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Research Article

DETERMINATION OF THE RELATIONSHIP BETWEEN EMPATHIC SKILLS AND BURNOUT LEVELS OF NURSES WORKING IN A CITY HOSPITAL

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Abstract: Nursing is a profession that requires emphatic skills in which communication between people is important in patient care. Not being able to approach the patient and the patient family with empathy, not being able to understand others can create a perception of providing incomplete service and is one of the causes of burnout in nurses. Burnout is important as it may cause anorexia, insomnia, and lack of motivation individually in nurses, and also a decrease in the quality of nursing services. The aim of this study is to examine the association between nurses' empathic skills and their burnout levels. The study was conducted with 289 nurses working in Elazığ Fethi Sekin City Hospital between July and September 2020. The data were collected by using a questionnaire form prepared by the researchers, Empathic Skills Scale B-Form, and Maslach Burnout Inventory. The study was designed as a correlational study to find out the association between nurses' empathic skill levels and burnout levels. The mean age of the nurses in the study was 35.83±9.72. Mean working time in the profession was 12.57±9.7 years. The total mean score of nurses from the Empathic Skills Scale was 138.93±18.11, while their mean scores from Maslach Burnout Inventory were 22.8±7.2 in emotional exhaustion subscale, 9.1±4.2 in depersonalization subscale, and 20.0±6.3 in the personal accomplishment subscale. Statistically, a significant difference was found between the empathic skills scale and depersonalization subscale ($p<0.05$). No statistically significant difference was found between empathic skills and emotional exhaustion and personal accomplishment subscale ($p>0.05$). A negative association was found between the empathic skills scale and depersonalization subscale. As the empathic scale scores increase, depersonalization subscale scores decrease.

Keywords: Nursing, Empathy, Burnout

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1. Introduction

Empathy is a person's understanding of the feelings and thoughts of another by putting himself/herself in that person's shoes and telling the other person that he/she understands [1-5]. Empathy, a word of Greek origin was first addressed aesthetically and epistemologically. It was first introduced by Theodor Lipps with the Word "Einfühlung". "Einfühlung", which is a German word, was defined as "the process of a person reflecting on an object before him/her, feeling himself/herself in that object and thus understanding that object." [1,2,6].

Empathy is a concept that should be addressed with its cognitive, affective, and behavioural dimensions [1,2,7,8,9]. Empathy is understanding, feeling, interpreting, and reflecting what is felt and understood to the person opposite [5,10,11]. Empathy is one of the most basic elements in institutions where human relations are intense. The most important of these institutions are health institutions where

communication and human relations are the most intense [3,4,5]. The aim of health institutions is the diagnosis, treatment, prevention of disease, and providing rehabilitation services to individuals in a way that will benefit individuals the most. Nurses, an indispensable part of the health care team, are responsible for the delivery of this service [2,4,6,12].

Nurses should adopt an emphatic approach to maintain therapeutic communication in the patient-nurse relationship. Thanks to empathic communication, the patient can feel getting attention and being valued and can express his/her problems without feeling concerns and hesitations. This way, the nurse can make more appropriate planning, application, and evaluation in care and treatment [7,8,9,13]. In a patient-nurse relationship in which an empathic approach is used, the patient's compliance with care and treatment, quality of life, and satisfaction increases. However, intense therapy may cause the nurse to experience burnout [14]. Burnout was first defined by Freudenberger in 1974 as "starting to experience burnout due to excessive wishes and demands on energy, power or resources" [15]. Maslach, who became more popular by creating a burnout scale, defined burnout as "being detached from the purpose of the profession, being no longer interested in service" [8,9]. Burnout is seen especially in professions that provide service to humans [16-19]. Healthcare professionals are one of the riskiest groups in terms of burnout. Nursing is also one of the professions in which burnout is commonly seen. The reasons for these are role ambiguity, strict policies, working hours, working in shifts, time pressure, providing care and service to individuals with chronic disease, age, educational status, gender, health status, and personality [20-24]. Effective communication skills, problem-free communication between professions, high self-esteem, leadership capacity, organizational support, and job satisfaction can prevent burnout in the field of nursing [10, 14, 15]. It is thought that high burnout may be associated with low empathy in nurses [12]. For this reason, the present study was conducted to show the association between nurses' empathic skills and burnout levels.

2. Material and Method

2.1. Type, Population, and Sample of the Study

The study was conducted in Elazığ Fethi Sekin City Hospital between July and September 2020. The population of the study consisted of 860 nurses working in Elazığ Fethi Sekin City Hospital. The sample size of the study was calculated with the help of PASS (Power Analysis and Sample Size) program. Articles in literature were used for calculation [2,15,20]. The sample of the study was determined as 290 individuals with a confidence interval of 95%, error margin of 5%, and incidence of 50%, and the study was completed with 289 nurses since one nurse did not agree to participate in the study.

2.2. Data Collection Instruments

The data in the study were collected with a questionnaire form prepared by the researchers by reviewing literature [1-5], Empathic Skills Scale (ESS), and Maslach Burnout Inventory (MBI). The Questionnaire form included 16 questions prepared to find out the socio-demographic features of the participants.

ESS is a scale prepared by Dökmen (1988) to evaluate the cognitive components of empathy. The scale consists of two forms, as A and B, in ESS-A form, the participants were asked questions including six different problems they may encounter in daily life. ESS-B form includes 12 different response sentences that can answer the six problems created, there are 12 response sentences in total (One of the responses is irrelevant and it is included to test the participants' attention). The form is applied by asking the participant to choose 4 response sentences that are suitable for the participant for each of the problems. The minimum score one can get from ESS is 63, while the maximum score is 219. Reliability

and validity of the scale were conducted by Dökmen (1988) and test-retest reliability was found as 0.91[1]. Cronbach alpha value of the scale was found as 0.73(Table 1).

MBI was developed by Maslach and Jackson. The scale consists of 22 items created to find out the burnout levels of the participants. The 5-Likert type scale is scored from zero to four. The option "never" is scored as 0, while the option "always" is scored as 4. While evaluating the scores of the scale, subscales are evaluated separately and there is no total scale score. The scale consists of three subscales as emotional exhaustion (0-36 points), depersonalization (0-20 points), and personal achievement (0-32 points). Emotional exhaustion and depersonalization subscales include positive statements, while personal achievement includes negative statements [16,17,18]. Reliability of the scale was conducted by Ergin and reliability coefficients were found as $\alpha.82$, $\alpha.60$, and $\alpha.80$, respectively [25]. In the present study, reliability coefficients of the subscales were found as $\alpha.0.86$, $\alpha.0.67$, and $\alpha.0.83$, respectively (Table 1).

Table 1. Reliability Analysis Results

Variables	Number of Items	$\bar{X}\pm SD$	Cronbach Alpha
Empathic skills	24	138.54±16.52	0.73
Emotional Exhaustion	9	22.82±7.23	0.86
Depersonalization	5	9.12±4.20	0.67
Personal Achievement	8	19.01±6.32	0.83
Maslach Burnout Inventory(general)	22	51.01±15.01	0.90

2.3. Ethical Considerations

Written permission was obtained from Firat University Non-invasive Research Ethics Committee and Elazığ Fethi Sekin Hospital Chief Physician and verbal permission was obtained from the participants before starting the study. (Date: 06/07/2020; Number: 97132852/050.01.04/400073)

2.4. Statistical Analysis

The data were evaluated with SPSS 20 package program and frequency distribution was made in data analysis. In order to examine the effects of sociodemographic and professional features of the participants on emphatic skills and burnout, a t-test was conducted for normally distributed two variables, ANOVA test was conducted for more than two variables, Mann Whitney-U test was conducted for two variables that were not normally distributed and KrussKall Wallis test was conducted for more than two variables that were not normally distributed. Kolmogorov-Smirnov test was first conducted to find out the relationship between emphatic skills and burnout levels and Pearson correlation analysis was conducted for normally distributed ($p>0.05$) variables, while Spearman analysis was conducted for variables that were not normally distributed ($p<0.05$). Post Hoc analysis was performed to determine in which groups there was a significant difference between groups in more than three independent variables. For post Hoc analysis, firstly, the homogeneity of variances was examined

with Levene Test, Bonferroni test was performed for variables with homogeneous distribution, and Tamhane T2 Test was used for variables without homogeneous distribution.

2.5. Limitations

Generalization cannot be made since the sample is limited to the hospital the study was conducted in.

3. Results

The average age of the nurses in the study was 35.83 ± 9.72 , 58.8% of the nurses were female and 66.1% were married, 46% were undergraduates, 65.7% lived in a city and 73% had a nuclear family. In addition, it was found that 62.3% of the participants had higher income than expenses (Table 2). When the data of the participants related to the profession were examined, it was found that their average total working time in the profession was 12.57 ± 9.7 years, average total working time in their service was 6.37 ± 6.40 hours and their average weekly working time was 56.18 ± 14.68 hours. It was found that 57.4% of the participants worked in surgical services, 64.7% worked in shifts, 53.3% worked by Law no. 657, and 68.9% chose the nursing profession willingly (Table 3).

The mean empathic skills score of the participants was 138.5 ± 16.5 , mean emotional exhaustion subscale score was 22.8 ± 7.2 , mean depersonalization subscale score was 9.1 ± 4.2 , and mean personal achievement subscale score was 19.0 ± 6.3 (Table 1).

When the empathic skills and mean burnout subscale scores of the nurses in the study were compared in terms of their demographic features, age, marital status, and income status were found to affect burnout subscale mean scores significantly ($p < 0.05$). In the depersonalization sub-dimension of the Maslach Burnout Scale, a relationship was found between the 19-27 age group, the 38-47 age group, and the 48-57 age group. In the depersonalization sub-dimension, a relationship was found between the 19-27 age group and the 28-37 age group, and the 48-57 age group. In the personal achievement sub-dimension, a relationship was found between the 19-27 age group and the 48-57 and over 58 age group, the 28-37 age group and the 48-57 age group, and the 38-47 age group with the 48-57 age group ($p < 0.05$) (Table 2).

When the nurses' empathic skills and burnout mean scores were compared in terms of their professional features, it was found that total working time, working time in the service, weekly working time, service nurses worked in, type of working, and working status were found to affect exhaustion. Depersonalization and personal achievement subgroup mean scores of those who worked 40 hours a week were found to be higher than those who worked more than 40 hours ($p < 0.05$). The empathic skill scores of the nurses who work in shifts are significantly higher than those who work overtime ($p < 0.05$). In the personal achievement sub-dimension, one of the burnout scale sub-dimensions, the average personal achievement score of employees working overtime is statistically significant ($p < 0.05$). In the emotional exhaustion and personal achievement sub-dimension, a relationship was found between those who worked for a total of 1-9 years and those who worked more than 30 years ($p < 0.05$). A statistically significant difference was found between the services where the nurses work according to the total scores of the empathic skill scale. This difference was found to be between internal and surgical services ($p < 0.05$). There was a difference between the internal service nurses and the nurses working in the intensive care unit in the mean scores of the Maslach Burnout subscale of emotional exhaustion sub-dimension ($p < 0.05$). In terms of empathic skills mean scores, it was found that the nurses who worked in internal medicine services, those who worked in shifts, and those who had to choose the nursing profession unwillingly had higher empathic skills mean scores than the mean scores of other groups ($p < 0.05$) (Table 3).

As a result of the correlation analysis, a negative and statistically significant association was found between emphatic skills total score and burnout inventory depersonalization subscale total score ($p < 0.05$). No statistically significant association was found between the groups in terms of emphatic skills scale total score and emotional exhaustion and personal achievement subscales total scores ($p > 0.05$)(Table 4).

Table 2. Comparison of mean empathic skills and burnout scores of nurses in terms of their demographic features (n= 289)

Variables	n	%	Empathic skills $\bar{X} \pm SD$	Maslach Burnout Inventory		
				Emotional Exhaustion $\bar{X} \pm SD$	Depersonalization $\bar{X} \pm SD$	Personal Achievement $\bar{X} \pm SD$
Gender						
Female	170	58.8	138.20±16.28	22.96±7.35	9.35±4.20	19.17±6.08
Male	119	41.2	139.13±17.05	22.74±7.15	8.74±4.24	18.81±6.59
Test and p			U:-0.81 $p > 0.05$	U:-0.50 $p > 0.05$	U: -1.00 $p > 0.05$	U:-0.21 $p > 0.05$
Age						
19-27 years of age(1)	51	17.6	140.88±14.54	18.17±8.45	7.47±4.54	16.58±6.73
28-37 years of age(2)	128	44.3	137.98±17.74	23.62±6.08	9.60±3.78	19.10±5.91
38-47 years of age(3)	67	23.2	139.29±16.70	23.37±7.29	8.52±4.36	18.67±6.87
48-57 years of age(4)	31	10.7	135.48±14.83	26.00±6.08	10.96±4.35	22.41±4.87
>58 years of age(5)	12	4.2	139.25±16.36	24.00±8.33	9.25±4.53	21.83±2.88
Test and p			KW:3.41 $p > 0.05$	KW:25.30 $p < 0.01(1-2.1-3.1-4)$	KW:14.41 $p < 0.05(1-2.1-4)$	KW:18.00 $p < 0.01(1-4. 1-5.2-4.3-4)$
Marital Status						
Married	191	66.1	138.46±16.58	23.90±6.65	9.56±4.01	20.02±5.82
Single	98	33.9	139.02±16.64	20.87±7.99	8.21±4.50	17.08±6.73
Test and p			U:-0.30 $p > 0.05$	U:-3.11 $p < 0.01$	U:-2.82 $p < 0.05$	U:-3.61 $p < 0.01$
Educational Status						
Secondary	64	22.1	138.12±16.42	22.54±7.84	8.62±4.53	19.92±6.32
Associate degree	84	29.1	141.32±15.91	21.91±7.70	8.74±3.92	18.42±6.13
Undergraduate degree	133	46.0	136.81±16.81	23.41±6.72	9.53±4.34	18.84±6.32
Graduate degree	8	2.8	143.52±18.54	26.72±6.13	9.52±3.12	22.41±7.72
Test and p			F:1.51 $p > 0.05$	F:1.41 $p > 0.05$	F:0.90 $p > 0.05$	F:1.51 $p > 0.05$
Level of income						
Income<expense(1)	180	62.3	136.91±16.83	23.83±6.66	9.36±4.32	19.22±6.42
Income=expense(2)	96	33.2	141.01±16.12	21.24±7.74	8.43±4.25	18.74±5.92
Income>expense(3)	13	4.5	143.82±12.82	22.12±9.75	9.84±3.24	9.12±7.53
Test and p			KW:5.20 $p > 0.05$	KW:7.70 $p < 0.05(1-2)$	KW:2.91 $p > 0.05$	KW:0.60 $p > 0.05$

Table 3. Comparison of mean empathic skills and burnout scores of nurses in terms of their Professional features (n= 289)

Variables	n	%	Empathic skills X̄±SD	Maslach Burnout Inventory		
				Emotional Exhaustion X̄±SD	Depersonali zation X̄±SD	Personal Achievement X̄±SD
Total years of working						
1-9 years(1)	135	46.7	139.32±16.33	21.28±7.45	8.51±4.01	17.82±6.35
10-19 years(2)	89	30.8	137.21±16.95	23.72±6.84	9.62±4.12	19.44±5.91
20-29 years(3)	34	11.8	142.70±17.52	24.71±6.22	9.01±4.83	20.12±6.83
>30 years(4)	31	10.7	134.51±15.02	25.44±7.23	10.02±4.41	21.81±5.02
Test and p			KW:5.00 p>0.05	KW:16.61 p<0.01(1-4)	KW:4.61 p>0.05	KW:14.12 p<0.01(1-4)
Years of working in the unit						
1-6 years(1)						
7-13 years(2)	185	64.0	137.61±16.92	22.32±7.31	8.82±4.02	18.12±6.12
14-20 years(3)	69	23.9	140.41±16.11	23.81±7.11	9.62±4.32	20.14±6.41
21-27 years(4)	26	9.0	140.53±16.94	25.13±6.43	9.63±4.94	20.82±6.22
>27 years(5)	3	1.0	138.32±6.62	25.01±8.12	10.01±2.14	23.04±2.01
Test and p	6	2.1	137.61±14.71 KW:1.51 p>0.05	18.32±9.24 KW:8.52 p>0.05	8.34±7.04 KW:2.81 p>0.05	24.05±3.53 KW:14.63 p<0.01(1-2.1-3.1-5)
Weekly working time						
40 hours	110	38.1	136.51±16.50	23.32±7.63	9.51±4.52	20.91±5.32
>40 hours	179	61.9	139.82±16.53	22.64±7.01	8.83±3.92	17.84±6.51
Test and p			U:-1.32 p>0.05	U:-1.32 p>0.05	U:-3.91 p<0.01	U:-2.00 p<0.05
Service nurses worked in						
Internal(1)	98	33.8	141.64±14.62	23.24±7.72	8.92±3.92	19.70±6.45
Surgical(2)	166	57.4	136.45±17.61	23.44±6.42	9.42±4.36	18.71±6.23
Intensive care(3)	25	8.7	141.25±14.62	18.12±8.93	7.81±4.73	18.31±6.42
Test and p			F:3.42 p<0.05(1-2)	F:6.21 p<0.05(1-3)	F:1.42 p>0.05	F:0.80 p>0.05
Working type						
Regular	102	35.3	136.26±16.30	23.40±7.88	9.21±4.52	20.91±5.53
Shift	187	64.7	139.81±16.62	22.56±6.97	9.01±4.02	18.01±6.42
Test and p			U:-2.00 p<0.05	U:-1.62 p>0.05	U:-0.21 p>0.05	U:-3.71 p<0.01
Working status						
4B	135	46.7	139.80±16.72	21.90±7.21	8.91±3.94	18.51±6.23
657	134	53.3	137.51±16.42	23.62±7.21	9.21±4.42	19.52±6.32
Test and p			U:-1.50 p>0.05	U:-2.31 p<0.05	U:-0.40 p>0.05	U:-1.40 p>0.05
The state of choosing the profession willingly						
Yes	99	68.9	140.40±15.91	22.81±7.12	9.01±4.15	19.41±6.12
No	190	31.1	134.51±17.22	23.02±7.52	9.21±4.32	18.01±6.50
Test and p			U:-2.50 p<0.05	U:-0.40 p>0.05	U:-1.51 p>0.05	U:0.40 p>0.05

Table 4. Correlation analysis of Empathic Skills Scale and Maslach Burnout Inventory subscales

Correlation analysis		Empathic skills	Emotional exhaustion total	Depersonalization total	Personal achievement total
Empathic skills total score	r ^a	1	0.06	-0.11*	0.09
	p		0.12	0.02	0.05
Emotional exhaustion total score	r ^a	-0.06	1	0.57**	0.57**
	p	0.12		0.00	0.00
Depersonalization total score	r ^a	-0.11	0.57**	1	0.54**
	p	0.02	0.00		0.00
Personal achievement total score	r ^a	0.09	0.57**	0.054**	1
	p	0.05	0.00	0.00	

^a Spearman correlation

*Correlation is significant at the 0.05 level (1-tailed)

**Correlation is significant at the 0.01 level (1-tailed)

4. Discussion

Nursing is a profession that provides individual and social service and assistance. It contributes to the health and well-being of individuals with these services [25]. Since nurses are continually in communication with patients during the planning, implementation, and evaluation of nursing services, it is important for nurses to be able to express themselves comfortably to nurses and to be open to them. At this point, it is very important for nurses to have an empathic approach to patients [2,4,5,26].

In our study, it was found that nurses had moderate total mean empathic skills scores and moderate empathy levels. While there are studies that showed moderate empathy scores in studies conducted on nurses, similar to the results of our study [4, 7,27], there are also studies that have reported high [3, 5,8,28,29] and low levels of empathy [13,30]. In their study, Özdemir et al. (2015) reported empathy levels above moderate [31]. In our study, it was found that empathy was statistically significantly affected by the service nurses worked in, working type, and the state of choosing the profession willingly ($p < 0.05$). In their study, Şahin et al. (2018) found that the participants had high empathic tendency and found that the participants who had been working for 3-4 years and those who had been working for 40 hours a week had higher empathy [8]. Burnout is a common condition in professions providing service to humans and it can cause problems such as insomnia, fatigue and headache, and chronic diseases when it continues for a long time. One of the professions in which burnout is experienced most frequently is nursing [20,22,24,26,32]. A large number of causes such as chronic patient care, busy shifts, number of shifts and too many weekly working hours, long term occupational stress, problems with other employees in the workplace, disagreement with managers may cause burnout in nurses. Nurses who experience burnout may also experience a decrease in the quality of care they provide to patients, problems in effective communication, personal problems, and even think about leaving their jobs [20,22,32,33].

Burnout is addressed in three dimensions as emotional exhaustion, depersonalization, and personal achievement [16]. Burnout first occurs with emotional exhaustion, the individual experiences fatigue, and a decrease in mental strength. Emotional exhaustion is followed by depersonalization, where individuals are seen as an object and individuals try to protect themselves from stress in this way. The last step is a decrease in individual achievement and skills [33]. Stress has been found to increase burnout, and the increase in burnout has been found to affect job satisfaction, anxiety, insomnia, and general health [22].

In our study, mean subscale scores of Maslach Burnout Inventory were found as 22.8 ± 7.2 (moderate) in emotional exhaustion, as 9.1 ± 4.2 (moderate) in depersonalization, and as 19.0 ± 6.3 (moderate) in personal achievement. There are similar results to the results of our study in literature [7,10,24,35,37]. Unlike our study, it was found in Aylayer et al.(2011)'s study that 59.8% of the

participants had low emotional exhaustion scores, depersonalization (9.37 ± 4.62) and personal achievement (21.96 ± 4.0) subscales were similar, and mean emotional exhaustion (15.6 ± 7.6) subscale scores were lower [21]. In their study conducted on dialysis nurses, Karkar et al. (2015) found a moderate level of burnout (42%) in the participants, while Fitzgerald et al. (2018) found very high emotional exhaustion and depersonalization scores in their study on 442 nurses and Lee et al. (2018) found low empathy scores and high burnout level in their study on 446 assistant physicians [23,27,30].

In our study, subscales of burnout were found to be significantly affected by age, marital status, and income status ($p < 0.05$). In emotional exhaustion, depersonalization, and personal achievement subscales, participants between the ages of 48 and 57 and those who were married were found to have significantly higher burnout levels than the other groups. At the same time, it was found that the participants who had income lower than expense had significantly higher burnout levels than the other groups. Considering burnout state's being affected by the sociodemographic and professional features of the participants, it can be seen that there is confusion in the literature. While there are studies in which subscales of burnout are affected by age, gender, marital status, services nurses worked in, total working time, educational status, total working time in the service, type of work, status, and way of employment; there are also studies which show the opposite. In our study, burnout was found to be statistically significantly affected by total working time, total working time in the service, weekly working hours, type of work, and status ($p < 0.05$). It was found that the emotional exhaustion subscale was significantly affected by working time, services nurses worked in and working status, while the depersonalization subscale was found to be significantly affected by weekly working hours, and the personal achievement subscale was found to be significantly affected by total working time, total working time in the current service and working status. Similar to the results of our study, Aylayer et al. (2011) reported an increase in personal achievement level in individuals with a total working time of 10 years and longer [21]. Julia-Sanchis et al. (2019) reported that age and total serving time were inversely proportional to depersonalization [28], while Fitzgerald et al. (2018) reported that emotional exhaustion and depersonalization were mildly correlated with age and low personal achievement was positively correlated with age [27]. Günüşen et al. (2010) reported that burnout was affected by income status, career choice, education, and marital status; women experienced more emotional exhaustion than men and men had higher depersonalization scores [20].

In our study, no association was found between burnout subscales and gender ($p > 0.05$). In their study conducted on 89 nurses, Can et al. (2019) did not report differences in Maslach burnout subscales in terms of gender. Depersonalization, personal achievement, and burnout total scores were found to show significant differences in terms of the services nurses worked in [34], this study was similar to our study in that there were no differences between burnout subscale scores in terms of gender and different from our study in terms of depersonalization and personal achievement scores, in our study, emotional exhaustion was found to be affected by the services nurses worked in. In their study conducted on 267 nurses and doctors, Yuguero et al. (2018) did not find a significant difference between burnout, gender, and occupation and found that doctors in rural areas had low empathy scores and that high empathy was associated with high burnout in nurses and doctors [29]. In their study, Uzun et al. (2020) found that mean personal achievement scores were affected by gender, income status, and the state of choosing the profession; while they were not affected by age, marital status, educational status, experience, and the service nurses worked in [35]. In their study, Kütükçü et al. (2019) found that burnout was not affected by the type of work, experience and the service nurses worked in [38]. In their study, Kaya et al. (2010) found that gender, age, profession, and the service the nurses worked on significantly affected burnout, while marital status, educational status, and the service nurses worked in did not. Women were found to have higher burnout levels than men. Burnout score was found to decrease as age and working time increased [15]. In their study Kuo et al (2012) conducted on 660 nurses, they found a statistically

significant association between age, marital status, educational status, monthly income, and empathy. No association was found between gender and empathy. Empathy was found to increase as professional experience increased [3].

In their study conducted on 468 health professionals, Türkmenoğlu et al. (2017) did not find any association between emotional exhaustion and personal achievement. It was found that personal achievement decreased as depersonalization increased [36]. In their study on 44 nurses, Özsoylu et al. (2017) found that nurses working in intensive care had low personal achievement and high emotional exhaustion scores [24].

In our study, a negative statistically significant association was found between empathic skills total score and burnout inventory depersonalization subscale total score ($p < 0.05$). In their study, Şahin et al. (2018) found a negative association between empathy and personal achievement scores [8]. Williams et al. (2017) found a negative association between empathy and emotional exhaustion and a positive association between empathy and personal achievement [26]. Caro et al. (2017) found a positive association between the personal achievement subscale and empathy and a negative association between emotional exhaustion and empathy [10]. Picard et al. (2016) reported in their qualitative study on 24 participants that depersonalization affected empathy [14]. Fitzgerald et al. (2018) found a positive association between age and experience, a negative association between empathy and depersonalization, and a positive association between empathy and low personal achievement [27].

5. Conclusion

In this study which aimed to examine the association between empathic skills and burnout levels of nurses, a negative association was found between empathic skills and depersonalization subscale of burnout. As a result, the depersonalization score will decrease as the empathic skills score increases. Empathy is especially required in patient and nurse relationships in nursing. Intense feelings of empathy and turning this feeling into sympathy may cause nurses to become insensitive, to experience burnout, and to experience personal failure. In this sense, it is recommended to include empathic communication in nursing training, to give in-service training to nurses in this sense so that empathic communication can be regulated in the most suitable way and burnout can be prevented.

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Authors' Contributions:

D.ŞB: Idea/Concept, Design, Supervision/Consulting, Resources, Data Collection, Analysis/Comment, Literature Review, Writer, Critical Review

S.İ: Data collection, literature review, writer

Ö.DY: Literature Review, Supervision/Consulting

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