

Psychiatric nurse's empathy, burnout and its relation with professional Quality of life

Hala Ahmed Elsayes: Lecturer of Psychiatric and Mental Health Nursing.

Faculty of Nursing, Tanta University, Tanta,

Zebeda Abd El Gawad Elsherif: Lecturer of Psychiatric and Mental Health Nursing.

Faculty of Nursing, Tanta University, Tanta

Abstract; Empathy is considered a useful skill for psychiatric nurses. It is an essential component of a caring relationship and especially critical to the provision of professional quality of life. **The Aim** of this study is to assess Psychiatric nurse's empathy, burnout and its relation with professional quality of life. This study followed a descriptive design. The present study was conducted at Tanta mental health hospital, 84 nurses. **Three tools** were used to collect data for the study, **Tool 1:** consists of two parts **Part 1;** a structured interview schedules use to socio-demographic data. **Part 2** Interpersonal Reactivity Index (Empathy), **Tool II** Maslach Burnout Inventory questionnaire and **Tool III** Professional Quality of Life Scale. **The result** revealed that there was a significant positive correlation between nurse's empathic concern and total burnout score at $r=0.575$, $p=0.00$ and significant positive correlation between the nurses' compassion satisfaction total score and their personal fulfillment at $r=0.319$, $p=0.003$. **Conclusion;** it was concluded that psychiatric nurses are at high risk for burnout related to imbalance between level of Compassion fatigue and satisfaction that affect the quality of life in addition to the nurses had high level of empathy concern with high level of distress. **The study Recommended** that the health care professionals realize what the causes and effects of burnout are, seems to be important. It is being planned to carry further, longitudinal research, in which causes of burnout will be investigated as far as correlation with empathy level is concerned. Developing educational intervention program for nurses about the empathy

Key words; Empathy, burnout, professional quality of life

Introduction

Empathy is essential component of the nurse-patient relationship and quality of nursing care. Empathy is a prosoically behavior that is beneficial to others and is fundamental to ethical nursing practice. Clinical empathy involves the ability to understand the patient's situation, his/ her perspective and feelings (and their attached meanings). Empathy capacity is a fundamental and essential instrument in all therapeutic relationships, allowing the professional to meet the needs of patients.(1)

Empathy has been described in various ways; Empathy has both affective and cognitive components, and includes recognition that the source of the emotion felt is not one's own. The affective component relates to sharing the emotions of the other person. Cognitive empathy is 'the capacity to understand others internal states. This perspective-taking ability requires an intentional process to occur, and engages executive resources such as self-regulation and cognitive flexibility. Other way described it as three components emotional, cognitive and behavioral, those relations come down to co-experiencing emotions with another person, understanding them, and also solving problems' (2-5).

Psychiatric nurses involved in direct patient care are exposed to suffering and negativity on a daily basis and face increasing demands in the workplace. They are vulnerable to the development professionals experiencing nightmares, grief, anxiety, depression, sleep disturbances, relational conflicts, and physical complaints often referred to as compassion fatigue. Compassion fatigue is defined as "a state of tension and preoccupation with traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders and persistent arousal associated with the patient suffering from compassion fatigue can spill over into the development of burnout as a long-term impact. Ultimately, nurses may experience psychological, physical, and emotional exhaustion leading to a decrease in nursing professionalism, an increase in depersonalization and absence of individual achievement. Compassion fatigue addresses the close therapeutic interaction with traumatized patients in a certain caring condition whereas burnout is acquired from the environment or systemic clinical stressors (6-8)

Burnout is a state of emotional and physical exhaustion caused by excessive and prolonged stress. Burnout is

characterized by depersonalization, reduced sense of personal accomplishment and discouragement as an employee. The signs of burnout tend to be more mental than physical. They can include feelings of: powerlessness, hopelessness, emotional exhaustion, detachment, isolation, irritability, frustration, being trapped, failure, despair, cynicism, apathy. At the same time some physical symptoms are common: headaches sleep problems, gastrointestinal problems, chronic fatigue, muscle aches, high blood pressure, frequent colds, sudden weight loss or gain. There are consequences for patients too, such as increased medical errors, poor patient safety, decreased patient satisfaction, and decreased adherence to treatment plans. Professionals that have frequent contact with individuals are more sensitive to develop burnout. Among the different health professions, nursing has been considered a profession highly susceptible to stress. ⁽⁹⁻¹¹⁾

Professional quality of life refers to “the quality one feels in relation to their work as a helper” and is influenced by both positive and negative aspects of the work. Compassion satisfaction is considered as the defensive agent that can be used to alleviate or mediate the negative effect of both compassion fatigue and burnout. It is the positive aspects and potentially growth

enhancing. Compassion satisfaction is a positive indicator of professional quality of life and refers to the pleasure derived from being able to do one’s work effectively. Professional quality of life consists of a balance between compassion satisfaction and compassion fatigue of working in the role of a healthcare professional. Personal characteristics, work environment, and interaction with different types of patients affect healthcare provider’s professional quality of life. “Professional quality of life is important for both nurses and patient ⁽¹²⁻¹⁴⁾ Nurses, in particular, are professionals highly likely to experience compassion fatigue which can negatively affect their mental and physical health as well as job performance. Compassion fatigue can also cause nurses to lose their objectivity and empathy for patients. Empathy becomes a double-edged sword for the nurse: on the one hand, empathy facilitates caring work; on the other hand, the act of caring leaves the nurse vulnerable to its very act”. It is expected that improving recognition and awareness of compassion fatigue, burnout and compassion satisfaction as basic components of professional quality of life among psychiatric nursing may prevent emotional exhaustion, reduce withdrawal and help in identifying proper intervention. This will in turn help psychiatric nurse to

keep empathetic and compassionate professionals. ⁽¹⁵⁻¹⁶⁾

Aim of the study

To evaluate the relationship between psychiatric nurse's empathy, burnout and its relation with professional quality of life

Research question;

Is there a relation between psychiatric nurse's empathy, burnout and professional quality of life?

Subjects & Methods;

Research Design

Descriptive research design was used

Setting-:

The study was conducted at the Tanta Mental Health Hospital which is affiliated to the Ministry of Health with a capacity of (107) beds, divided into four wards, two wards for male patients and two wards for female patients. This hospital serves three governorates; namely, El-Gharbeya, ElMenofeya, and Kafr-El-Sheikh.

Subject:-

A convenient sample of (84) nurses working at Tanta Mental Health Hospital. The subjects of this study were selected according to the following criteria: both sexes All age group, Nurses who provide a direct care to hospitalized psychiatric patients and who agree to participate in the study.

Tools of the study:-

The data of this study was collected using the following tools:

Tool I: - it consists of two parts

Part one: socio-demographic data, encompassed age, sex, level of education, years of experiences, marital status, residency, occupation, and their income.

Part two: Interpersonal Reactivity Index (Empathy); Developed by **Davis M H (1980)** ⁽¹⁷⁾ Defines empathy as the "reactions of one individual to the observed experiences of another. It includes 28-items answered on a 5-point Liker scale ranging from (0) "Does not describe me well" to (4) "Describe me very well". The measure has **4 subscales**, each made up of 7 different items. These subscales are;

- 1-Perspective Taking** – the tendency to spontaneously adopt the psychological point of view of others
- 2- Fantasy** – taps respondents' tendencies to transpose themselves imaginatively into the feelings and actions of fictitious characters in books, movies, and plays
- 3-Empathic Concern** – assesses "other-oriented" feelings of sympathy and concerns for unfortunate others
- 4- Personal Distress** – measures "self-oriented" feelings of personal anxiety

and unease intense interpersonal settings
Scoring system; each subscale includes 7 questions maximum score 28

Tool II- Maslach Burnout Inventory questionnaire; It is measured by **Maslach 1986** ⁽¹⁸⁾, this scale has high internal consistency and reliability around 90%, It consists of 22 items in the form of statements about feelings and attitudes Professional in their work and to patients and their function is to measure burnout. Responses answered on a 5-point Likert scale ranging from (0) Never to (6) Everyday

measured 3 aspects of the syndrome:

Emotional exhaustion,

depersonalization, personal

accomplishment. Regarding the scores, they are considered low below the 34 high scores in the first two subscales and low in the third to diagnose the disorder.

1. Emotional exhaustion subscale

It consists of **9 questions**, the classification of the statements is: 1, 2, 3, 6, 8, 13, 14, 16, 20. Values the experience of being emotionally exhausted by the demands of work. **maximum score 54**

2. Depersonalization subscale. It consists of **5 items**, the classification of the statements is: 5, 10, 11, 15, 22. Assesses the degree to which each

recognizes attitudes of coldness and detachment. **maximum score 30**

3. Subscale of personal fulfillment. It consists of **8 items**, the classification of the statements is: 4, 7, 9, 12, 17, 18, 19, 21. Evaluates feelings of self - efficacy and personal fulfillment at work. **48 maximum score.**

Tool III -Professional Quality of Life Scale; was measured using the Professional Quality of Life Scale, version 5 (ProQual-5), developed by **Stamm (2005)**, ⁽¹⁹⁾ This instrument is the most commonly used measure of both positive and negative consequences of working with people who have experienced exceptionally stressful events. The ProQOL-5 is a 30-item scale with three subscales to measure compassion satisfaction, burnout, and Trauma /Compassion fatigue Scale. Each subscale includes 10 items. Respondents were asked to rate how frequently they have experienced each item on 5-point Likert scale (1=never to 5=very often).

1-The compassion satisfaction scale measured the pleasure one derives from doing one's work well Compassion Satisfaction Scale include 10 items: 3, 6, 12, 16, 18, 20, 22, 24, 27, and 30. **Higher** scores on this scale represent a **greater professional satisfaction** from

job. **Scores below 33**, means persons **find problems with their job**.

2-The burnout scale measured feelings associated with hopelessness and difficulty in dealing with work or doing one's work effectively. The Burnout Scale: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29. The score items on the burnout scale is 10 items. **Score below 18**, reflects positive feelings about ability to be **effective in work**. Score above 27 means not effective in work. If **score above 57** means person may wish to think about what at work makes person feel **not effective in position**. The score may reflect the mood.

3- Trauma/Compassion Fatigue Scale it include 10 items: 2, 5, 7, 9, 11, 13, 14, 23, 25, and 28. It measured work-related secondary exposure to people who have experienced trauma ($\alpha=0.93$). **Score above 57**, means that person may want to take some time to think about what at **work may be frightening**. While higher scores do not mean that person do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

The score for each subscale was used as, higher scores indicating greater compassion satisfaction, burnout, and trauma / compassion fatigue scale. The Score from 22 or less; **Low**, between 23 and 41; **Average** and 42 or more; **High**.

Method:

Ethical considerations:-A written official letters from the Faculty of Nursing, Tanat University was directed to the director of Tanta Mental Health Hospital that is affiliated to the Ministry of Health to take their permission to collect data after explaining the purpose of the study.

- The director was informed about the goal of the study, the data and time of data collection. Ethical consent will be obtained from every nurse after explaining the purpose of the study to participate in the study.
- Informing study subjects' that confidentiality and privacy of any obtained information will be ensured.
- Respecting the right of the study sample to be withdrawal from the study at any time.
- Tools I, II, III was translated into Arabic language by the researcher.
- Tools of the study were been tested for content validity by six experts three in psychiatric nursing and three in nursing services administration to

ascertain the clarity and Arabic translation of the tools.

- The empathy scale was found reliable in the original research and reliabilities for the subscales of burnout and for the subscales of PQOL also found reliable in the original research.
- Before embarking in the actual study a pilot study will be carried out on 10% of the subjects after taking their oral approval and explanation the purpose of the study to ascertain the clarity and applicability of the study tools and to identify obstacles that might be faced during data collection. Those subjects will be selected randomly and will be excluded later from the study sample. After its implementation and according to its results a necessary modification will be done.

Actual Study;

- A written consent was obtained from each selected nurse according to the previous criteria for participation in the study after explaining the aim of the study, establishing rapport and trusting relationship with the studied nurses.
- The form of the study tools was explained to the nurses and the nurses were reassured that all information will be confidential and used only for the purpose of the study and they were individually interviewed for keeping

their privacy.

- Tools of the study were implemented by the researcher using the interview questionnaire sheet to determine the empathy level, burnout level, and their professional quality of life.
- Each interview was implemented on an individual basis and lasted for about 20-40 minute according to nurses' attention and willing to cooperate or talk with the researcher.
- Data were collected over a period of four months starting from July 2016 and ending in October 2016.

Statistical analysis:

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 23. For quantitative data, the range, mean and standard deviation were calculated. For comparison between means, student t-test was used. Correlation between variables was evaluated using Pearson's correlation coefficient r . A significance was adopted at $P < 0.05$ for interpretation of results of tests of significance

Table (1): Percentage distribution of the studied sample according to their socio- demographic characteristics.

Characteristics	The studied nurses (n=84)	
	No	%
Age (in years)		
18-25	17	20.2
26-35	42	50.0
≥36	25	29.8
Gender		
male	23	27.4
female	61	72.6
Marital status		
single	7	8.3
married	74	88.1
Divorced	1	1.2
Widow	2	2.4
Education level		
Diploma	37	44.0
Technical institute	27	32.1
Bachelor	17	20.2
Post graduate	3	3.6
Occupation		
Nurse	64	76.1
Supervisor	20	23.8
Experience in Psychiatric nursing		
< 5 years	26	31.0
5-10 years	13	15.5
11-20 years	28	33.3
> 20 years	17	20.2

Table (2) Percentage Distribution of the studied sample according to their empathy levels

Empathy levels	The studied nurses (n=84)	
	No	%
1. Perspective-taking (PT)		
▪ ≤13Low	00	00.00
▪ 14- 20 Average	11	13.1
▪ 21- 28 High	73	86.9
Range	(17-27)	
Mean ± SD	22.65±2.051	
2. Fantasy scale (FS)		
▪ ≤13Low	00	00.00
▪ 14- 20 Average	26	31.0
▪ 21- 28 High	58	69.0
Range	(16-26)	
Mean ± SD	22.18±2.494	
3. Empathic concern (EC)		
▪ ≤13Low	00	00.00
▪ 14- 20 Average	24	28.6
▪ 21- 28 High	60	71.4
Range	(16-26)	
Mean ± SD	22.30±2.882	
4. Personal distress (PD)		
▪ ≤13Low	3	3.6
▪ 14- 20 Average	23	27.4
▪ 21- 28 High	58	69.0
Range	(14-26)	
Mean ± SD	21.06±2.681	
Total empathy score		
Range	(69-96)	
Mean ± SD	88.19±7.503	

Table (3): Percentage Distribution of the studied sample according to their total levels of the Maslach Burnout Inventory (MBI)

MBI levels	The studied nurses (n=84)	
	No	%
1.Emotional exhaustion level		
≤16 Low	13	15.5
17-26 Average	24	28.6
≥27 High	47	56.0
Range	(12-37)	
Mean ± SD	25.42±6.830	
2.Depersonalization level		
≤6 Low	7	8.3
7-12 Average	43	51.2
≥13 High	34	40.5
Range	(5-14)	
Mean ± SD	10.98±2.702	
3.Personal fulfillment level		
≤31 High	67	79.8
32-38 Average	14	16.7
≥39 Low	3	3.6
Range	19-39)	
Mean ± SD	30.08±4.336	
<u>Total MBI score</u>		
Range	(40-82)	
Mean ± SD	66.48±10.526	

Table (4) Distribution of the studied sample according to their total levels of the professional quality of life

PQL levels	The studied nurses (n=84)	
	No	%
<u>1. Compassion Satisfaction level</u>		
<33 Find problems	14	16.7
33-36 Average	18	21.4
≥37 Greater satisfaction	52	61.9
Range	(28-50)	
Mean ± SD	37.13±4.802	
<u>2. Burnout level</u>		
18-27 Average	15	17.9
>27 Not effective in job	69	82.1
Range	(20-36)	
Mean ± SD	31.87±5.087	
<u>3. Trauma/Compassion Fatigue level</u>		
<33 Find problems	74	88.1
33-36 Average	9	10.7
≥37 Work frightening	1	1.2
Range	(13-37)	
Mean ± SD	28.46±5.093	
<u>Total PQL score</u>		
Range	(77-114)	
Mean ± SD	97.46±9.049	

Table (5) Effect of the nurses' demographic characteristics on the total scores of empathy, burnout and their total levels of the professional quality of life

Characteristics	The studied nurses (n=84)					
	Mean ± SD					
	Total MBI score	t P	Total Empathy score	T P	Total PQL Score	T P
<u>Age (in years)</u>						
18-25	67.06±10.73	0.941 0.394	88.88±6.86	0.090 0.914	98.88±10.25	0.326 0.723
26-35	67.67±9.85		87.98±8.14		96.79±8.58	
≥36	64.08±11.50		88.08±7.06		97.64±9.22	
<u>Gender</u>						
male	68.13±9.58	0.780	91.04±5.41	4.788	99.87±7.96	2.272
female	65.85±10.87	0.380	87.11±7.93	0.032*	96.56±9.33	0.136
<u>Marital status</u>						
single	64.71±12.87	0.630 0.598	87.00±9.73	1.633 0.188	95.43±10.33	0.916 0.437
married	66.82±10.39		88.35±7.25		97.62±9.01	
Divorced	53.00±0.00		74.00±0.00		87.00±0.00	
Widow	66.50±10.61		93.50±0.71		104.00±1.41	
<u>Education level</u>						
Diploma	66.00±11.24	0.201 0.895	89.43±6.29	2.035 0.116	98.54±9.27	1.966 0.126
Technical institute	67.74±9.52		88.96±7.46		98.93±8.73	
Bachelor	65.47±11.02		84.29±8.58		92.82±8.27	
Post graduate	66.67±11.85		88.00±12.12		97.33±8.96	
<u>Occupation</u>						
Nurse	66.72±10.43	0.389 0.679	89.02±6.82	1.670 0.195	98.88±8.89	2.860 0.063
Supervisor	66.41±10.59		85.73±8.95		94.23±8.23	
Other	60.00±18.39		90.50±7.78		90.50±16.26	
<u>Experience in Psychiatric nursing</u>						
< 5 years	68.12±9.44	1.589 0.199	88.19±7.85	0.204 0.893	97.65±9.24	0.006 0.999
5-10 years	69.54±9.74		89.15±9.19		97.31±8.09	
11-20 years	66.18±10.68		87.39±7.40		97.36±9.12	
> 20 years	62.12±11.82		88.76±6.14		97.47±10.09	

* Significant at level P < 0.05

Table (6) Correlation between empathy scale, Maslach burnout scale and professional quality of life total score

	Compassion Satisfaction total score		Burnout Total Score		Trauma/Compassion Fatigue total score	
	r	P	r	P	r	P
<u>Empathy subscale:</u>						
1. Perspective-taking (PT)	0.077	0.487	-0.053	0.633	-0.137	0.215
2. Fantasy score (FS)	-0.166	0.131	0.077	0.487	0.219	0.045*
3. Empathic concern score (EC)	0.023	0.834	0.575	0.00**	0.311	0.004**
4. Personal distress score (PD)	-0.090	0.418	0.683	0.00**	0.522	0.00**
<u>Maslach burnout subscale:</u>						
1.Emotional exhaustion	-0.042	0.704	0.695	0.00**	0.605	0.00**
2.Depersonalization	-0.220	0.044*	0.661	0.00**	0.758	0.00**
3.Personal fulfillment	0.319	0.003**	0.420	0.00**	-0.020	0.858

*. Correlation is significant at $P < 0.05$.

** . Correlation is significant at $P < 0.01$

Table 1 presents the distribution of the studied sample according to their socio-demographic characteristics. The results revealed that the half of nurses (50%) had age ranging from 26-35 years old. Concerning nurse' genders 72.6% were female and 88.1% of them were married. As regards their educational level 44% of them had diploma degree and worked as staff nurse, also 32.1% had technical institute and worked as staff nurse. 20.2 % of them had bachelor degree of nursing and worked as nurse supervisor, only 3.6% of them had post graduate degree of nursing. As regards experience in psychiatric nursing, 33.3% of nurse had experience from 11-20 years.

Empathy levels distribution of studied samples as shown in **table 2** revealed that the high score of the subscale perspective taking was 86.9% and the range was 17-27 with a mean of 22.65 ± 2.051 indicating high level of empathy. High score of the subscale fantasy was 69% and the range was 16-26 with a mean range of 22.18 ± 2.494 indicating high level of empathy. Concerning their empathic concern they were had high score at 71.4% and the range was 16-26 with a mean of 22.30 ± 2.882 indicating high level of empathy. The personal distress level of nurses was 69% and the range was 14-26

with a mean of 12.06 ± 2.681 indicating high level of personal distress.

Table 3 illustrates distribution of the studied sample according to their total levels of the Maslach Burnout Inventory (MBI). The results revealed that the high level of emotional exhaustion of the studied sample was 56% but the range was 12-37 with a mean of 25.42 ± 6.830 which indicate moderate level of burnout. About 50% of nurses had average level of depersonalization and the range was 5-14 with a mean of 10.98 ± 2.702 which indicate high level of burnout, regarding personal fulfillment level and the range was 19-39 with a mean of 30.08 ± 4.336 which indicate high level of burnout.

Table 4 present the distribution of the studied sample according to their total levels of the professional quality of life, as the results revealed that most of the studied sample 61.9 % had high level of compassion satisfaction and the range was 28-50 with a mean of 37.13 ± 4.802 which indicate high level of compassion satisfaction, the majority of the sample 82.1% had high level of burnout as the range was 20-36 with a mean of 31.87 ± 5.087 . Also the majority of the samples 88.1% find problem in their work as the range was 13-37 with a mean of 28.46 ± 5.049 which indicate high level of

compassion fatigue level finally this lead to low level of professional quality of life.

Table 5 illustrates the effect of the nurses' demographic characteristics on the total scores of empathy, burnout and their total levels of the professional quality of life. The results revealed that there was a significant difference between males and females in their empathy level at $p=0.032$.

As shown in **table 6** which presents the correlation between empathy scale, Maslach burnout scale and professional quality of life total score for the studied sample, the results illustrate that there was a significant positive correlation between nurse's empathic concern and total burnout score at $r=0.575$, $p=0.00$, also between their empathic concern and total score of trauma/ compassion fatigue at $r=0.311$, $p=0.045$. As regards personal distress, there was a significant positive correlation between the nurse' personal distress and their total burnout score at $r=0.683$, $p=0.000$. Also in their trauma/ compassion fatigue at $r=0.522$, $p=0.000$.

There was a significant negative correlation between the nurses' compassion satisfaction total score and depersonalization at $r= - 0.220$, $p= 0.044$, and positive correlation with their burnout level at $r=0.661$, $p=0.00$, and their trauma/ compassion fatigue at $r= 0.758$, $p=0.000$. There was a significant positive correlation

between nurse's personal fulfillment and their compassion satisfaction at $r=0.319$, $p=0.003$ also for their total burnout score at $r=0.420$, $p=0.00$.

Discussion

Empathy can be described as a cognitive or an emotional attribute or a combination of both. Empathy in humans is assisted by other abstract and domain-general high-level cognitive abilities such as executive functions and language, as well as the ability to differentiate another's mental states from one's own, which expand the range of behaviors that can be driven by empathy. The current study assess empathy by four components; perspective taking, fantasy, empathic concern and personal distress. This is multiple cognitive and affective components of dispositional empathy. Cognitive dimensions consist of Perspective-Taking (PT; considering others' viewpoints) and Fantasizing (FN; identifying with fictional characters in books and films). Affective dimensions include Empathic Concern (EC; sympathy for others in need) and Personal Distress (PD; self-oriented, negative arousal in response to others' distress).⁽⁷⁾

The present study revealed that most of the nurses reported a relatively high level of nurses' empathy related to the four dimensions (perspective taking, Empathic concern, Fantasy and Personal distress.

.This is agreement with the study by Alhadidi M.etal(2016) , about Nurses' caring and empathy in Jordanian psychiatric hospitals that showed they have high levels of empathy while working with patients in the psychiatric hospitals. This indicates that nursing has always centered on empathy as an important component of the therapeutic relationship and the core of caring, but the nurses in present study have experience in dealing with psychiatric patients without feeling of sympathy but to meet their needs related to hygienic care , feeding and giving medication⁽²⁰⁾. This result is in disagreement with a study done by Hawamdeh S. et al (2012) , about Exploring Empathy: A Perspective of Arab Nurses who conceptualization and utilization of empathy in the psychiatric setting in United Arab Emirates (UAE).The major finding was that Arab nurses valued the concept of empathy, yet they considered the nurse's response–contradict and platitude to be an empathetic behavior and the nurse's responses–invite exploration or explanation, address precipitants of feelings and express care and concern, had different occurrence. In addition, Arab nurses believed that in general this nurse's responses to be less likely representing the way they respond to their patients and

teaching to be more important than empathy⁽⁵⁾

The results of this study reveal high levels of burnout in the form two dimension depersonalization and personal fulfillment regarding the third dimension of burnout, emotional exhaustion , more than half of the psychiatric nurses had moderate level of burnout. Burnout may be a result of prolonged exposure to stressful working environments in psychiatric hospital .Nursing requires the delivery of humane, empathetic, culturally sensitive, proficient and moral care, in working environments with limited resources and increasing responsibilities. Stressors contributing to the experience of work related stress, including poor supervision, conflict with peers and patients, high job demands and overtime are all associated with one or more dimensions of burnout. The prolonged exposure to environmental and situational stressors resulting in work, contributes to emotional exhaustion, depersonalization and a lack of personal accomplishment.

This result is supported by a study done by Khamisa N.et al (2015) about Work Related Stress, Burnout, Job Satisfaction and General Health of Nurses. Burnout explained the highest amount of variance in mental health of nurses. Their findings

can be understood as the depletion of mental energy (emotional exhaustion) and mental distancing (depersonalization), thereby compromising nurses' ability to perform tasks and resulting in anxiety/insomnia⁽²¹⁾. On the other hand, this study is disagreement with The results Sahebalzamani et al.(2009) to determine the burnout and its relationship with social support nurses in psychiatric hospitals Tehran on 93 nursing intensity and frequency of emotional exhaustion and reduced personal accomplishment nurses who said they the cost is proportional to family income than nurses who said they were commensurate with the cost of family income.⁽²²⁾

Regarding the total level of professional quality of life, this study revealed that most of the studied sample had high level of compassion satisfaction(CS) from their job, on the other hand it is observed that high level of both burnout and compassion fatigue which indicate low level of professional quality of life. CS arises from the positive feelings of being able to perform one's job well and to contribute to others through one's work Higher levels of CS are protective against the negative aspects of caring for people. More experience in nursing is associated with higher levels of CS satisfied with their

work and find it meaningful, patient satisfaction increases⁽¹⁰⁾

Burnout is related to the work environment, but its effects extend into the personal lives of nursing professionals. The physical, psychological, and interpersonal/social effects of stress and burnout among nursing professionals can vary from those felt in the general workforce. Also the nurses feelings hopelessness and difficulty in dealing with work as related to stress and long interaction with psychiatric patient .this supported by Lasalvia et al. (2009) explored the relative weight of job related characteristics and perceived organizational factors in predicting burnout in staff working in community-based psychiatric services. Burnout was mostly predicted by a higher frequency of face-to-face interaction with users, longer tenure in mental health care, weak work group cohesion, and perceived unfairness⁽²³⁾. Yoder (2010) studied nurses who described factors that triggered CF or burnout. The factors were organized into three categories: caring for patients, system problems, and personal issues. The second category of trigger situations, system issues, included high census, heavy patient assignments, high acuity, overtime, and extra work days.⁽²⁴⁾ The present result

supported by a study by Ray S. L.(2013) about Compassion Satisfaction, Compassion Fatigue, Work Life Conditions, and Burnout Among Frontline Mental Health Care Professionals. The study provides some new insights in to how CS and CF are related to mental health professionals' work life and burnout⁽¹⁰⁾

Regarding the effect of the nurses' demographic characteristics on the total scores of empathy, burnout and their total levels of the professional quality of life. It is observed that there was a significant difference between males and females in their empathy level, the male had empathy more than female . This may be related to the culture , the female suffering from of a lot of load at home , in care of children and in work . This study was inconsistent with study by Ferri et al. (2015) who report on gender differences where females demonstrated a superior empathic predisposition in comparison to males .⁽¹⁾

In the current study, there was positive correlation between nurse's empathic concern and total burnout score, also, between their empathic concern and total score of trauma/ compassion fatigue. As regards personal distress, there was a significant positive correlation between the nurse' personal distress and their total burnout .Also in their trauma/ compassion

fatigue. This result may be due to the study subjects did not understand the meaning of the empathy as a method of therapeutic relationship ,they are interested by the basic care of the patients and control of psychotic symptoms , those suffer from stress, worry and work load responsibility . Also they did not aware by their own emotional response. In addition lack of facilities of care with patient .On the other hand the nurses did not have degree of support from their job. These lead to burnout and compassion fatigue.

This result come in line with a study of Lee et al. (2003) reported that nurses with empathy characteristics may not be able to deal effectively with the emotional burden of distressing clinical situations, thus increasing the risk of burnout⁽²⁵⁾. **Tei et al. (2014)** found that nurses with greater self-reported empathic disposition did have higher burnout scores⁽²⁶⁾. Also this result supported by study of Thomas J.T. (2012)who stated that higher level of personal distress were associated with higher compassion fatigue and burnout.⁽²⁷⁾ But disagreement with a study of Rużyczka E.W.(2011),about Empathy vs. Professional Burnout in Health Care Professionals , he found that negative relation between level of empathy and professional burnout and existence of significant differences of these variables in

participants representing different specializations⁽²⁾.

Conclusion

Psychiatric nurses are at high risk for burnout related to imbalance between level of Compassion fatigue and satisfaction that affect the quality of life in addition to the nurses had high level of empathy concern with high level of distress .

Recommendations

- The study recommended that the health care professionals realize what the causes and effects of burnout are, seems to be important.
- planned to carry further research in which causes of burnout will be investigated as far as correlation with empathy level is concerned.
- Developing educational intervention program for nurses about the empathy with patients
- Further support to the urgent need to probe and consider the factors influencing psychiatric nurse's satisfaction with professional quality of life

References:

1. **Ferri P., Guerra E. , MarcheselliL, CunicoL.and LorenzoR.D.** Empathy and burnout: an analytic cross-sectional study among nurses and nursing

students. *Acta Biomed for Health Professions* 2015; 86(2): 104- 15

2. **Rużyczka E.W.** Empathy vs. Professional Burnout in Health Care Professionals. *Journal of US-China Medical Science* 2011; 8(9) : 526-32.
3. **HuntP.A., Denieffe S and Gooney M.** Burnout and its relationship to empathy in nursing: a review of the literature. *Journal of Research in Nursing*2017; 22(1) 7–22
4. **Marcysiak M., Dąbrowska O., Marcysiak M.B.** Understanding the concept of empathy in relation to nursing. *Prog Health Sci*; 2014; 4(2):75-81
5. **Hawamdeh S. ,and Hawamdeh.S** (2012). Exploring Empathy: A Perspective of Arab Nurses. *World Applied Sciences Journal*2012; 17 (6): 786-91
6. **TsaiS.L., Chai S., and Wang H.H.** Patient-perceived empathy from nurses in Taiwan acute care settings. *Open Journal of Nursing* 2013; 3(1): 532-38
7. **Santo L.D., PohlS., SaianiL., and Battistelli A.**Empathy in the emotional interactions with patients. Is it positive for nurses too?. *Journal of Nursing Education and Practice* 2014;. 4 (2) :74-81

8. **Portnoy D.** Burnout and Compassion Fatigue Watch for the Signs. Journal of The Catholic Health Association of the United States 2011
9. **Chakraborty R., Chatterjee A., and Chaudhury S.** *trial Psychiatry Journal* 2012; 21(2) :119-124
10. **Ray S L. , Wong C. , White D., and Heaslip K.** Compassion Satisfaction, Compassion Fatigue, Work Life Conditions, and Burnout Among Frontline Mental Health Care Professionals, *Traumatology* 2013; 19 (4): 255–67
11. **Stewart W, Terry L.** Reducing burnout in nurses and care workers in secure settings. *Nursing Standard* 2014; 28 (34): 37-45.
12. **Fradelos E. , Mpelegrinos S., Mparo Ch. , Vassilopoulou Ch., Argyrou P. , Tsironi M. , Zyga S. and Theofilou P.** Burnout syndrome impacts on quality of life in nursing professionals: The contribution of perceived social support. *Progress in Health Sciences* 2014; 4(1) :102- 09
13. **Bloomquist K.R., Wood L. , Trainor K.F., and Kim H.M.** Self-care and Professional Quality of Life: Predictive Factors among MSW Practitioners. *Advances in Social Work* 2015; 16 (2) : 292-31
14. **Green K.**(2016) *Fostering Professional Quality of Life in nurses. A thesis for the Degree of Master of Science, May; 10-16*
15. **Circenisa K. ,and Millerea I .** .Compassion fatigue, burnout and contributory factors among nurses in Latvia, *Social and Behavioral Sciences* 2011;30(1): 2042 –46
16. **Kim K., Han Y., Kwak Y and Kim J.** Professional Quality of Life and Clinical Competencies among Korean Nurses. *Asian Nursing Research* 2015; 9(1) :200- 06
17. **Frías-Navarro, D.** Davis' Interpersonal Reactivity Index (IRI). Manuscript not published. Universidad de Valencia. Spain. 2009
18. **Maslach C, Jackson S. E., Leiter M P.** Maslach Burnout Inventory, ² nd ed. Palo Alto, Co; Consulting Psychological Press 1986
19. **Stamm, B.H.** The Concise ProQOL Manual, 2nd Ed. 2010; 14-16
20. **Alhadidi MM, Abdalrahim MS, Al-Hussami M.** Nurses' caring and empathy in Jordanian psychiatric hospitals: A national survey, *Int J Ment Health Nurs.* 2016;. 25(4):337-45.
21. **Khamisa N., Oldenburg B., Peltzer K. and Ilic D.** Work Related Stress, Burnout, Job Satisfaction and General Health of Nurses , *International Journal of Environmental Research and Public Health* 2015;12:652-66