In response to chaturvedi: Professional quality of life, burnout and alexithymia

Title page

In response to Chaturvedi: Professional Quality of life, Burnout and Alexithymia

Valentina Tesio Ph.D.[1], Lorys Castelli Psy.D., Ph.D.[1], Pierfrancesco Franco M.D., Ph.D.[2,3*]

[1]Department of Psychology, "ReMind the Body" Research Group, University of Turin, Turin, Italy

[2]European Society for Radiotherapy&Oncology (ESTRO) Young Committee, Brussels, Belgium

[3]Department of Oncology, Radiation Oncology, University of Turin, Turin, Italy

***Corresponding author**: Pierfrancesco Franco, MD, PhD. Associate Professor of Radiation Oncology. Department of Oncology – Radiation Oncology, University of Turin School of Medicine, Via Genova 3, 10126, Turin, Italy; tel: +39.011.670.5350; fax: 6638680; pierfrancesco.franco@unito.it

We would like to thank Dr Chaturvedi for his interest and comments on our recent publication exploring the role of alexithymia and empathy on the professional quality of life of radiation oncologists [1,2]. He expressed his viewpoint on the role of alexithymia in the likelihood to develop burnout and secondary traumatic stress and provide a different conclusion by reinterpreting the findings of our study. In particular, Dr Chaturvedi expressed his concerns about the fact that a higher number of non-alexithymic subjects had lower compassion satisfaction, higher levels of burnout and secondary traumatic stress, compared to alexithymic subjects, and concluded that the presence of alexithymia could be protective against burnout and secondary traumatic stress. Unfortunately, this interpretation is biased by the overall prevalence of alexithymia in the cohort and did not take into account the results of the regression analyses, which pointed into a different direction.

As Dr. Chaturvedi observed, we did not provide data on the number of alexithymic subjects having low compassion satisfaction, high burnout or high secondary traumatic stress, which might have been misleading. The distribution was as follows: 54.2% (58 out of 107) of alexithymic subjects had low compassion satisfaction; 70.1% (75 subjects) had high burnout; and 74.8% (80 subjects) had high secondary traumatic stress. Considering the distribution of alexithymic subjects into the three levels (low/average/high) of professional quality of life, it is evident that alexithymia increases the likelihood to experience burnout and/or secondary traumatic stress. This was also confirmed in our regression analyses. Indeed, the results showed that alexithymia was the strongest contributor for both burnout and secondary traumatic stress: the higher the alexithymia scores, the higher the burnout/secondary traumatic stress scores. Adjunctively, the data regarding compassion satisfaction underlined the negative effect of alexithymia. In fact, the presence of alexithymia significantly reduces the professional satisfaction, even though it had a lower effect compared to that on burnout and secondary traumatic stress (since the β value was lower). Similar results have been reported in different professional categories working in the field of radiation oncology, such as medical physicists and radiation therapists [3,4].

As suggested by Dr. Chaturvedi, the ability to control the individual feelings and their expression, skills referred to as emotional intelligence, may constitute a useful coping mechanism which could protect radiation oncologists from job stress and burnout [5]. However, these abilities require consistent self- and emotional awareness which is impaired in alexithymic individuals whom, on the contrary, show limited capacity to process emotional information, resulting in difficulties in identifying, understanding, and expressing their own feelings [6]. These may lead alexithymic radiation oncologists to have difficulties in coping with highly stressful and challenging situations, increasing the risk of work-related stress and, finally, burnout [7].

Even though we tried to provide insights on the negative impact that alexithymia could have on the professional well-being, it should be noted that professional quality of life is a multifactorial construct that could be influenced by a complex set of psychological, environmental and social aspects. However, our results clearly pointed out that alexithymia is a risk factor. This personality construct could be easily screened during medical education, and several measures could be implemented to enhance emotional intelligence abilities, in order to promote professional satisfaction and reduce the levels of burnout experienced by physicians [8,9].

References

1. Chaturvedi SK. Professional Quality of life, Burnout and Alexithymia. Radiother Oncol 2020 (in press).
2. Franco P, Tesio V, Bertholet J, Gasnier A, Gonzalez del Portillo E, Spalek M, et al. Professional quality of life and burnout amongst radiation oncologists: the impact of alexithymia and empathy. Radiother Oncol 2020;147:162-8.
3. Di Tella M, Tesio V, Bertholet J, Gasnier A, Gonzalez del Portillo E, Spalek M, et al. Professional quality of life and burnout among medical physicists working in radiation oncology: the role of alexithymia and empathy. Phys Imag Rad Oncol 2020;15:38-43.
4. Franco P, Tesio V, Bertholet J, Gasnier A, Gonzalez del Portillo E, Spalek M, et al. The role of alexithymia and empathy on radiation therapists' professional quality of life. Tech Innov Patient Support Radiat Oncol 2020;15:29-36.
5. Mayer JD, Salovey P (1997). What is emotional intelligence? In P. Salovey, & D. Sluyter (Eds.). Emotional intelligence and emotional intelligence: Educational implications (pp. 3–31). New York: Perseus Books Group.
6. Taylor GJ, Bagby RM, Parker JD. The alexithymia construct. A potential paradigm for psychosomatic medicine. Psychosomatics 1991;32:153-64.
7. Mattila AK, Ahola K, Honkonen T, Salminen JK, Huhtala H, Joukamaa M. Alexithymia and occupational burnout are strongly associated in working population. J Psychosom Res 2007; 62: 657-65.
8. Sharp G, Bourke, L, Rickard, MJ. Review of emotional intelligence in health care: an introduction to emotional intelligence for surgeons. ANZ Journal of Surgery 2020;90: 433-40.
9. Shapiro J. Does medical education promote professional alexithymia? A call for attending to the emotions of patients and self in medical training. Acad Med 2011;86:326-32.

Formattato: Interlinea: 1,5 righe

ha formattato: Tipo di carattere: Non Corsivo

ha formattato: Tipo di carattere: 11 pt, Colore carattere: Automatico

ha formattato: Tipo di carattere: 11 pt

ha formattato: Tipo di carattere: 11 pt

ha formattato: Tipo di carattere: 11 pt, Non Corsivo

ha formattato: Tipo di carattere: 11 pt, Non Corsivo