Likert scale for compassion at work 3. A six-point scale for well-being based on the world health organization well-being index	Italy
Gerber & Anaki, 2021 [17]	1. Cross-sectional 2. 109 (21/88)	Professional caregivers working in rehabilitation and critical care units in a rehabilitation hospital	39.7 (SD=12.7)	1. Maslach burnout inventory 2. Self-compassion scale 3. 21-items basic psychological needs scale 4. Interpersonal reactivity scale 5. Empathic concern subscale	Israel
Gracia & Blazquez, 2017 [21]	1. Cross-sectional descriptive study 2. 68 (60/8)	Active nursing staff with a Professional experience of one year or greater in intensive care unit	38.49 (SD=9.26)	1. Maslach burnout inventory 2. Self-compassion scale	Spain
Hashem & Zeinoun, 2020 [22]	1. Cross-sectional 2. 93 (32/61)	Healthcare professionals from two large private medical centers	32 (SD=9.59)	1. Maslach burnout inventory-health services survey 2. Self-compassion scale 3. Adapted stressful life events scale	Lebanon
Johansson *et al*., 2022 [23]	1. Randomized controlled pilot trial 2. 21 (3/18)	Healthcare workers	Participants aged between 27–56 years.	1. Treatment credibility scale 2. Stress of conscience questionnaire 3. Copenhagen psychosocial questionnaire 4. Self-compassion scale	Sweden

First Author/ year	Study characteristics 1. Design 2. Sample Size (M/F)	Participants	Age (Mean ± Standard deviation)	Tools	Location
				5. Professional quality of life scale 6. Phone interview	
Kemper *et al.*, 2019 [13]	1. Prospective cohort 2. 872 (183/689)	Pediatric residents	28.8 (SD=3.3)	1. Maslach burnout inventory 2. Cohen's 10-items perceived stress scale 3. Calm, compassionate care scale 4. 10-items cognitive and affective mindfulness scale 5. 12-items self-compassion scale	United States
Kotera *et al.*, 2021 [24]	1. Cross-sectional 2. 106 (23/83)	Psychologists of a mental health organization in the east midlands' region in the United Kingdom	47.42 (SD=14.0)	1. 2-items Maslach burnout inventory 2. Self-compassion scale-short form 3. Work-life balance checklist 4. Six-items scale for tele pressure	United Kingdom
Kratzke *et al.*, 2023 [1]	1. One-armed, pre-post cohort 2. 40 (17/23)	Surgical Residents participating in a Self-compassion program	25–30 years = 67.5% / 31–35 years = 17.5% / 36–40 years = 12.5% / 46–50 years = 2.5%	1. Resilience training for the healthcare community program 2. Maslach burnout inventory-human services survey 3. Patient health questionnaire-9 items 4. Perceived stress scale 5. Spielberger state-trait anxiety inventory-6 items	United States
Moreno-Jiménez *et al.*, 2022 [16]	1. Cross-sectional 2. 97 (31/66)	Health professionals of intensive care unit from four hospitals in Spain	39.48 (SD=10.05)	1. Secondary traumatic stress scale 2. Passion towards work scale 3. Secondary traumatic stress scale 4. 4-items scale of self-compassion 5. Nursing burnout scale	Spain
Phillips *et al.*, 2021 [3]	1. Cross-sectional 2. 43 (2/41)	Oncology nurses	38.19 (SD=10.67)	1. Self-compassion scale 2. UCLA loneliness scale 3. Patient-reported outcomes measurement information system 4. Anxiety short-form 5. Depression short-form 6. Quality of life scale	United States
Prudenzi *et al.*, 2022 [10]	1. Cross-sectional questionnaire 2. 146 (48/98)	National Health System in west Yorkshire	42.97 (SD=10.18)	1. Five facet mindfulness questionnaire 2. Multidimensional experiential avoidance questionnaire 3. Valuing questionnaire 4. Short-form 12-items self-compassion scale 5. Two 5-items questionnaires for measuring work-related worry and rumination 6. Shirom-melamed burnout measure	United Kingdom
Sarazine *et al.*, 2021 [25]	1. Prospective cohort 2. 52 (3/42)	Nurses from a Midwestern urban academic medical center and its affiliated community hospitals	41.2 (SD=12.35)	1. Cognitive and affective mindfulness scale 2. Perceived stress scale 3. Maslach burnout inventory	United States
Satake & Arao, 2020 [26]	1. Correlational study 2. 288 (43/245)	Nurses working in emergency departments in Japan	≤29 years = 23.6% / 30–39 years = 46.9% / ≥40 years = 29.5%	1. Conflict about ability to practice end-of-life care (EOLC) 2. Japanese version of the self-compassion scale 3. Japanese burnout scale based on Maslach burnout scale	Japan
Vaillancourt & Wasylkiw, 2020 [6]	1. Correlational study 2. 158 (67/91)	Residents of the United States who were currently employed as nurses	33 (SD=8.64)	1. Professional quality of life scale 2. Semantic differential scale for measuring compassion satisfaction 3. Pittsburgh sleep quality index 4. Self-compassion scale	United States

The influence of cultural backgrounds on self-compassion is evident, particularly in the case of the Japanese and their experience of burnout due to a strict work ethic and sensitivity towards mistakes. Self-compassion is influenced by personal characteristics, traits, and cultural factors [26]. There is variation in burnout rates among different countries, even among nurses with the same expertise. A study comparing burnout in oncology nurses revealed that those in the United States had significantly lower scores than their counterparts in China, Korea, and Portugal [3, 32]. The capacity for self-compassion and receptiveness to self-compassion techniques varies among individuals in different medical fields and areas of expertise [1]. Healthcare providers may be influenced by social desirability bias when responding to items in the professional quality of life scale [33], as they may be reluctant to admit that patient care has a negative impact on them. Differences in work environments and cultural perspectives may contribute to varying responses from healthcare providers on the Professional quality of life scale [3]. Findings from studies have revealed that the relationship between gender and burnout differs across countries and cultures. In certain Arab cultures, research suggests that women are more likely to experience burnout, while other studies have found no significant disparity between genders [22]. There are differences between different studies on the effect of age on job burnout. Some studies believe that age has a direct relationship with burnout [17]. Meanwhile, some studies report the absence of a clear relationship between job burnout and age [24].

4.1 | Limitations

Several limitations were identified in our study. Access to specific complete databases is restricted in Iran due to area and internet limitations. Additionally, certain articles were omitted due to Iran's limited access to full-text articles, resulting in data loss. In addition, the search strategy specifically targeted English-language articles, causing the exclusion of literature written in other languages. Most articles focused solely on nurses or physicians and did not consider other healthcare-related occupations. The burnout definition and measurement were different in the included article, making the comparison more difficult. Moreover, the study population was defined as health care but varied in studies based on culture and definition of a country.

4.2 | Implications for nursing managers and policy-makers

Compassion satisfaction plays a role in dealing with the negative consequences of occupational stress, it seems that providing strategies to improve knowledge and awareness of compassion satisfaction can prevent emotional exhaustion in nurses and help them to remain empathetic and compassionate in their profession. Also, adjusting various stressors, strengthening self-compassion and higher levels of support from managers and the organization can help in increasing the satisfaction of compassion and reducing job burnout of nurses.

4.3 | Recommendations for future research

It is suggested that experimental studies be conducted to investigate the effect of various educational interventions on self-compassion and burnout in healthcare professionals.

5 | Conclusions

In sum, the study results show a negative correlation between self-compassion and burnout among healthcare professionals. Considering this point, providing conditions in order to increase self-compassion through healthcare professionals, can improve their capability by reducing their occupational burnout. Eventually, their extended efficiency makes the implementation of the health system's goals, appear more perfectly and more comprehensively.

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Authors' contributions

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work: AMN, MS, NS, AGKK, MR; Drafting the work or revising it critically for important intellectual content: AMN, MS, NS, AGKK, MR; Final approval of the version to be published: AMN, MS, NS, AGKK, MR; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: AMN, MS, NS, AGKK, MR.

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Competing interests

We do not have potential conflicts of interest with respect to the research, authorship, and publication of this article.

Availability of data and materials

The datasets used during the current study are available from the corresponding author on request.

Using artificial intelligent chatbots

None.

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