Original Scientific Paper
UDC: 159.944.4
159.913
DOI: 10.5937/zrffp55-59075

THE RELATIONSHIP BETWEEN EMPATHY AND STRESS IN THE CONTEXT OF HELPING PROFESSIONS

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Received: May 25, 2025
Accepted: September 25, 2025

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Keywords:
empathy;
stressful life events;
occupational stress;
helping professions.

Abstract. Empathy represents an important and complex psychological phenomenon, comprising both affective and cognitive components, and it is fundamental to high-quality care in helping professions. This research aimed to explore the associations between stress (occupational stress and stressful life events) and empathy (both its affective and cognitive components) across various groups of helping professionals (doctors, special educators and rehabilitators, and psychologists), compared to individuals employed in non-helping professions (i.e., engineers). A total of 243 participants completed self-reported online questionnaires. Significant differences in empathy scores were found between helping and non-helping professionals on the cognitive empathy scale, with helping professionals scoring higher. Participants did not differ significantly in terms of occupational stress levels or the number of stressful life events, but respondents from helping professions rated their life events as more severe than those in non-helping professions. Our hypothesis—that experiences of stress could predict empathy levels in helping professionals—was confirmed with respect to affective and global empathy. The severity of stressful life events emerged as the most relevant stress-related variable in predicting empathy, especially its affective component. The implications of these findings, as well as recommendations for future research, are discussed.

Introduction

Empathy can be defined as "an individual's ability to understand and feel the other" (Dvash & Shamay-Tsoory, 2014, p. 283). It is commonly seen as a multidimensional construct comprising at least two components. The ability to experience and share another's feelings is a defining characteristic of affective empathy, whereas cognitive empathy involves the ability to comprehend the emotional state of another person (Chakrabarti & Baron-Cohen, 2006; Decety & Jackson, 2004; Yu & Chou, 2018). While affective empathy is conceptualized as an automatic process, cognitive empathy is believed to be more controlled and effortful (Hodges & Wegner, 1997; Yu & Chou, 2018).

Empathy is considered an essential component of a comprehensive, person-centered approach that characterizes helping professions (Kinman & Grant, 2016). Within the medical field, Mercer and Reynolds (2002) defined the core elements of clinical empathy as understanding patients' perspectives and feelings, communicating this understanding, and behaving in a proper manner. Finset (2010), meanwhile, incorporated both affective and cognitive aspects in his definition of clinical empathy, highlighting three elements: the clinician's ability to observe, feel, and respond to patients' emotions. In both perspectives, a clinician's empathic behavior is seen as a key feature of a successful therapeutic relationship (Irving & Dickson, 2004; Larson & Yao, 2005; Neumann et al., 2009), contributing to beneficial effects on patients' mental and physical health (Derksen et al., 2013; Guidi & Traversa, 2021). Beyond strictly medical services, the effectiveness of empathy extends across various helping professions, where it supports improved outcomes for patients, clients, and students on multiple levels (Elliott et al., 2018; Lambert & Barley, 2001; Zhang, 2022).

Various situational and biographical factors can influence a clinician's empathic abilities (Neumann et al., 2009). One of them is arguably stress, including both occupational stress and stressful life events. Given the somewhat similar context of the work, this influence likely extends to other helping professions as well. Helping professionals are exposed to high levels of work-related stress (Grant & Kinman, 2014), such as work overload (Hannigan et al., 2004; Selmanović et

al., 2011), intensive interactions with clients seeking help (Stebnicki, 2000), and emotional dissonance (Dollard et al., 2003), to name a few stressors frequently noted. Most previous studies on the relationship between empathy and overall stress have been conducted among medical students, yielding inconsistent results (Park et al., 2015; Wahjudi et al., 2019), or have focused on burnout rather than occupational stress (Zenasni et al., 2012). A systematic review of the relationship between empathy and burnout in various healthcare professions found mainly a negative association between the two constructs (Wilkinson et al., 2017). One possible hypothesis is that prolonged occupational stress may impair clinicians' empathic abilities (Zenasni et al., 2012), but due to the cross-sectional design of the reported studies, it is important to be careful with drawing conclusions (Wilkinson et al., 2017). Conversely, a positive relationship has been observed between the number and severity of life events and empathy in a sample of psychology students (Ferme, 1981); however, this topic has received little subsequent attention in healthcare research, to the authors' knowledge. Nevertheless, this finding is consistent with evidence from the general population (Lim & DeSteno, 2016). A positive association between life events and empathy can be understood in the context of a process referred to as *posttraumatic growth*, whereby individuals who have experienced trauma may be able to better understand others' perspectives and engage in compassionate, altruistic behavior in order to help those in need (Tedeschi et al., 1998; Staub & Vollhardt, 2008).

Given the fact that stress can be significantly associated with empathy, as well as the importance of empathy for high-quality professional practice (Neumann et al., 2009), this study was designed to examine the relationship between empathy—considering its multifaceted nature—and stress, operationalized as the level of occupational stress and the number and severity of stressful life events among helping professionals. Most previous studies have focused on burnout, but bearing in mind the significant relationship between occupational stress/stressful life events and burnout (Mather et al., 2014; Wang et al., 2015), this study aimed to explore the effects of stress experiences on empathy in human services. To achieve this aim, occupational stress and stressful life events were examined among professionals in helping occupations in relation to empathy levels, specifically, general empathy and its two core dimensions: affective and cognitive empathy. Both correlational and regression analyses were employed to explore these relationships. Besides, participants in most of these studies were medical doctors, which we tried to overcome by including different types of helping professionals. Data from helping and non-helping professions were compared to assess potential differences in empathy and stress between occupations that vary in their focus on helping others, with the aim of determining whether the nature of one's occupational role is associated with distinct patterns of empathy and stress. Taken together, the results of this study may increase our understanding of empathy in relation to stress and inform the development of interventions to support the well-being of professionals and their patients and clients across a variety of helping contexts.

Method

Procedure and Participants

Participants were recruited via social media, using online groups created specifically for information exchange among members of predefined professions. Data were collected through an online survey tool. Prior to participation, individuals were presented with an online informed consent form detailing all relevant information about the research. Those who agreed to participate proceeded to complete the questionnaire. The inclusion criteria for participation were as follows: possession of a college degree, current employment for a minimum of one month, engagement in the specific professional field targeted by the study, ability to understand and complete the questionnaires, and provision of informed consent.

Following the same procedure, data were also collected from individuals outside the helping professions. For the purposes of this study, participants were employed individuals holding various types of engineering degrees.

The study was approved by the Ethics Committee of the Department of Psychology, Faculty of Philosophy, University of Belgrade (Protocol #2022-048). The research was conducted in accordance with the Declaration of Helsinki.

Measures

Empathy. The Questionnaire of Cognitive and Affective Empathy (QCAE; Reniers et al., 2011) is a self-report instrument designed to assess two broad aspects of empathy: cognitive and affective. It consists of 31 items rated on a 4-point Likert scale (1 = strongly disagree; 4 = strongly agree), with higher scores indicating higher levels of empathy. The cognitive empathy dimension comprises two subscales: Perspective Taking (PT; e.g., "I can easily work out what another person might want to talk about") and Online Simulation (OS; e.g., "I try to look at everybody's side of a disagreement before I make a decision"). The affective empathy dimension comprises three subscales: Emotion Contagion (EC; e.g., "I am happy when I am with a cheerful group and sad when the others are glum"), Proximal Responsivity (PrR; e.g., "I often get emotionally involved with my friends' problems"), and Peripheral Responsivity (PeR; e.g., "I often get deeply involved with the feelings of a character in a film, play, or novel") subscales form the affective empathy dimension. Scores can be calculated for each subscale, as well as for the broader affective and cognitive empathy dimension, and for the total scale. The QCAE has shown satisfactory psychometric properties, with Cronbach's alpha coefficients ranging from .65 to .85 across the five subscales.

Occupational stress. The Perceived Occupational Stress Scale (POSS; Marcatto et al., 2022) is a 4-item instrument designed to assess workers' perception of stress experienced at work in the last six months. Items are rated on a 5-point Likert

scale (1 = strongly disagree; 5 = strongly agree). The total score is calculated by averaging responses across all four items, resulting in a range from 1 (lowest stress) to 5 (highest stress). The POSS has shown a high degree of internal consistency in the original validation study (Cronbach's α = .82).

Stressful life events. The Life Events Checklist (LEC), used in this study, is a modified version of Holmes and Rahe's (1967) Social Readjustment Rating Scale. Drawing on a comparative analysis of perceived stressfulness of life events in the local cultural context from three independent studies (Utvić, 2009), 40 life events deemed most stressful were selected for inclusion. To reflect recent global events assumed to have affected or to be affecting large numbers of individuals, two additional items were added—the coronavirus pandemic and ongoing international armed conflicts. The checklist also included an open-ended item, allowing participants to report a personally experienced life event not listed and rate its severity. In total, the modified LEC included 43 items. Participants were asked to indicate which events they had experienced over their lifetime and to rate the perceived severity of each on a 4-point Likert scale (1 = *not at all*; 4 = *to a great extent).* The number of experienced life events was calculated by summing the marked items, while the overall severity score was derived by averaging severity ratings across marked events.

Statistical analyses

All statistical analyses were performed using IBM SPSS Statistics, version 26. The significance threshold was set at $p < .05$ for all analyses. Effect sizes were reported where applicable.

Results

Sample Demographics

A total of 243 participants completed the questionnaires: 142 from helping professions and 101 from non-helping professions. The initial helping professions sample included 208 individuals; however, 66 were excluded due to incomplete responses, resulting in a final sample of 142 participants. Special educators and rehabilitators made up the majority of helping professionals (51.4%), 30.3% were psychologists/psychotherapists, and 18.3% were medical doctors. Women comprised the majority of the helping professions sample (87.3%, $n = 124$), with a mean age of 37.02 years ($SD = 8.99$). The average length of employment was 125 months (range: 4–640 months). Among non-helping professionals ($n = 101$), 77.2% were women ($n = 78$), and 22.8% were men ($n = 23$). Their mean age was 37.18 years ($SD = 8.64$), with an average length of employment of 118 months (range: 3–445 months).

Table 1. Study participant demographics

	Total sample	Psychologists (psychotherapists)	Special educators and rehabilitators	Doctors	Engineers
	n = 243	n = 43	n = 73	n = 26	n = 101
Male	17	26	1	23	23
Female (%)	83	74	99	77	77
Working experience (in months)	M 122	M 101	M 119	M 180	M 119

The Relationship Between Stress and Empathy

The global empathy score among the sample of helping professionals was significantly, though weakly, correlated with both occupational stress and the severity of stressful life events. The affective empathy subscale demonstrated a moderate and statistically significant correlation with the severity of stressful life events, and a significant but weak correlation with occupational stress. In contrast, the cognitive empathy subscale did not show significant correlations with either stress indicator, as summarized in Table 2.

Table 2. Correlations between global empathy and stress indicators in helping professions (n = 142)

Total scores		POSS/ Occupational stress	Number of stressful life events	Severity of stressful life events
Global empathy	Pearson correlation	**.198**	.117	**.231**
	sig. (2-tailed)	.018	.165	.006
Affective empathy	Pearson correlation	**.239**	.130	**.388**
	sig. (2-tailed)	.004	.124	.000
Cognitive empathy	Pearson correlation	.065	.049	-.023
	sig. (2-tailed)	.440	.565	.788

To test the hypothesis that occupational stress and stressful life events can predict levels of empathy among helping professionals, multiple linear regression analyses were conducted on the sample of psychologists, special educators and rehabilitators, and medical doctors. The total scores for affective empathy, cognitive empathy, and global empathy served as the dependent variables, while the independent variables were the total score on the Perceived Occupational Stress Scale (POSS), the total number of stressful life events, and the overall severity score of those events (Table 3). The results revealed that the regression models using stress-related variables significantly predicted both affective and global

empathy scores. Specifically, higher levels of stress were associated with variations in empathy, supporting the assumption that stress exposure may play a predictive role in empathic functioning among professionals in helping roles.

Table 3. Regression analysis for empathy in helping professions

Predictors	Global empathy				Affective empathy				Cognitive empathy			
	R^2	F	Sig(F)	β	R^2	F	Sig(F)	β	R^2	F	Sig(F)	β
POSS/ Occupational stress	**.080**	**4.008**	**.009**	.143	**.177**	**9.901**	**.000**	.147	.008	.354	.786	.069
Number of stressful life events				071				.063				.043
Severity of stressful life events				.188				.345				-.045

Empathy

Theoretically, total scores on the Questionnaire of Cognitive and Affective Empathy range from 31 to 124. The cognitive empathy subscale ranges from 19 to 76, while the affective empathy subscale ranges from 12 to 48. Empirically obtained scores across all professions included in the study are shown in Table 4. In the present sample, the QCAE demonstrated good internal consistency, with a Cronbach's alpha coefficient of .834.

Table 4. Descriptive statistics of empathy scores

Total scores	Vocation	N	Mean	Std. deviation	Std. error	Min	Max
Affective empathy	psychologists/psychotherapists	43	34.86	5.506	.840	19	48
	special educators	73	35.14	6.005	.703	20	45
	doctors	26	33.27	5.759	1.129	22	42
	engineers	101	35.90	5.552	.552	22	47
	Total	243	35.21	5.726	.367	19	48
Cognitive empathy	psychologists/psychotherapists	43	63.81	6.652	1.014	45	76
	special educators	73	61.03	6.491	.760	34	71
	doctors	26	64.65	4.955	.972	56	73
	engineers	101	58.49	8.091	.805	35	75
	Total	243	60.85	7.434	.477	34	76

Global empathy	psychologists/psychotherapists	43	98.67	9.692	1.478	69	117
	special educators	73	96.16	9.529	1.115	60	114
	doctors	26	97.92	6.523	1.279	88	110
	engineers	101	94.39	10.972	1.092	68	116
	Total	243	96.06	10.011	.642	60	117

Considering the fact that the distributions of QCAE scores deviated from normality and the assumption of homogeneity of variances was not met between the two groups—helping professionals (i.e., psychologists/psychotherapists, special educators and rehabilitators, and medical doctors) and non-helping professionals (i.e., engineers)—a nonparametric Mann-Whitney U test was used to examine the differences in empathy scores between the groups. It revealed no significant differences in affective empathy scores, but a significant difference was found in cognitive empathy scores, with helping professionals scoring higher (*Mdn* = 63.00) than non-helping professionals (*Mdn* = 59.00), $U = 4960.500$, $p = .000$. However, these differences appear marginal for the global empathy score ($p = .049$).

Occupational Stress

Similarly, due to the non-normal distribution of scores on the Perceived Occupational Stress Scale and the violation of the homogeneity of variances assumption, a Mann-Whitney U test was conducted to compare levels of occupational stress between the two professional groups. The test indicated no significant difference between helping and non-helping professionals, $U = 6415.000$, $p = .161$. Descriptive statistics for occupational stress scores are summarized in Table 5. The Cronbach's alpha coefficient obtained for the POSS was .896.

Table 5. Descriptive statistics of perceived occupational stress scores

Total scores	Vocation	N	Mean	Std. deviation	Std. error	Min	Max
POSS/Occupational stress	psychologists	43	2.97	1.016	.154	1	5
	special educators	73	3.36	1.12	.131	1	5
	doctors	26	3.71	.89	.174	1.75	5
	engineers	101	3.08	1.23	.122	1	5
	Total	243	3.21	1.23	.073	1	5

Stressful Life Events

There was no difference in the number of stressful life events ($p = .542$) between helping and non-helping professionals. However, helping professionals scored higher than non-helping professionals on the severity of stressful life events

scale ($t(241) = 2.008$, $p = .047$, $d = 0.26$). Detailed descriptive statistics regarding stressful life events are presented in Table 6.

Table 6. Descriptive statistics of stressful life events checklist

Total scores	Vocation	N	Mean	Std. deviation	Std. error	Min	Max
Number of stressful life events	psychologists/psychotherapists	43	14.09	6.546	.998	2	30
	special educators	73	14.85	5.049	.591	6	27
	doctors	26	12.54	6.947	1.362	2	37
	engineers	101	14.65	5.485	.546	4	30
	Total	243	14.39	5.737	.368	2	37
Severity of stressful life events	psychologists/psychotherapists	43	2.35	.633	.097	1	3.69
	special educators	73	2.57	.594	.070	.88	3.86
	doctors	26	2.29	.672	.132	.80	3.33
	engineers	101	2.28	.652	.065	.64	4
	Total	243	2.38	.642	.041	.64	4

Discussion

In this paper, we investigated the relationship between empathy and stress in a sample of individuals from different helping professions. Additionally, we compared the scores obtained from this sample of helping professionals with those from professionals in a non-helping field (i.e., engineers).

Regarding empathy, helping professionals scored higher in the domain of cognitive empathy than non-helping professionals. Understanding another person's emotional state (Yu & Cho, 2018) appears to be the key component that distinguishes helping from non-helping professionals. Different models emphasize the cognitive component of empathy as one of the core elements of emphatic behaviour in the context of helping professions (Finset, 2010; Mercer & Reynolds, 2002), making it essential for high-quality practice (Irving & Dickson, 2004). However, there were no significant differences between helping and non-helping professionals in the domain of affective empathy.

Given the nature of the work that helping professionals perform on a daily basis—which can be seen as a form of comprehensive emotional labor (Larson & Yao, 2005)—these results may reflect negative implications of the continuous enactment of "experience sharing" in practice (Hoffman et al., 2007; Kinman & Grant, 2016; Stefanello, 2022; Zaki & Ochsner, 2012). This prolonged emotional strain may lead to a reduction in affective empathy as a protective or adaptive response, particularly in environments where boundaries must be maintained for professional functioning. Therefore, the absence of significant differences in

affective empathy between helping and non-helping professionals may reflect these negative implications of prolonged emotional strain, rather than a lack of empathic capacity.

Another possibility is that there may not have been a genuine difference in affective empathy between the two groups in our sample in the first place. That is, both helping and non-helping professionals may possess similar baseline levels of affective empathy, possibly influenced by broader factors (Antinienė & Lekavičienė, 2015) that were not accounted for in this study. Additionally, methodological factors such as sampling bias cannot be ruled out and may have influenced the results, suggesting that further research with more representative samples is needed to clarify these findings.

The two groups of professionals—helping versus non-helping—did not demonstrate significant differences in occupational stress levels or the number of stressful life events. However, there were significant differences in the perceived severity of stressful life events, with helping professionals rating experienced life events as more severe compared to engineers.

Looking only at the sample of helping professionals, significant positive correlations emerged between the severity of stressful life events and two of the empathy variables—affective and global empathy. Furthermore, our assumption that empathic tendencies would be predicted by occupational stress levels and stressful life events in the helping professions was confirmed in our sample—the stress variables significantly predicted the levels of affective and global empathy in the helping professions. The beta coefficients indicate that the severity of stressful life events represents the most relevant stress variable in predicting empathy, primarily its affective component. This finding is in line with earlier studies on the relationship between the severity of life experiences and empathy (Ferme, 1981; Lim & DeSteno, 2016).

Although stressful life events can have a severe negative impact on one's psychological functioning (e.g., Hassanzadeh et al., 2017), they can also make one more empathetic towards others (Staub & Vollhardt, 2008). The results of our study support the hypothesis that increased severity of stressful life events affects a person's ability to feel and share the experiences of others, where the process of *posttraumatic growth*—featuring compassion and altruism—emerges as a well-grounded explanatory mechanism for this hypothesis. There is substantial evidence that people who have experienced adverse or traumatic events exhibit a sort of resilience and become deeply committed to helping others and preventing future suffering—a concept referred to as the "survivor mission" (Lifton, 1967, as cited in Staub & Vollhardt, 2008). Some of the positive conditions and experiences that promote the development of *altruism born out of suffering* include experiences that promote healing, significant connections to and care and support by other people, having taken effective action to help oneself or others in times of victimization, altruistic models or guides, establishing truth and justice, and

understanding the influences that led to the actions of harm perpetrators (Staub & Vollhardt, 2008). These factors contribute to self-empowerment, empathy, and a sense of responsibility for the well-being of others, allowing traumatic experiences to be transformed into personal strengths and opening up opportunities to provide substantial care for other people in need. However, the severity of stressful life events (as well as other stress variables) did not prove to be significantly associated with cognitive empathy, leading to the conclusion that personal experiences of stress have a greater effect on automatic responses to the affective state of others than on more complex and explicit empathic processing.

Additionally, a statistically significant positive correlation was found between affective and global empathy measures and occupational stress scores, which is inconsistent with the large number of studies that examined the relationship between empathy and work-related stress measured as burnout (Wilkinson et al., 2017), although there are some exceptions (Kellner, 2001; Tei et al., 2014). It can be assumed that high levels of affective empathy may cause *compassion fatigue* (see Figley, 1995), which in turn may lead to greater work-related stress (Tei et al., 2014; Zenasni et al., 2012). However, further studies are needed to confirm this assumption.

Notwithstanding that this study provided us with valuable insights into the complex interplay between empathy and stress-related variables, its limitations and areas for improvement must be considered. Firstly, the sample size for further investigations should be expanded, and the homogeneity of the participant groups of medical doctors, special educators and rehabilitators, and psychologists should be adjusted. Although participants were categorized based on their professional roles, each group included individuals working in diverse settings, often with varying job demands. Nevertheless, for the purposes of this study, we decided to group these professions under the broader category of "helping professions" based on their shared focus on providing support, care, or intervention to others.

Moreover, it should be noted that the study participants were recruited via social media platforms, potentially carrying a risk of bias. Furthermore, we explored the relationship between empathy and stress by examining associations between indicators of empathy on the one hand, and experiences of stressful life events and occupational stress measures on the other. However, the present study did not examine potential interaction effects between stress and burnout. To gain a more comprehensive understanding of these relationships, future research should incorporate burnout assessments and investigate the joint effects of stress and burnout, which are of considerable importance in helping professions.

Conclusion

The results of this study contribute to our understanding of the relationship between empathy and stress, suggesting that stressful events experienced by helping professionals may be linked to their levels of empathy. The severity of stressful life events emerged as the strongest predictor of empathy, primarily its affective component. The study highlights the need for greater implementation of evidence-based interventions aimed at enhancing *accurate* empathy in helping contexts (Kinman & Grant, 2016) and effectively integrating one's personal experiences in the process of supporting others (Ferme, 1981).

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Резиме

Емпатија је од кључног значаја у оквиру свеобухватног приступа усмереног на појединца, који је карактеристичан за помагачке професије. Својом афективном и когнитивном компонентом, она омогућава успостављање односа који обезбеђује висок степен квалитета у пружању бриге и подршке. На способност помагача да испољи емпатију могу утицати бројни фактори, а стрес се често препознаје као један од значајнијих. Циљ овог истраживања био је да се испита повезаност између стреса (професионални стрес и стресни животни догађаји) и емпатије (њене афективне и когнитивне компоненте) у различитим групама стручњака из помагачких професија (лекари, дефектолози и психолози). Резултати ових група упоређивани су са резултатима учесника који обављају занимања која не подразумевају директан рад са људима у контексту пружања помоћи (нпр. инжењери). Укупно 243

учесника попунило је онлајн упитнике који се базирају на самопроцени емпатије и стреса – 142 учесника из помагачких професија и 101 учесник из групе инжењера.

Учесници из помагачких професија показали су значајно веће нивое когнитивне емпатије у односу на учеснике из професија које нису усмерене на пружање помоћи. Међутим, нису уочене значајне разлике између ових двеју група када је реч о афективној емпатији. Такође, групе се нису значајно разликовале у нивоу професионалног стреса нити у броју стресних животних догађаја. Ипак, примећене су значајне разлике у перципираном интензитету стресних животних догађаја.

Посматрајући само узорак стручњака из помагачких професија, утврђене су значајне позитивне корелације између перципираног интензитета стресних животних догађаја и две варијабле емпатије – афективне и глобалне емпатије. Уз то, показало се да су варијабле стреса у значајној мери индикатори нивоа афективне и глобалне емпатије. Интензитет стресних животних догађаја издвојио се као најрелевантнија варијабла стреса у предвиђању емпатије, пре свега њене афективне компоненте. Такође, утврђена је статистички значајна корелација између мера афективне/глобалне емпатије и професионалног стреса.

Резултати истраживања доприносе бољем разумевању односа између емпатије и стреса, сугеришући да стресни догађаји којима су изложени стручњаци из помагачких професија могу утицати на ниво њихове емпатије. Налази потврђују хипотезу да искуство интензивнијег доживљавања животних догађаја утиче на способност помагача да препозна и изрази емпатију према искуствима других, при чему се процес посттрауматског раста препознаје као један од могућих механизама у основи ове повезаности.

Кључне речи: емпатија; стресни животни догађаји; професионални стрес; помагачке професије.