**Review: Burnout and its relationship to empathy in nursing: a review of the literature**

**Commentary: Lesley Baillie**

Compassion in nursing has developed a high profile in recent years, following several reports about poor care in England and a lack of compassion but there is much less discussion about empathy, which is a related, but different, concept. The authors suggest that empathic interactions are a necessary pre-requisite for compassion but that this emotional engagement can, for some nurses, lead to burnout and a subsequent inability to provide compassionate care. They argue for a better understanding of the relationship between empathy and burnout, thus providing the rationale for this paper.

Remarkably, the search only identified five articles that met the inclusion criteria, and all of these were quantitative designs. The authors make a valid suggestion that qualitative studies and use of mixed methods could contribute to the field. Making comparisons between the studies is challenging due to the range of demographic variables captured, the varied instruments used in measuring burnout and empathy, and the additional variables examined in each study, such as empowerment, accomplishment or organisational commitment. The authors recommend that future studies should consistently include a multi-dimensional measure of empathy that includes both cognitive and emotional components. Despite the interest in related topics such as compassion and the concerns about burnout, there were no UK or Irish studies identified and the authors highlight these are needed given current discourses. The studies were based in five countries (Italy, Sweden, United States of America, Japan, North Korea), indicating international interest in studying relationships between burnout and empathy. However, the authors highlight that the cultural differences in care across these countries could affect the inferences that can be drawn. There were a number of limitations of the selected studies and these are detailed in the article but of particular note is their lack of conceptual clarity, related to both empathy and burnout, and the reliance on self-reported questionnaires.

The discussion highlights areas of interest and the need for further work in this field. It appears that burnout decreases with age, but that this is unrelated to experience, and the authors discuss possible explanatory factors. Understanding better why increasing age might protect from burnout would be valuable further research as it has implications for how organisations support their workforce and universities support their student nurses. Studies that included measurement of cognitive empathy as well as emotional empathy concluded that nurses with low levels of cognitive empathy and high levels of emotional empathy could be less able to deal with distressing situations, increasing risk of burnout. Due to the paucity of research, this proposition would be worthy of further research and could then lead to studying interventions that could increase cognitive empathy. The authors highlight the risk of over-arousal when engaging empathetically and identify the need for both intrinsic and extrinsic resources to prevent burnout. From an intrinsic perspective, the authors provide evidence that self-regulation of emotions during empathic encounters can prevent burnout but this prompts the question as to whether such a strategy could be learned and how, although there is some evidence that empathy training generally can be effective. The authors also identified some evidence that nurses can experience positive emotions, such as feelings of accomplishment, during empathic encounters and that these positive effects need further research too.

Overall, this paper’s focus is certainly topical though the review’s results were from a small and disparate set of studies in diverse countries. However, the review raises a number of areas that would be worthy of further study as there could be implications for compassionate care and related policy and education.