The Effect of Empathy-Based TrainingProgram on Communication Skill and Burnout among Psychiatric Nurses

Nashwa Ahmed Hussein &Bothina ElSayed Said Mohamed
(Lecturers- Psychiatric and Mental Health Nursing Department- Faculty of Nursing, Egypt)

Abstract

Background: *Psychiatric nursing are extraordinary areas in terms of interaction and communication with the patient. In order to progress patient care, psychiatric nurses ought to create their empathy skills. Nurses with improved empathetic capacities can get the understanding and give the essential care. Empathy is a basic component of great nursing care related with expanded patient fulfillment.*
Aim: *This study aimed to investigate the effect of empathy-based training program on psychiatric nurses' empathetic communication skills and burnout.***Design:** *A quasi-experimental research design was used in the current study.***Setting:***This study was conducted at the Psychiatric Department inEl Salam Hospital, Zagazig University, Alsharkia Governorate.*
Subjects: *A purposeful sample of 13 nursesin pre-test as sample well as in post-test.*
Tools:*Four tools were used in this study: Socio demographic data sheet, Jefferson Scale of Empathy (JSE) Nursing Student Version R, Communication Skill Scale and Maslach Burnout Inventory (MBI).*
Results:*Results denoted that the mean scores as regards knowledge about empathy and Maslach burnout were decreased from a pre-intervention to a post-intervention, while communication skillincreased from a pre-intervention to a post-intervention.There was a statistically significant difference between pre and post-intervention regarding knowledge about empathy. As well, there was a highly statistically significant difference between pre and post-intervention regarding Maslach Burnout Inventory.However, there was a statistically insignificant difference between pre and post-intervention regarding communication skill.*
Conclusion: *This study concluded that empathy-based training program improved nurses' communication skills and reduced burnout among psychiatric nurses.*
Recommendation:*Carrying out continuous empathetic training programs is essential to all nurses to increase their empathetic skills.*
Keywords: *Empathy, communication skills, burnout, psychiatric nursing*

I.   Introduction

Psychiatric nursing is respected as one of the foremost upsetting occupations within the world. It is considered as a challenging errand for medical caretakers' physically and mentally particularly medical caretakers who are confronted with specialized work requests as well as the chance for work stress. The medical caretakers' duties are challenging as they essentially work with the wellbeing, suffering, grief and death of individuals.Thus; it is obvious that nurses, in overall, be obligated to provide a part of them to assist others. They work long hours in physically and mentally exceptionally tiring obligations which will influence their claim well-being **(Omori, 2015).**

Psychiatric nurses have an unordinary working environment that incorporates locked ward passages, as a result, the potential for patient struggle with the related hazard of both physical and mental threat violence executed by forceful patients and being required to disconnect or limit patients to avoid them from hurting themselves or others are possibly displayed. Hence, the structures of job-related stressors experienced by psychiatric nurses possibly vary from those of other specialists **(Kane, 2012).**

Empathy could be an essential quality in any helpful relationship, it leads to more prominent patient fulfillment and restorative adherence and has indeed been appeared to progress the state of wellbeing. Moreover, it comes about in decreased use of assets, with resulting reserve funds within the taken a toll of wellbeing care **(Chen and Forbes, 2014; Galán et al., 2014; Kelm et al., 2014).**Empathy may be a prosocial behavior that's useful to others and is essential to moral nursing practice **(Austin et al., 2009)**. Empathy has both emotional and cognitive components, and incorporates acknowledgment that the source of the feeling felt isn't one's claim**(Cuff et al., 2016).**

Empathy empowers wellbeing care experts and patients to work together. Empathy is basic to building up a strong, trusting relationship between a nurse and a patient **(ÇilAkıncı, &Akgün, 2011)**. Nurse's empathy and open attitude towards psychiatric patients donate them a feeling of security, a conviction in nurse's capacities and additionally diminish the enthusiastic and remove within the nurse–patient interaction. Empathetic reactions permit clients to feel regarded, caught on, and validated. Whilst being compassionate may be an individual characteristic, empathy is additionally a substantial skill**(Özcan, 2012; Tiryakiet al., 2012)**.

Empathy in patient care was characterized as an overwhelmingly cognitive (instead of an emotional or enthusiastic) trait that involves an understanding (instead of feeling) of torment and enduring of the patient, combined with a capacity to communicate this understanding, and a purpose to support**(Hojat, 2016)**. The four key terms in this definition are in italics to emphasize their importance within the development of empathy in patient care, and make a qualification between empathy and sensitivity (which is characterized as an overwhelmingly enthusiastic response). This qualification is critical since empathy and sensitivity have distinctive results in clinical results**(Hojat, 2016).**

Communication that individuals utilize in each region of their lives makes up a normal and exceptionally critical portion of their lives. Individuals communicate to be along with other individuals, to specific themselves and to inspire other individuals, in other words, individuals communicate to socialize. In expansion, individuals get the opportunity to characterize their characteristics by communicating with themselves and others. An extraordinary number of components impact the communication, handle and influence, this prepares emphatically or contrarily. These variables are: individual variables, physical variables and social variables. Individual variables incorporate a person's sentiments, thoughts and values; physical components incorporate heredity and how an individual looks; and social variables incorporate status (position) and societal notoriety **(Koçel, 2010)**.

Another concept which is closely related to communication is compassion. Considering that communication could be a case of activity and response, the fundamental reaction for a circumstance or an issue and information and message trade; counting sympathy within the handle is definitely seen as a greatly vital arrangement in terms of enabling people to induce along superior and to unravel their issues within the most compelling ways **(Yiğit&Deniz, 2012)**.

Maslach and Jackson made the foremost common definition for burnout, which characterizes it as a mental disorder comprising measurements of passionate depletion, depersonalization, and need of individual achievement. The individual with enthusiastic depletion feels that he/she is beneath weight and candidly purged. Depersonalization is uncovered in negative state of mind and impassion of benefit provider in giving benefit to the recipient. Need of individual achievement is the feeling of reduced capability and control to do the assignments, and in fact, it could be a negative self‑evaluation of work achievement **(Adriaenssens et al., 2015; Allen et al., 2015).**

Burnout, which is characterized as a disintegration of engagement with ones' work **(Schaufeli et al., 2009)**, occursprogressively over time **(Boyle, 2011; Bakker & Costa, 2014)**. This has both individual and interpersonal suggestions. The individual suggestions incorporate overpowering fatigue and sentiments of inadequacy, while the interpersonal suggestions incorporate negativity and depersonalization. Two issues contribute to burnout and are brought together through a common figure, to be specific awkwardness. First,a persistent difference betweenwork requests and work, and subjective resources, and second an imbalance betweensubjective and administrativeprinciples**(Schaufeli et al., 2009).**

People with a better score on measurements such as empathic concern tend to more prominent improvement of burnout syndrome, particularly in its depersonalization component**(Galán et al., 2014).**Something else, nurses, continually uncovered to enthusiastic circumstances related to patients' enduring, create adapting techniques in arrange to ensure themselves from an over the top emotive inclusion, with the hazard of diminishing empathy capacity**(Fernández-Pinto et al., 2008)**.

In the nursing profession, some studies have observed that there is a statistically significant negative correlation between some measurements of burnout and empathy. In particular, **Wilczek- Rużyczka (2011)**proposed that increasing empathy avoids professional burnout since she showed that the level of empathy was negatively associated with burnout.

Significance of the study:

Psychiatric nurses are commonly considered as a collection at possibility for burnout since they are in consistent contact and frequent interpersonal interaction with psychiatric clients. Nurses connected with patients, colleagues and other wellbeing care experts on an everyday premise; such an interaction is enhanced when nurses have great communication abilities. Empathy is considered to be an ability that can be educated through learning and training, a competency to be obtained within the educational program of health professions and, hence, within the Nursing Degree. Empathy is related to a diminishment within the likelihood of the onset of burnout and badness versa. Nurses working in this region must to improve their empathy abilities. Nurses

with enhanced empathetic skills can recognize the patient and offer the essential assistance. Therefore,it is deemed necessary to conduct this study to investigate the effect of empathy-based training program on psychiatric nurses' empathetic communication skills and burnout.

Aim of the study:
The aim of the present study was toinvestigate the effect of empathy-based training program on psychiatric nurses' empathetic communication skills and burnout.

Research Hypothesis:
Nurses' empathetic communication skills will be improved and burnout will be reduced after attending the empathy-based training program than before attending empathy-based training program**.**

II. Subjects and Methods

2.1. Research design:- A quasi-experimental research design was used in the current study.

2.2. Study setting: - The study was conducted at the Psychiatric Department inEl Salam Hospital, Zagazig University,Alsharkia Governorate.
2.3. Subjects: - The present study sample is composed of 13 nurses in pre-test as well as the same sample in post-test who are working at the previous setting during the time of data collection.
Sample size: Assuming percent of high level of knowledge about empathy before intervention program (17.5%) and after intervention program (92.5%) **(Osman et al., 2017)** at 90% power and 95% confidence level. The estimated sample will be (13) nurses (*Epi info program*)

1.4. Tools for data collection:
Four tools were used to collect the study data. These were namely the Socio-demographic data sheet, Jefferson Scale of Empathy (JSE) Nursing Student Version R, Communication Skill Scale and Maslach Burnout Inventory (MBI).

Tool I: Socio-demographic data sheet
It was developed by the researchers after reviewing of the related literature, and it included items such as: age, gender, residence,marital status educational level, training courses, years of experience,income, job categories…..etc.

Tool II: Jefferson Scale of Empathy (JSE) Nursing Student Version R
This scale was designed by **Hojat et al.(2002); and Hojat et al. (2004)**.It was utilized to measure the level of information almost empathy among nurses. It comprised 20-items. Ten items are positive explanations and the remaining items are negative explanations. Each positive explanation is evaluated on a three point Likert-type scale extended from disagree = 1, to agree =3. But the negative explanations had a reversed score. A whole scores extended from 20 to 60.

Tool III: - Communication Skill Scale
The Communication Scale was developed by **BarkmanandMachtmes(2002).** This is a 23-item scale that evaluates youth's capacity to communicate by analyzing the frequency of utilizing the following abilities that are required to utilize actual communication performance. The reaction choices utilized a 4-point scale ranged from 0= Never, 1= rarely, 2= some of the time, 3= Often, 4= continuously. The overall scores were calculated by addition of all the explanations, which expanded from 0 to 72.

Tool IV: - Maslach Burnout Inventory (MBI)
The items for the Maslach Burnout Inventory (MBI) that was developed by**Maslach et al. (1997)**were planned to degree hypothesized viewpoints of the burnout syndrome. The Maslach Burnout Inventory counting 22 items, comprising 9 items related to emotional exhaustion, 5 to depersonalization, and 8 to personal accomplishment. It was scored on a six‑point Likert scale ranged from 1 (a few times a year or less) to 6 (every day). A added up to scores calculated by including all the items, extending from 22 to 132.

2.5. Content validity and reliability:
Tools were translated into Arabic language utilizing the translation and back translation method to ensure their unique validity. Content validity of the instruments was evaluated by inquiring five specialists from academic staff at workforce of Nursing Faculty-Zagazig University (Psychiatric and Mental Health Nursing), who reexamined the instruments for clarity, significance, comprehensiveness, understanding and ease for

application. Their proposals and recommendations were taken into consideration. Reliability of the instruments was evaluated by Cronbach's alpha test in the Statistical Package for Social Science (SPSS),version 20. They showed good level of reliability as follows: Socio-demographic (α =0.472), Socio-demographic and knowledge about empathy (α =0.591), knowledge around empathy (α =0.624), Communication Skill Scale (α =0.655), Maslach Burnout Inventory (α =0.893)

2.6. Pilot study:

A pilot study was conducted on 10 % of the recruited sample to assess the clarity and significance of the instruments, as well as to estimate the required time for filling in the tools. The researchers requested participants to fill in the questionnaire and to note any questions that were vague or troublesome to reply. The required changes were done as specific rephrasing, using easier semantic for the explanations. Those who shared in the pilot study were excluded from the main study sample.

2.7. Fieldwork:

The fieldworklasted five months started at the beginning of June 2019 to the end of October 2019.

- *Assessment phase:* Upon finalization of the instruments and securing essential official authorizations, the researchers began to select the test of members agreeing to the qualification criteria. They began by introducingthemselves, clarified the aim of the study briefly to the nurses, and invited them to participate. The researchers read and clarified the instrument items to the nurses under study, then gave them the forms to fill-in the answers. The time expended for replying all questions and scales extended from 30 to 40 minutes. This stage endured for one month from beginning of June 2019 to the end of June 2019.

- *Planning phase:* Based on the results of the assessment stage, and review of related literature, the researchers planned the program sessions. The goals and content were concurring to the nurses' needs. The recognized needs, necessities and insufficiencies were interpreted into points and goals of the program sessions, which were included in a booklet. This booklet comprised two fundamental parts. The primary theoretical part composed of four sessions included information around empathy, communication, and burnout. The second practical part composed of six sessions tended to imply empathy, effective communication abilities and strategies of avoidance of burnout. Teaching strategies included demonstrations, group discussions, as well as role-play. Reinforcement was applied as often as possible during the sessions.

- *Implementation phase:* The program was actualized in the form of small group sessions. Ten sessions, each takes approximately 30 to 45 minutes. For twelve weeks two times/week, were given for the nurses. Each session possess a title and an objective concurring to its content. The length of each session was distinctive according to nurses' assimilation of content, which changed agreeing to their educational level, reaction, as well as time accessibility and content of each session. In any case, to ensure presentation of all nurses to the same learning encounter, all of them received the same content utilizing the same educating strategies, media, and same booklet. This stage endured for three months starting from beginning of July 2019 to the end of September 2019.

The initial session was utilized to display the common goals of the program, and set rules for driving the sessions. At that point, each session began by an outline around what was given through the past session and the goals of the new one, taking into considerationutilizing basic language to suit the level of understanding of the nurses. Motivation,reinforcement strategies and acknowledgment during the session were utilized to improve active cooperation and encourage learning. The sessions were supported by utilizing pictures, posters, as well the program booklet. The sessions were as follows:

Session I (30-45 min): The concentration in this session was to provide an outline around empathy as characterizing empathy, the significance of empathy, empathy and sympathy, undesirable and healthy borders.
Session II (30-45 min):The concentration in this session was giving data related to brain and empathy, components of empathy, sentences that express empathy and steps to create empathy.
Session III (30-45 minutes): The focus in this session was providing skills related to training on empathy.
Session IV (30- 45 minutes): The focus in this session was providing skills related to training on empathy.
Session V (30- 45 minutes): The focus in this session was providing skills related to training on empathy.
Session VI (30- 45 minutes): This session was for providing skills related totraining on empathy.

Session VII (30- 45 minutes): This session was focused on providing knowledge related to definition of effective communication, importance of effective communication, elements of effective communication, types of effective communication, factors impeding effective communication.

Session VIII (30- 45 minutes): The focus in this session was providing skills related to effective communication.

Session IX (30- 45 minutes): This session was designed to discuss the information related to definition, symptoms and levels of burnout.

Session X (30- 45 minutes): The focus in this session was providing skills related to treatment and methods of prevention of burnout.

- ***Evaluation phase:*** The evaluation of the effectiveness of the program sessions was done immediately after the implementation by comparing the changes in nurses' empathetic communication skills and burnout through applying the same tools of the pretest.This phase lasted for one month from beginning of October 2019 to the end of October 2019.

2.8. Administrative and Ethical Consideration:
      The researchers got approval to carry out the study by submitting an official letter issued from the workforce of nursing to the director of the chosen hospital for data collection. Nurses' voluntary collaboration was affirmed. Clear directions on how to complete the questionnaire were given. Concealment of the collected data was affirmed that it would be utilized for the reason of scientific research. Contributors were knowledgeable that they have the right to abstain from sharing within the study or withdrawing at any time without giving any reason or feeling any undesirable concerns.

2.9. Statistical analysis:
      After data collection, data were coded, entered and analyzed using the Statistical Package for Social Science (SPSS) version 25.0. Qualitative data were presented as frequencies and percentages while, quantitative datawere presented as mean, standard deviations. Quantitative variables of two independent normally distributed groups are compared with the student t-test, while, comparison of paired data of pre and posttest done for the same groups are compared with paired t-test. Multiple independent normally distributed groups were compared using analysis of variance (ANOVA test). P-value ≤ 0.05 was considered statistically significant difference.

III. Results

    Table (1): Shows thatnurses' age ranged between 26-49 years with a mean age of 38±6.5years.All of them were females with more than two thirds of them (69.2%) reside rural areas; the majority of them (84.6%) were married andmore than one-third of them(38.5%) had university education.In relation to years of experience in general nursing, more than half of them(53.8%) were having experienceformore than ten years, while more than one-third (38.5%)of themhad from one to ten years' experience in psychiatric nursing. Slightly more three fifths(61.5%) of them were having no training courses in communication skills, while near one third of them (30.8%) had training courses for less than one year.

Figure (1): As Figure 1display,the majority of the participants in the study sample(84.6%) were having sufficient income. Meanwhile, only 15.4% had sufficient and more.
Figure (2): As illustrated in Figure 2, the highest percentages of participants (39.0%) were nurse specialists. Meanwhile, 23.0% were nurses and 38.0% were technical nurses.

    Table (2): Demonstrates that the mean scores as regards toknowledge about empathy were 42.7±3.6 and Communication Skill was 52.6±8.7,while the highest mean score was Maslach Burnout (95.6±20.7) at pre-intervention phase.

    Table (3): Reveals that, the mean score as regards to knowledge about empathy decreasedfrom a pre-intervention level of 42.7±3.6 toa post-intervention level of 39.7±1.5, while communication skillincreased from a pre-intervention level of52.6±8.7 to a post-intervention level of 58.9±7.1, and Maslach Burnout decreased from a pre-intervention level of 95.6±20.7 to a post-intervention level of 61.9±9.6.

    Table (4): Shows that all the study sample (100.0%)was having high level of emotional exhaustion before intervention while after intervention it decreased to slightly more than three fifths of them (61.5%) were having high level of emotional exhaustion. However, all of them (100.0%) werehaving low level of depersonalization before intervention and having high level of depersonalization after program.As regards personal accomplishment, less than half of them (46.2%) were having high level of personal accomplishment before intervention while after intervention all of them (100.0%) were having low level of personal accomplishment.

Table (5): Detects a statistically significant difference between pre and post-intervention regarding knowledge about empathy (p=0.028). As well, there was highly statistically significant difference between pre and post-intervention regarding Maslach Burnout Inventory (p=<0.001). However, there was a statistically insignificant difference between pre and post-intervention regarding communication Skill.

Figure (3): Displays a statistically significant difference between pre and post-intervention regarding knowledge about empathy (p=0.028). As well, there was a highly statistically significant difference between pre and post-intervention regarding Maslach Burnout Inventory (p=<0.001).

Table (6): Indicatesthat there were highly statistically significantly differences between pre and post intervention of mean scores of burnout subscales as regards to emotionalexhaustion and depersonalization (p=<0.001).

Table (7): Shows that there were statistically insignificant differences between nurses' socio-demographic characteristics and mean scores of knowledge about empathy, Communication Skill and Maslach Burnout at the pre-intervention phase.

Table (8): Reveals that there were statistically insignificant difference between nurses' socio-demographic characteristics and mean scores of knowledge about empathy, Communication Skill and Maslach Burnout at the post-intervention phase.

Table (1): Demographic Characteristics of Nursing Studentsin the Study Sample (n=13).

| Demographic Characteristics	Frequency	Percent (%)
Age (years):		
≤35	4	30.8
>35	9	69.2
Range	26-49	
Mean± SD	38±6.5	
Median	38	
Gender :-		
▪ Females	13	100.0
Residence :-		
▪ Rural	9	69.2
▪ Urban	4	30.8
Marital status :-		
▪ Single	0	0.0
▪ Married	11	84.6
▪ Divorced	1	7.7
▪ Widow	1	7.7
Educational level :		
▪ Secondary school	4	30.8
▪ Technical nursing institute	4	30.8
▪ University	5	38.5
General nursing experience (years):-		
▪ <1	1	7.7
▪ 1	1	7.7
▪ > 1-10	4	30.8
▪ >10	7	53.8
Experience in psychiatric nursing(years):-		
▪ 1	4	30.8
▪ > 1-10	5	38.5
▪ >10 -≥ 20	4	30.8
Training courses in communication skills: -		
▪ No	8	61.5
▪ <3	4	30.8
▪ ≥3	1	7.7
Last training courses(years): -		
▪ No	6	46.2
▪ 1	4	30.8
▪ >1	3	23.1
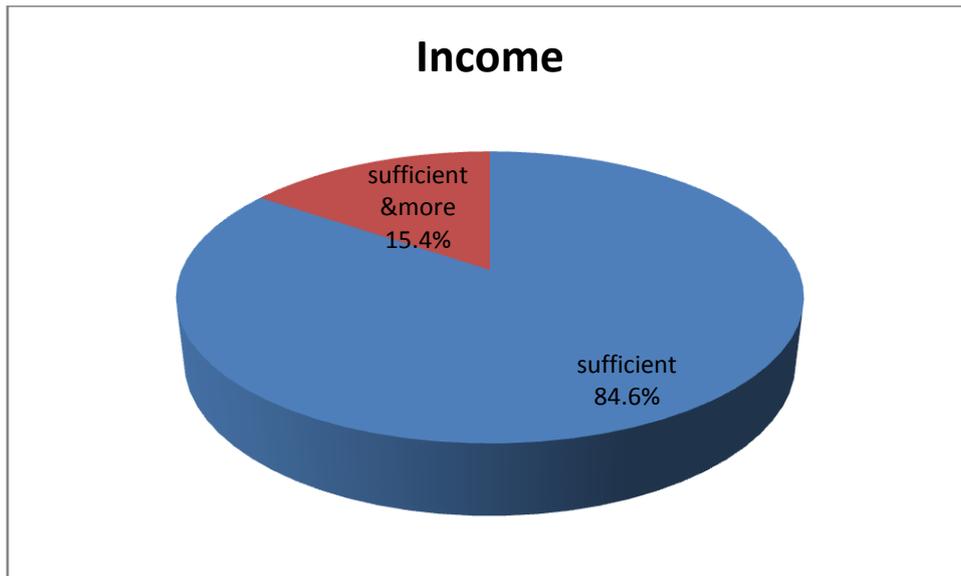
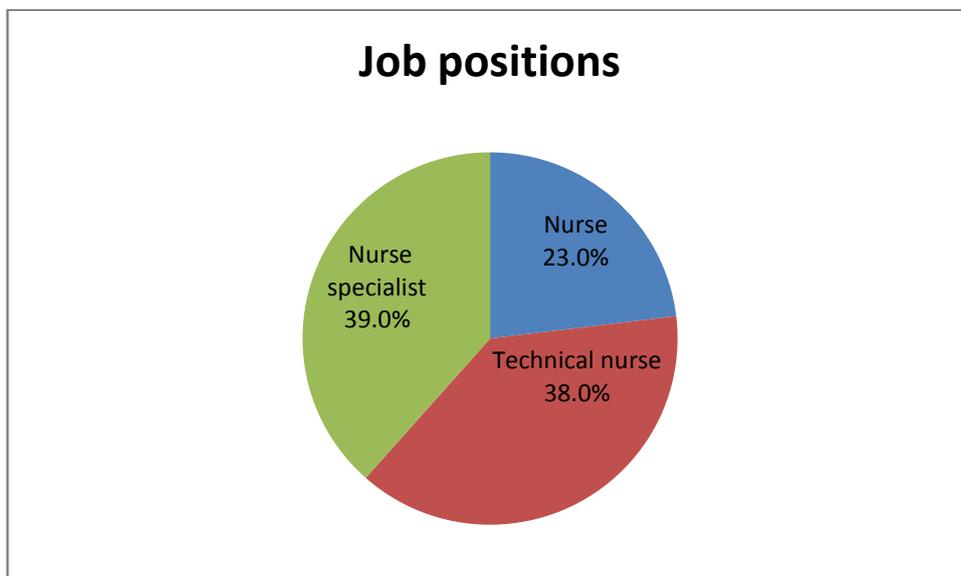**Figure 1:Income of Participants in the Study Sample (n=13).**

Figure 2: Job Positions of Participants in the Study Sample (n=13).

Table (2):-Mean Scores of Knowledge about Empathy, Communication Skill Scale and Maslach Burnout Inventory among Nurses before the Intervention (n=13).

Scale	Mean ±SD	Min	Max
Knowledge about empathy	42.7±3.6	37	48
Communication Skill Scale	52.6±8.7	37	68
Maslach Burnout Inventory	95.6±20.7	71	123

Table (3):-Mean Scores of Knowledge about Empathy, Communication Skill Scale and Maslach Burnout Inventory among Nursesafter the Intervention (n=13).

Scale	Mean ±SD	Min	Max
knowledge about empathy	39.7±1.5	38	42
Communication Skill Scale	58.9±7.1	46	65
Maslach Burnout Inventory	61.9±9.6	51	75

Table (4):-Percentage Scores (divided into low, average and high cut –off) at the MBI 3 Subscales of Burnout Subscale among Nurses (n=13)

Scale	Low				Average				High			
	Pre		Post		Pre		post		Pre		post	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Emotional exhaustion	0	0.0	0	0.0	0	0.0	5	38.5	13	100.0	8	61.5
Depersonalization	13	100.0	0	0.0	0	0.0	0	0.0	0	0.0	13	100.0
Personal accomplishment	4	30.8	13	100.0	3	23.1	0	0.0	6	46.2	0	0.0

Table (5): - Comparison between mean score of knowledge about empathy, Communication Skill and Maslach Burnout among nurses before and after the intervention (n=13).

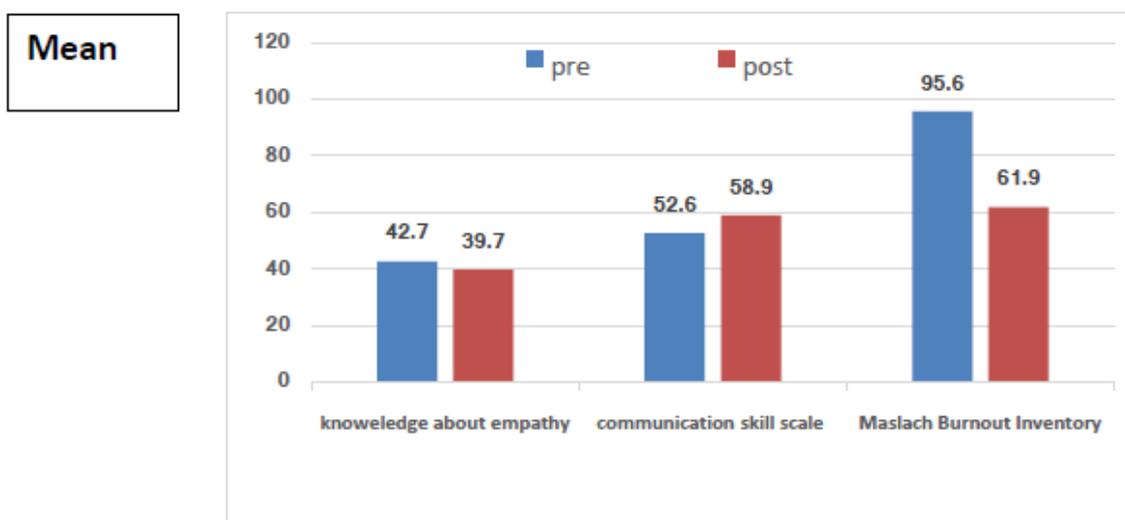| Tests	knowledge about empathy	Communication Skill Scale	Maslach Burnout Inventory
	Mean ±SD	Mean ±SD	Mean ±SD
Pre test	42.7±3.6	52.6±8.7	95.6±20.7
Post test	39.7±1.5	58.9±**7.1**	61.9±**9.6**
p.value	0.028*	0.154	<0.001**

Figure (1): - Comparison between Mean score of knowledge about empathy, Communication Skill and Maslach Burnout among nurses before and after the intervention (n=13).

Table (6):-MeanScoresof BurnoutSub-scales among NursesBefore and After the Intervention (n=13).

Scale	Mean ±SD		Paired t	p.value
	Pre	post		
Emotional exhaustion	40.7±6.7	23.1±3.4	8.636	<0.001**
Depersonalization	31.5±9.4	20.1±3.7	4.753	<0.001**
Personal accomplishment	13.9±8	12.4±2.5	0.853	0.41

Table (7): - AssociationsBetween Socio- demographic Characteristics and Means Score of Knowledge about Empathy, Communication Skill and Maslach Burnout among NursesBefore the intervention (n=13).

Demographic Characteristics	Knowledge about Empathy	Communication Skill Scale	Maslach Burnout Inventory
	Mean ±SD	Mean ±SD	Mean ±SD
Age (years):			
≤35	41.3±**3.3**	51.3±**1.7**	95.8±18.2
>35	41.1±**4.2**	56±**10.3**	92.9±**22.6**
P.value	0.955	0.39	0.829
Marital status :-			
▪ Married	40.9±**3.9**	55.3±**8.6**	92.2±**20.7**

	Knowledge about Empathy	Communication Skill Scale	Maslach Burnout Inventory
▪ Divorced / Widow	44	45	113
▪ P.value	0.46	0.275	0.355
Educational level :			
▪ Secondary school	41.3±2.6	51.3±**4.9**	89.5±**16.8**
▪ Technicalnursing institute	41±**3.6**	55.8±**8.4**	97.3±**22.1**
▪ University	41.2±**5.3**	56.2±±**12**	94.4±**25.9**
▪ P.value	0.996	0.702	0.885
Job positions :-			
▪ Nurse	42±**2.6**	49.3±3.8	95±15.6
▪ Technical nurse	39.2±**2.2**	56±**7.3**	82±**15.1**
▪ Nurse specialist	42.6±**5.2**	56.2±12	104.8±±**24.6**
▪ P .value	0.365	0.543	0.23
General nursingexperience (years):-			
▪ ≤1	39	57	73
▪ 1	38	49	88
▪ > 1-<10	43.3±4.6	61±6.2	106.5±**22.4**
▪ >10	40.7±**3.5**	51.3±9.4	90.3±**20.1**
▪ P .value	0.566	0.334	0.471
Experience in psychiatric nursing (years):-			
▪ 1	39.8±**2.9**	49.5±**3.4**	89.3±**17.5**
▪ > 1-10	42.2±**4.7**	59.4±**6.4**	99.6±24.8
▪ >10 -≥ 20	41.3±**4**	53.5±**12.9**	91±**22.1**
▪ P .value	0.67	0.248	0.753
Training courses in communication skills: -			
▪ No	40±**4.1**	56.3±**6.6**	94.9±**23.8**
▪ <3	42.3±**2.2**	55.5±**9.7**	94.8±**18.2**
▪ ≥3	46	37±	81
▪ P.value	0.281	0.105	0.839

Table (8): -AssociationsBetween Socio-demographic Characteristics and Mean Score of Knowledge about Empathy, Communication Skill Scale and Maslach Burnout Inventory among nursesAfter the Intervention (n=13).

Demographic Characteristics	Knowledge about Empathy	Communication Skill Scale	Maslach Burnout Inventory
	Mean ±SD	**Mean ±SD**	**Mean ±SD**
Age (years):			
≤35	38.7 ±**1.2**	59.7±**3.5**	66.7±**9.7**
>35	40.2 ±**1.5**	58.5±**8.7**	59.5±**9.4**
P .value	0.17	0.834	0.321
Marital status :-			
▪ Married	39.5 ±**1.5**	58.1±**7.2**	61.4±**10**
▪ Divorced / Widow	41	65	66
▪ P .value	0.381	0.399	0.679
Educational level :			
▪ Secondary school	39 ±**1.7**	62.7±2.5	63.7±**6.8**
▪ Technical nursing institute	40.7 ±**1.2**	55.7±**9.5**	61.3±**12.3**
▪ University	39.3 ±**1.5**	58.3±**8.3**	60.7±**12.7**
▪ P .value	0.406	0.543	0.94
Job positions :-			
▪ Nurse	39 ±**1.7**	62.7±**2.5**	63.7±**6.8**
▪ Technical nurse	40 ±**2**	58.7±**11**	53.3±**4**
▪ Nurse specialist	40 ±**1**	55.3±**6**	68.7±**11**
▪ P .value	0.702	0.514	0.125
General nursing experience (years):-			
▪ ≤1	**0.0**	54.3±**7.6**	0.0
▪ > 1-10	40.3 ±**1.5**	61.2±**6.3**	67±**13.9**

▪ >10	39.3±1.5	58.9±**7.1**	59.3±**6.8**
▪ P .value	**0.381**	0.192	0.285
Experience in psychiatric nursing (years):-			
▪ 1	39±1.7	63.3±**2.9**	62±**9.6**
▪ > 1-10	40.3±**1.3**	57±**8.2**	64.8±**12.2**
▪ >10 -≥ 20	39.5±**2.1**	56±**9.9**	56±**0**
▪ P .value	0.608	0.471	0.637
Training courses in communication skills: -			
▪ No	39±1	61.4±**3.8**	65.6±**10.7**
▪ <3	40.3±**2.1**	58±**10.4**	57.7±**7.6**
▪ ≥3	41	49	56
▪ P .value	0.348	0.309	0.485

IV. Discussion

Empathy is the premise on which a helpful compelling relationship, understanding and communication can be built. Empathy has advance been described as the method of understanding a person's subjective encounter by vicariously sharing that involvement whereas keeping up an attentive position. In spite of the fact that a few accept that empathy is an intrinsic charisma that can be formed by one's identity, others assert that it may be an ability which can be affected by suitable instruction and practice (**Mahmoud, 2013)**.

Empathy was the core of quality nursing care. Certain studies have confirmed that empathy is a skillfulness that can be learned through conducting a training program on empathy for experienced nurses and has shown that the program is making a positive change in both the knowledge and behavior of nurses (**Mahmoud, 2013&Mousa, 2015)**.

The aim of this study was to investigate the effect of empathy - based training program on psychiatric nurses' empathic communication skills and burnout. The conclusions for the most part showed the success of the intervention in diminishing the symptoms of burnout among attendants of the empathy-based training program sessions, as well as in enhancing their communication skills. The results lead to justify of the research hypothesis.

The current study results revealed that nurses mean age was 38±6.5 years; all of them were female sexwith more than two of thirds reside rural areas and the majority of them were married. In the same line, **Osman et al. (2017),** who carried out a study on the effect of empathy-based training program on psychiatric nurses' empathetic communication skills in Tanta, and found that, 70.0 % were female, 57.5% from rural area and 82.5 % were married. whereas a few current study results revealed that, more than one-third of them had college education, the larger part of the participants within the study test were having adequate income and the most elevated rate of participants were nurse specialists. These findings disagree with the same reference which found that 55.0 % were had associate degree of nursing, 55.0 % were having insufficient income and 85.0 % were staff nurse.

The present study result also showed that, more than three fifth of nursesweren't having training courses in communication skills, while near one third of them weren't having training courses. This result is to some extend in agreement also with that of **Osman et al. (2017)**, who found that close half of the study subjects in both control and study group were having no preparing courses in communication skills (45.0%).

The current study findings indicated that, the mean score as regards to knowledge about empathy decreasedfrom a pre-intervention level of 42.7±3.6 toa post-intervention level of 39.7±1.5. This finding was consistent with that of **Williams andStickley.(2010)**, who stated that empathy is a personality characteristic that cannot be effortlessly taught. In the same line, **Nunes et al (2011),** the results of the current study found that nurses' levels of empathy did not change or were more likely reduced after psychiatric learning. On the other side, results opposing with those of **Mousa (2015),**which showed that all nursing students attained high level of empathic skills following the accomplishment of theoretical contents of the psychiatric nursing experience. Additionally, the present study findings indicated that, the mean score as regards burnout decreasedfrom a pre-intervention level of 95.6±20.7 to a post-intervention level of 61.9±9.6.This shows the importance of empathy-based training program in reducing burnout among psychiatric nurses.

According to the current study, results revealed that there was a statistically significant difference between pre and post-intervention regarding knowledge about empathy (p=0.028). This result agrees with that of **Osman et al. (2017)**, who examined the effect of empathy-based training program on psychiatric nurses' empathetic communication skills nurses in Tanta, and found that, the level of information approximately empathy and empathetic behavior of nurses features had a positive effect on improving empatheticskills after intervention. Such a result is bolstered by investigating confirmations which indicate that nurses are able and willing to memorize and get data that are anticipated to progress their empathetic aptitudes with their patients through training program (**Mahmoud, 2013,Mousa, 2015).**

The current study result showed that, there was a statistically insignificant difference between pre and post-intervention regarding communication skill. This may be explained as most of subjects having no training courses in communication skills are requiring repeated training programs. This result was in consistent with that of **Osman et al. (2017)**,who founded that,the impact of preparing program on the empathetic behavior was exceptional within the results of this research, this may be due to that practical sessions which permit nurses to successfully empathetic communication skills over a period of time through given a recreated clinical circumstances. In expansion to the homework that was given to nurses, as post reenactment action improved nurses' empathic behavior.

The present study findings indicate that the high mean score for level of knowledge levels about empathy and communication skills were among nurses with university degree. This might be attributed to that by the nurses with bachelor degree have a course named Psychiatric and Mental Health Nursing in which communication skills is one of its content.In the same line,**Osman et al. (2017),**who carried out a study in Egypt, to investigate the effect of empathy-based training program on psychiatric nurses' empathetic communication skills, they found that the high mean scores for information levelfor empathy was among nurses with bachelor grade. Moreover, the findings of **Buyuk et al (2015) andTiryaki et al. (2012),**which stated that, the college graduate nurses had greater level of empathetic skills when compared to the associate degree and high school graduates. In contrast, **Ergin et al(2009)**found that the teaching level of the nurses did not affect the empathetic skills. Unfortunately, this average level of knowledge, which nurses had, hasn't positive result on their empathic behavior which was low before intervention, so this average level of information has no influence on their empathetic behavior.

The current study result revealed that all subjects have high level of emotional exhaustion before empathy-based training program and that after intervention that more than half of them were having high level of emotional exhaustion. Additionally, all subjects had low level of depersonalization before intervention and having high level of depersonalization after program. Although about half of the subjects under study were having high level of personal accomplishment before intervention, after intervention all study subjects were having low level of personal accomplishment.These findings might be due to that those nurses who are continuously exposed to emotional states related to patients' pain and recurrent exposure to emotionally serious situations which may put them at hazard of burnout and professional distress, subsequently in a low sense of achievement and severe emotional exhaustion. Therefore, the empathy training which program which requires more patience, listening, emotional support and reassurance all of these led to emotional exhaustion.

In relation to burnout score, the current study results showed therea highly statistically significant difference between before and after empathy training program. In comparing this result with that of **Ferri et al. (2015),**who studied empathy and burnout in an analytic cross-sectional study among nurses and nursing students inItalyfound thatempathy and burnout were negatively correlated in their studies and concluded that great levels of empathy can be protective against the development of burnout. This result is in agreement also with that of **Hunt et al. (2017)**, who highlighted that,an ability to self-regulate feelings during empathic engagement may decrease the risk of burnout.

Additionally the mean scores of burnout subscale regarding emotional exhaustion and depersonalization subscale in the present study findings revealed a highly statistically significant difference between before and after intervention. This result was consistent with that of**Ferri et al. (2015),** who found that, reduced emotional exhaustion is accompanying with great levels of empathy, while the depersonalization sub-scale was not associated in a statistically significant technique to the BEES mean overall scores.

Considering associations between socio-demographic characteristics and mean scores of knowledge about empathy, communication skill and Maslach burnout among nurses pre and post intervention, the present study results clarified that there were statistically insignificant differences. Similarly, **Taleghani et al. (2017),** who examined the level of empathy and its relationship with burnout and some demographic characteristics of oncology nurses, found that, there were no correlations between empathy, burnout with gender, educational level, and marital status of nurses.

V. Conclusion

The current study findings made it possible to conclude that the empathy may be an essential component of nurse–patient communication, and burnout is related with diminished work execution, stress‑related wellbeing issues, and low career fulfillment. Based on these findings, there was a statistically significant distinction between pre and post-intervention with respect to knowledge around empathy. Moreover, there was a highly statistically significant difference between pre and post-intervention with respect to Maslach Burnout Scale. Whereas, there were statistically insignificant differences between pre and post-intervention with respect to communication Skill and was statistically insignificant difference between nurses' socio-demographic characteristics and mean scores of knowledge about\ empathy, Communication Skill and Maslach Burnout at the pre and post intervention stages.

VI.   Recommendations

Basedon the current study findings, the following recommendations are suggested:

- In-service empathy-based training program should be applied at hospitals to improve empathetic communication skills and their effectiveness and they should be maintained frequently.

 - Hospitals ought to organize a group including certain staff to train for other nursing staff to prepare them on how to apply empathic communication ability to progress their empathic communication abilities and their interaction with patients.

 - The hospital tries to assist by including experienced nurses with modern graduates in a mentoring program that all the nurses feel is imperative in helping the more youthful nurses make it through within the starting.

 - Longitudinal considers with larger test sizes to decide the impact of empathy designs on burnout over time.

References

[1].   Adriaenssens, J., De Gucht., V, Maes, S. (2015): Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. Int J Nurs Stud; 52:649‑61.

[2].   Allen, B.C., Holland, P., Reynolds, R. (2015): The effect of bullying on burnout in nurses: The moderating role of psychological detachment. J AdvNurs; 71:381‑90.

[3].   Austin, W., Goble, E., Leier,B.(2009): Compassion fatigue: The experience of nurses. Ethics and Social Welfare; 3(2): 195–214.

[4].   Bakker, A.B.,& Costa, P.L. (2014): Chronic job burnout and daily functioning: A theoretical analysis. Burnout Research: 1(3): 1–8.

[5].   Barkman, S.,&Machtmes, K. (2002): Communication Scale, Youth Life Skills Evaluation Project at Penn State. Instrument also cited by the CYFAR Life Skills Project at Texas University.Available online at: http://www.humanserviceresearch.com/youthlifeskillsevaluation/

[6].   Boyle, D.A. (2011): Countering compassion fatigue: A requisite nursing agenda. The Online Journal of Issues in Nursing: 16(1): 1–13.

[7].   Buyuk, E., Rızalar, Z., Güdek, E., &Güney, S. (2015): Evaluation of empathetic skills of nurses working in oncology units in Samsun, Turkey, International Journal of Caring Sciences; 8(1): 131-32.

[8].   Chen, I.,& Forbes, C. (2014): Reflective writing and its impact on empathy in medical education: Systematic review. Journal of Educational Evaluation for Health Professions; 11: 20. doi:10.3352/jeehp.2014.11.20

[9].   ÇilAkıncı, A. &Akgün, G. (2011): Empathic tendency and empathic skill of nursing students in Health College of Kırklareli University. Fırat University Medical Journal of Health Sciences; 6(17): 53-65.

[10].   Cuff, B., Brown, S.,& Taylor L. (2016): Empathy: A review of the concept. Emotion Review; 8(2): 144–153.

[11].   Ergin, D., CelasinŞen, N., Akış, Ş., Altan, Ö.,Bakırlıoğlu, Ö. &Bozkurt, S. (2009): In internal medicine working nurses burnout and emphatic skill levels and factors affecting them. Fırat University. Medical Journal of Health Sciences; 4 (11):49- 64.

[12].   Fernández-Pinto, I., López, Pérez B., &Márquez, M. (2008): EmpatíaMedidas, teorías y aplicaciones en revisión. AnPsicol; 24: 284-98.

[13].   Ferri, P., Guerra, E., Marcheselli L, Cunico L, &Lorenzo, R.D. (2015):Empathy and burnout: An analytic cross-sectional study among nurses and nursing students. Acta Biomed for Health Professions; 86(2): 104-115.

[14].   Galán, J.M.G., Romero, R., Morillo, M.S., &Alarcón, J.M. (2014):Descenso de empatía en estudiantes de enfermería y análisis de posiblesfactoresimplicados. Psicologia da Educaçao; 20, 53–60. doi:10.1016/j.pse.2014.05.007.

[15].   Hojat, M. (2016): Empathy in health professions education and patient care. New York: Springer International.

[16].   Hojat, M., Mangione, S., Nasca T., J, Cohen, M.J.M., Gonnell J, S, & Erdmann, J.B.(2004): The Jefferson Scale of Physician Empathy: Development and preliminary psychometric data. Educational Psychological Measures Journal; 61:349-65.

[17].   Hojat, M., Gonnella, J.S., Mangione, S., Nasca, T.J., Veloski, J.J., &Erdmann JB. (2002): Empathy in Medical Students as related to Academic Performance, Clinical competence, and Gender. Medical Education Journal; 36(6):522-27.

[18].   Hunt, P.A., Denieffe, S., Gooney, M., (2017): Burnout and its relationship to empathy in nursing: a review of the literature. Journal of Research in Nursing. 22(1–2): 7–22. DOI: 10.1177/1744987116678902

[19].   Kane, P. (2012):Stress causing psychiatric illness among nurses. jOccupenvntMed 2012;13(1) .available from www.ijoem.com.Accessed on 16/7/2019.

[20].   Kelm, Z., Womer, J., Walter, J.K., Feudtner, C., (2014): Interventions to cultivate physician empathy: a systematic review. BMC Medical Education: 14:219. Doi: 10.1186/1472- 6920-14-219

[21].   Koçel, T., (2010): "İşletmeYöneticiliği", Beta Yayınları, 12 Baskı, İstanbul Mahmoud, H. (2013): Emotional intelligence among baccalaureate students at the Faculty of Nursing, Alexandria University: A cross-sectional study. Master Thesis, Faculty of Nursing, Alexandria University, Egypt.

[22].   Maslach, C.,Jakson, S.E.,&Leiter, M.P. (1997): The Maslach Burnout Inventory Manual, Third edition, Consulting Psychologists Press, 3803 E. Payshore Road, P.O Box 10096, Palo Alto, CA 94303.Available at: https://www.researchgate.net/publication/277816643.

[23].   Mousa, M. A. (2015): Empathy toward Patients with Mental Illness among Baccalaureate Nursing Students: Impact of a Psychiatric Nursing and Mental Health, Journal of Education and Practice; 6(24):98-105.

[24].   Nunes, P., Williams, S., Sa, B., & Stevenson, K. (2011): A study of empathy decline in students from five health disciplines during their first year of training. International Journal of Medical Education; 2: 12-17.

[25].   Omori, H. (2015): Development of the Psychiatric Nurse Job Stressor Scale (PNJSS), Psychiatry and Clinical Neurosciences; 65: 567–575

[26].   Osman, F., El Sherif, Z.,Shalaby, M., &Shaheen, S. (2017): Effect of Empathy-Based Training Program on Psychiatric Nurses' Empathetic Communication Skills. International Journal of Novel Research in Healthcare; 4 (3): 146-156.

[27].   Özcan, H. (2012): Empathıc dıspositıon and empathıc skılls of nurses: Example Gümüşhane. Gümüşhane University. Journal of Health Sciences, 1(2): 60- 68.

[28].   Schaufeli WB, Leiter MP &Maslach, C. (2009): Burnout: 35 years of research and practice. Career Development International; 14(3): 204–220.

[29].   Taleghani, F., Ashouri E.,& Saburi, M. (2017): Empathy, burnout, demographic variables and their relationships in oncology nurses. Iranian J Nursing Midwifery Res; 22:41-5.

[30].   TiryakiŞen, H., TaşkınYılmaz, F., PekşenÜnüvar, Ö, &Demirkaya F. (2012): Emphatic skill levels of primary health care workers. Journal of Psychiatric Nursing; 3(1): 6-12.

[31].   Wilczek-Rużyczka, E. (2011): Empathy vs. professional burnout in health care professionals. J US China Med Sci; 8: 526-32.
[32].   Williams J &Stickley T. (2010): Empathy and nurse education. Nurse Educ Today. 2010; 30(8):752–5. doi: 10.1016/ j.nedt..01.018. [PubMed: 20381220].
[33].   Yiğit, R.,&Deniz, M.E.   (2012):Polislerinİletişimbecerileninbeşfaktörkişilikozellikleriveempatikeğilimlerinegöreincelenmesi" Turkish. Journal of Police Studies; 14 (3).