12-31-2024

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Makara Journal of
Health Research

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Abstract

Background: Empathy has various consequences for nurses. Therefore, its effects on nurses should be identified. Thus, this study aimed to determine the relationships between empathy, burnout, and level of contentment with life in nurses and the characteristics that affect them.

Methods: This descriptive–correlational study was conducted on 653 nurses in Turkey between November and December 2021. Data were collected using an information form, the Basic Empathy Scale, Burnout Measure Short Scale, and Contentment with Life Assessment Scale.

Results: A positive, weak, and significant relationship was noted between the mean Basic Empathy Scale and Burnout Measure Scale scores. A significant negative and moderately strong relationship was found between the mean Burnout Measure Scale and Contentment with Life Assessment Scale scores.

Conclusions: It is crucial that the increase in the level of empathy in nurses also increases their level of burnout. Therefore, examining the empathy skills of nurses through in-depth interviews may be indicated, as well as revealing the reasons for the effect of empathy on burnout. The results of this study can be beneficial for planning interventions to reduce burnout levels in nurses.

Keywords: burnout, empathy, nurse, personal satisfaction, Turkey

INTRODUCTION

Empathy is described as putting oneself in the place of others and thus understanding their feelings, thoughts, attitudes, and life, trying for this and transforming it into behavior by taking advantage of the results.[1,2] Empathy has cognitive and affective dimensions. The cognitive dimension covers the abilities of thought, perception, and comprehension, whereas the affective dimension is the ability to understand what someone else is feeling and appropriately respond to that emotion.[3] To empathize, the empathizer should eliminate self-centeredness and take the role of the other person. Empathy consists of three stages: seeing things from the other person's perspective, understanding their thoughts and feelings, and showing them that they are understood. These stages can be explained as follows. To empathize, one should try to view the world as the other person does, stepping into their shoes and experiencing events from their viewpoint. This involves understanding their thoughts and sharing their feelings. Additionally, it is not enough to simply know how a person feels or thinks; this understanding should

be communicated to the other person to complete the process.[4]

Empathy, which has positive effects on interpersonal relationships, is critical in providing quality health services and the most appropriate diagnosis, treatment, and care services with the least risk and high patient satisfaction for nursing professionals working with individuals with health concerns.[5] Furthermore, it helps plan appropriate nursing interventions by strengthening the nurse–patient relationship and contributes to nurses' professional satisfaction through positive patient outcomes.[2,6] Nurses with a high empathy level and who understand care, pain, health, the environment, and people help reduce or control factors that may negatively impact patient care. Moreover, empathy enables nurses to establish appropriate interactions with patients, providing the humane care that each patient needs.[7] However, nurses are frequently exposed to emotionally demanding situations, because they work with patients experiencing intense negative emotions. While empathy is critical for providing quality care, higher empathy levels in such emotionally charged environments can lead to an overwhelming emotional workload, increasing burnout risk.[8] This phenomenon, called empathy fatigue, can cause nurses to become desensitized and burnout to patient suffering, negatively impacting their physical and mental health and in turn reducing quality of care and patient

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safety. Persistent empathy fatigue and burnout may urge nurses to quit their jobs, contributing to the global nursing shortage, which the World Health Organization predicts will reach 7.6 million by 2030.[9–11]

Burnout is a syndrome that causes an individual's inability to continue his/her job and lack of motivation to do so and ultimately to the emergence of psychiatric symptoms such as anxiety and depression.[10] Notably, nurses experience burnout due to providing care to painful and dependent patients, having to face the concepts of death and mourning, excessive workload, ethical dilemmas, shift work, keeping watch, routinization of care, communication conflicts, and low wages.[8,10–12] Burnout can negatively affect individuals such as lack of energy, sleep and eating disorders, hopelessness, anxiety, decrease in self-esteem, fear of failure, difficulty in fulfilling responsibilities, muscle/joint pain, headaches, increase in gastrointestinal system symptoms, and decrease in mental health.[10] Therefore, it is crucial to identify and highlight the effects of burnout in nurses.

Contentment with life refers to the ability of an individual to evaluate all aspects of his/her life as a whole and determine whether he/she is satisfied with his/her life based on factors such as achievements, balance, and peace in his/her life. This indicates an emotional and holistic assessment. It encompasses satisfaction in one's personal life and overall satisfaction in one's professional life[13,14] and closely related to life satisfaction.[15] Life satisfaction is a cognitive evaluation, whereas contentment with life is an emotional evaluation.[14,15] In the literature, different scales were used to assess contentment with life and life satisfaction.[14,15] In the present study, considering the research on empathy and burnout, it was believed that investigating their emotional effects on nurses would be more useful. Therefore, the Contentment with Life Assessment Scale (CLAS) developed by Lavelle et al. was used. It is critical that nurses who experience an intense workload and emotional intensity and whose boundaries are as wide as the characteristics of everyone they care for are content with life to protect their mental health and continue their profession with high quality and for a long time.[16,17] Although contentment with life is important for nurses and for every individual, no study has examined this concept. Moreover, the relationship between empathy, which is a part of the nursing profession, and burnout and contentment with life,[9–13] which is believed to be its emotional outcome, is unclear. Therefore, this study aimed to determine the relationship between nurses' empathy levels and burnout and life satisfaction levels and investigate the individual variables that affect them.

METHODS

Ethical permission was provided by the Ethics Committee of Bilecik Şeyh Edebali University (no. 8/6; date: June 29, 2020). The study was performed according to the Declaration of Helsinki, and the participants' consent to participate in the study in a digital environment was obtained at the beginning of the survey.

This descriptive–correlational study was conducted between November and December 2021 in Turkey. All registered nurses throughout Turkey aged ≥18 were invited to participate in the study. The inclusion criteria were working in hospitals and willing to participate in the study. The study was conducted with volunteers. The exclusion criterion was having no psychiatric disorder. Using a snowball sampling method, 653 nurses were included in the study. According to the values of the Basic Empathy Scale (BES) for nurses, which is the main result of the study, the power was 99% in the post hoc power analysis conducted with the G*Power (3.1.9.7) program with the study results of Khosravani et al.[18] These results indicated that the number of samples in the study was sufficient.

Data were collected with an Information Form prepared according to the literature,[19–22] BES, Burnout Measure Short Scale (BMS), and CLAS. BES was developed by Jolliffe and Farrington[23] and tested for validity and reliability in the Turkish language by Topçu et al.[24] This 5-point Likert-type scale includes 20 items divided into two factors (cognitive empathy and affective empathy). The scores on the subdimensions ranged from 9 to 45 for cognitive empathy and 11 to 55 for affective empathy. In the present study, the Cronbach's alpha for the BES and its cognitive and affective subdimensions were 0.807, 0.825, and 0.712, respectively.

BMS was developed by Malach-Pines[25] and tested for validity and reliability in the Turkish language by Tümkaya et al.[26] This scale consists of 10 items with response options between 1 and 7. The minimum and maximum scores were 10 and 70 points, respectively. In this study, Cronbach's alpha for the Burnout Measure Scale was 0.902.

CLAS was developed by Lavallee et al.,[14] and its Turkish validity and reliability were assessed by Akın and Yalnız.[27] The scale includes 5 items and 7-point Likert type with response options between 1 (I strongly disagree) and 7 (I strongly agree). Items 3 and 4 in the scale are reverse coded. The minimum and maximum scores are 1 and 35 points, respectively. Higher scores indicate higher contentment with life. Cronbach's alpha for this study was 0.691.

Data were collected using an online questionnaire created via Google Forms. The survey link was sent to the nurses through WhatsApp. First, the WhatsApp group of nurse managers was reached, and help for the study was requested. The link to the study was shared for the study to be conducted, and nurse managers were instructed to

share it in their nurse groups. The questionnaire form consists of an information letter and questionnaire parts. The information letter includes information and consent about the study purpose and process. The questionnaire comprised four sections: the first included 10 questions on participants' socio-demographic characteristics, the second contained 20 items on empathy, the third consisted of 10 items on burnout, and the fourth included 5 items on life assessment. Participants completed the survey in 15–20 minutes.

The study used standard and Turkish scales that have been validated and are reliable. The answers of those who volunteered and answered the questions were included in the system. At the start of the study, the approval checkbox had to be checked. The researchers' opportunity to create pressure was eliminated as it was online. Therefore, obtained data were the answers given freely by the volunteers. Data analysis aimed to accurately evaluate all the answers of the participants in the study. Hence, it was performed by the collaboration of the statistician and researchers. The STROBE Reporting Guide was used. All the results collected from the study are presented in the article. Thus, bias was prevented from the planning of the article to its publication.

SPSS 24.0 (IBM Corp., Armonk, NY, USA) was used for data analysis. In the statistical analysis of the data, the mean, standard deviation, median, frequency, and minimum and maximum were used as descriptive statistical methods. Conformity of continuous variables to normal distribution was evaluated using the Kolmogorov–Smirnov test. Scale scores and demographics were compared using the Mann–Whitney U test. The Spearman's correlation test was employed to assess the relationship between the scales. $p < 0.05$ indicated statistical significance. The power of the correlation coefficient was indicated by r. The correlation values were evaluated as 0–0.2, very weak; 0.2–0.4, weak; 0.4–0.6, moderate; and 0.6–0.8, strong.[28]

RESULTS

The mean age of the nurses was 34.86 ± 9.27 years, and the average working time in the profession was 14.33 ± 9.47 years. Moreover, 88.7% of the nurses were women, most of them (60.2%) had undergraduate degrees, and 41.2% were working in surgical clinics. When the personal characteristics of the nurses were examined, 82.8% of them claimed that they were patient, 97.9% were

altruistic, 71.2% were not biased, 89.4% were able to establish close relationships with others, and 98.9% were helpful (Table 1).

Table 2 presents the mean scores of the nurses from the scales. The nurses' mean BES and cognitive and affective subdimensions of BES scores were 75.34 ± 7.82, 36.13 ± 4.05, and 39.21 ± 5.45, respectively. The nurses' mean BMS score was 42.18 ± 12.79, and CLAS score was 19.03 ± 4.94.

TABLE 1. Characteristics of the nurses

Variables	N	%
Sex		
Male	74	11.3
Female	579	88.7
Education		
High school	117	17.9
Undergraduate	393	60.2
Postgraduate	143	21.9
Marriage status		
Married	383	58.7
Single	270	41.3
Having children		
Yes	358	54.8
No	295	45.2
Worked unit		
Internal	118	18.1
Surgical	269	41.2
Intensive care	93	14.2
Emergency	48	7.4
Operating rooms	83	12.7
Psychiatry units	31	4.7
Oncology/hematology	11	1.7
Altruistic		
Yes	639	97.9
No	14	2.1
Prejudiced		
Yes	188	28.8
No	465	71.2
Close relationships with others		
Yes	584	89.4
No	69	10.6
Helpful		
Yes	646	98.9
No	7	1.1
Patient		
Yes	541	82.8
No	112	17.2

TABLE 2. BES, BMS, and CLAS scores

Scales	Mean ± SD	Min	Max
Basic Empathy Scale	75.34 ± 7.82	44	100
Cognitive empathy	36.13 ± 4.05	15	45
Affective empathy	39.21 ± 5.45	18	55
Burnout Measure Scale	42.18 ± 12.79	10	70
Contentment with Life Assessment Scale	19.03 ± 4.94	5	35

TABLE 3. Correlations among scales

	A	A1	A2	B	C
Basic Empathy Scale (A)	1.00	0.69*	0.88*	0.11*	0.00
Cognitive empathy (A1)		1.00	0.33*	0.00	0.02
Affective empathy (A2)			1.00	0.14*	−0.00
Burnout Measure Scale (B)				1.00	−0.46*
Contentment with Life Assessment Scale (C)					1.00

*Spearman's correlation test, $p < 0.05$

Table 3 shows a positive, weak, and significant relationship between the mean BES and BMS scores (r = 0.11, $p < 0.05$). No significant relationship was observed between the mean BES and CLAS scores ($p > 0.05$). A significant negative and moderately strong relationship was found between the mean BMS and CLAS scores (r = −0.46, $p < 0.05$) (Table 3).

Table 4 reveals the demographics and personality characteristics of the nurses and their scale scores. A significant difference was found between the sex of the nurses and mean BES and cognitive and affective subdimensions of BES scores and mean CLAS scores. BES scores and its subdimensions and CLAS scores were higher in women than in men. In evaluating the marital status of the nurses and scale scores, a statistical difference was noted between marital status and mean CLAS scores, and the singles had higher contentment with life than the married ones. When the nurses' personality traits and scales scores were examined, a significant difference was determined between being patient and the mean BMS and CLAS scores. Notably, patient nurses had lower burnout levels and higher contentment with life. A statistical difference was revealed between being prejudiced and the mean cognitive and affective empathy subdimensions scores of BES and BMS scores. Non-prejudiced nurses had higher cognitive empathy levels, whereas prejudiced nurses had higher affective empathy and burnout levels. A statistical difference was observed between nurses' close relationship with others and mean BES and its cognitive empathy subdimension scores and BMS and CLAS scores. Furthermore, the empathy levels and contentment with life of the nurses who had close relationships with others were higher, and their burnout levels were lower.

DISCUSSION

Nursing is influenced by medical, philosophical, and psychological developments.[29] Hence, the concept of empathy, which is crucial in human relations in psychology, has become a significant concept for nursing. Empathy is a sought-after fact in interpersonal relationships; thus, it improves communication, it is compatible with human nature, it is an aspect that every person looks for in another person, and it is an ethical right in healthcare, indicating its place in practice and in the literature.[30–32] Several studies have investigated the outcomes of empathy for nurses and patients.[6,33,34] However, the researched concepts should be reevaluated owing to the conditions of the time, intellectual developments, needs of individuals, and effects of developments on nurses. Therefore, this study assessed the results of nurses' empathy levels and the relationship between empathy, burnout, and contentment with life.

Most of the nurses enrolled in the present study were women, and the personality traits were generally positive. Most nurses are patient, altruistic, helpful, and able to communicate well and generally do not have prejudices. This result is similar to that in the literature. It has been reported that nurses' characteristics such as compassionate, virtuous, helpful, loving, selfless, kind, and soft-hearted are a legacy of Florence Nightingale and that these traits improved empathy in nurses.[22,35]

Based on the results of this study, nurses' empathy levels are high, and their burnout and contentment with life are medium–high. Studies have revealed that nurses' empathy levels are generally medium to high.[7,31,34] For nurses, empathy involves creating positive interpersonal communication within therapeutic relationships to understand the perceptions and needs of patients and colleagues and supporting them to learn or cope more effectively and helping them solve problems. Although positive outcomes were expected as a result of this, in the current study, the medium–high determination of burnout and level of contentment with life indicated that high empathy levels may have negative effects on nurses. A study conducted in nurses demonstrated that high empathy increased burnout level. Therefore, the need for individual programs that reduce burnout to increase satisfaction in the work environment in nurses was emphasized.[34] However, empathy skills and coping with the side effects of empathy should be examined to protect healthcare professionals working with patients from the negative effects of empathy.[33]

The current study observed a significant positive and weak relationship between the mean BES and BMS scores of nurses. Additionally, a weak positive relationship was determined between affective empathy subdimension scores of BES and BMS scores. Considering the importance of burnout for the profession and the individual effects of burnout on nurses, preventing burnout in nurses is critical. Nursing is a profession that has a direct impact on the patient's chances of survival; thus, with nurses who are exhausted, the risk of malpractice increases, and they may quit their jobs and move away from their nursing professional identity.[8,12,36]

TABLE 4. Comparison between scale scores and demographic and personality characteristics

Variable	Basic Empathy Scale		Cognitive Empathy		Affective Empathy		Burnout Measure Scale		Contentment with Life Assessment Scale	
	Mean ± SD	p	Mean ± SD	p	Mean ± SD	p	Mean ± SD	p	Mean ± SD	p
Sex										
Female	75.88 ± 7.64	0.000*	36.31 ± 3.93	0.000*	39.58 ± 5.36	0.000*	42.24 ± 12.79	0.890	19.21 ± 4.94	0.000*
Male	71.07 ± 7.92		34.72 ± 4.69		36.35 ± 5.38		41.65 ± 12.90		17.57 ± 4.76	
Marital status										
Married	75.04 ± 8.01	0.480	36.24 ± 4.34	0.530	38.80 ± 5.56	0.120	43.06 ± 13.31	0.180	18.41 ± 5.28	0.000*
Single	75.56 ± 7.68		36.05 ± 3.84		39.50 ± 5.36		41.55 ± 12.40		19.47 ± 4.65	
Being prejudiced										
Yes	75.46 ± 8.45	0.570	35.39 ± 4.40	0.000*	40.07 ± 5.40	0.000*	44.99 ± 12.46	0.000*	18.44 ± 5.27	0.110
No	75.29 ± 7.55		36.42 ± 3.87		38.87 ± 5.44		41.04 ± 12.77		19.27 ± 4.79	
Close relationships with others										
Yes	75.62 ± 7.72	0.010*	36.30 ± 4.02	0.000*	39.31 ± 5.42	0.250	41.58 ± 12.67	0.000*	19.19 ± 4.91	0.020*
No	73.01 ± 8.29		34.64 ± 4.06		38.38 ± 5.72		47.17 ± 12.86		17.68 ± 5.08	
Being patient										
Yes	75.32 ± 7.98	0.750	36.21 ± 4.16	0.280	39.11 ± 5.58	0.230	41.44 ± 12.61	0.000*	19.23 ± 4.83	0.030*
No	75.45 ± 6.99		35.74 ± 3.49		39.70 ± 4.79		45.73 ± 13.15		18.05 ± 5.39	

*$p < 0.05$

In the literature, studies have revealed that empathy prevents burnout in nurses[36,37] and that as the empathy level of nurses increases, they may experience more burnout.[10,34] This has been elucidated with compassion fatigue, increased workload, shortening of the time allocated to rest, sleep problems, cardiovascular diseases, weight gain, and emotional burdens reflected on private life.[8,33] Furthermore, nurses' empathy and intense emotions throughout the day may lead to consequences such as not being able to isolate themselves from the profession and not establishing a work–life balance.[38] In contrast, Şahin *et al*. determined that burnout in individuals negatively affects empathy skills.[39] Yılmaz and Durmaz stated that nurses experience more stress with their desire to help more because of their faulty empathic approach, and when they are not coped with, it causes compassion fatigue, leading to anxiety and tension.[40] Delgado *et al*. reported that in various studies examining the relationship between empathy and burnout, a standard instrument was not used to determine the results, and the studies were conducted cross-sectionally.[33] They further stated that it would be more useful to identify the relationship between empathy and burnout in healthcare workers through longitudinal studies and that the kind of relationship between which dimension of empathy and which dimension of burnout and what the effect of other factors is should be identified.

According to another result obtained from the study, a significant negative and moderately strong relationship was determined between the mean BMS and CLAS scores of nurses. This result is supported by the literature. Dall'Ora and Saville revealed that burnout prevents individuals from feeling happy, reduces their life expectancy, and causes depression and other psychiatric problems.[41] Therefore, increased burnout has a negative effect on satisfaction.[16] Individuals with high burnout levels have high stress levels; thus, psychiatric disorders such as depression and anxiety are common, and satisfaction and contentment are low.[12,42,43]

When the individual characteristics of nurses and their scale scores were compared, the women's mean BES scores and its cognitive and affective empathy subdimension scores were higher than those of men. Similarly, Bogiatzaki *et al*. determined that women's empathy levels are higher.[36] Löffler and Greitemeyer reported that the ability to empathize is a process developed specifically for women and supported by other individuals.[44] Rochat examined women's ability to empathize using their biological characteristics.[45] Saygan and Uludağlı stated that both sexes behave under the influence of biological and social sex roles.[46] They showed that men are expected to exhibit abilities that require more strength such as muscle control and women are more likely to develop their abilities in emotional areas such as verbal, artistic, and intuitive. Additionally, the nurse's ability to empathize with the patient's needs requires intuitive skills.[46] In particular, the fact that female nurses constantly use their intuitive features to be a good mother in their daily lives indicates that they can increase their empathic tendencies and therefore their empathy skills.

In the current study, it was determined that the mean CLAS scores of women nurses were higher than those of men. This result is similar to those in the literature.[47] This can be explained by the higher psychological well-being of women.[48] Glaz presented that nurses working under stressful conditions and those who spend long hours on case studies may experience depressive moods, burnout, mental health disorders, and social relationship crises.[49] However, it was found that when nurses are provided with psychological help and a strategy is developed to cope with stress, their psychological well-being increases and their satisfaction with life increases.[49,50] When the results of the current study are evaluated together with those in the literature, it can be deduced that female nurses' ability to cope with problems is high or their help-seeking behavior is effective.

In another study, the mean CLAS scores of married nurses were lower. Conversely, Lavallee *et al*. determined that married individuals have high contentment with life.[14] Considering that the CLAS question is the individual's own perception, marriage positively affects this perception. Marriage is a contract that includes biological, psychological, and social functions and happiness, difficulties, joys, and benefits. Sexual satisfaction, support, and joint plans for the future of spouses increase satisfaction and commitment.[51] The literature has shown that married individuals increase their contentment with life by being happier than single individuals.[52] The low contentment with life of married people can be explained by their socioeconomic inadequacies and the difficulties it causes.[53] In Turkey, socioeconomic difficulties are severe, and nurses do not have sufficient income.

In the present study, prejudiced nurses were found to have lower levels of cognitive empathy, which is similar to the literature. Cognitive empathy, or perspective-taking, involves understanding another person's internal states and influences how individuals represent others. It allows for the perception of similarities between oneself and others, focusing on unique qualities rather than prejudiced traits. Perspective-taking reduces prejudice by helping individuals realize that they share a common human experience and have individual characteristics, rather than being defined by negative stereotypes.[54] Prejudice impairs processes necessary to empathize with others.[21,54] Moreover, prejudiced nurses had higher emotional empathy levels. This result is inconsistent with that from the literature. Affective empathy, or empathic concern, involves experiencing emotions that align with those of others, often leading to feelings of empathic concern and

compassion, and has been shown to reduce prejudice by positive emotions and decrease negative attitudes. The difference in our results may be caused by mediating factors affecting affective empathy.

In the current study, the burnout level of nurses who had prejudices was higher than that of nurses who had no prejudices. Prejudices pave the way for discrimination and play a critical role in conflict and aggression among many group members. As a result, they induce negative effects on those who have prejudices and those who are discriminated against because of prejudice.[21] The high burnout levels of nurses with prejudices show that prejudice negatively affects the mental health of individuals.

Another study revealed that nurses who can establish close relationships with others have higher total empathy and cognitive empathy levels than those who cannot. Wu detected a positive close relationship between nurses' close communication and empathy skills.[6] Akgün and Çetin determined that individuals who do not have difficulties in interpersonal relationships have higher cognitive empathy skills than others.[55] Furthermore, high empathy ensures on individuals' friendship and attachment quality.[56]

Furthermore, the current study reported that nurses who can establish close relationships with others have lower burnout levels. Nurses' close relationships with others reduce their burnout, which can be explained by the fact that they do not experience a sense of loneliness and perceive social support. Social support can prevent the development of psychological symptoms and burnout in nurses by providing them with the attention they need, trust, and empathic response and being treated with kindness, being compassionate, and providing other tangible goods or services that nurses need, giving help, information, and support and reducing stress.[19,22,57,58]

It was found that nurses who were patient and could establish close relationships with others had high contentment with life. Contentment with life is described as a state of contentment and happiness related to the inner peace and satisfaction of the individual.[13,14,20] Nurses face emotional challenges because of the demanding nature of their work, including caring for sick and traumatized patients.[16,17,20,36] These factors can negatively impact nurses' emotional well-being and their capacity to provide effective care.[20] Further, our result indicates that nurses' close communication with their patients and others positively affects their mental health, because the nurse–patient relationship is built on empathy, presence, trust, authenticity, contact, and reciprocity. It is a helping relationship focused on communication, respect, and ethical values, aiming to promote introspection and behavioral change. Key components include active listening, respect, and adherence to bioethical principles

such as confidentiality, ensuring that the relationship is based on equality and intimacy.[59] These have personal and professional benefits for the patient and the nurse.[60] Additionally, the results of the present study showed that nurses' close relationships with patients and others positively affect their mental health and increase their levels of contentment with life.

Another result of our study indicated that patient nurses had lower burnout levels than others. Patience is the ability of an individual to wait calmly for various disappointments, troubles, or pains to pass when faced with different conditions and times. The lack of patience of individuals in the professional process can lead to pessimism and stress, causing burnout.[59,60] Therefore, the low burnout levels of patient nurses indicate that they are patient with the difficulties they experience and that they successfully manage this process by avoiding indecisiveness.

In the current study, patient nurses had high levels of contentment with life. For nurses, patience activates emotions such as calmness, sympathy, and empathy against delays and can contribute to contentment with life by preventing the individual from being negatively affected by the difficulties he/she experiences.[19] Patience is recognized as a key strength and component of moral excellence, helping individuals avoid negative emotions and improving life satisfaction. It is linked to well-being, positive coping, and success. In nurses, patience is a crucial factor influencing resilience.[61] In the present study, the high level of contentment with life of patient nurses is characterized by the positive effect on their resilience levels.

This study had some limitations. First, it was conducted online. It could not be performed in a face-to-face interview. Thus, the motivation required for the application could not be kept under control. The effect of this motivation in providing the energy required for them to better understand the questions and make the appropriate decision for themselves was not observed. Therefore, the answers are limited to the answers given by the participants. Second, the use of several self-report questionnaires was a methodological limitation, as such scales are prone to participant bias. In the present study, potential bias could not be controlled. The effect of individual, psychological, and other factors affecting the participants on the results of the study could not be distinguished owing to the characteristics of the time of the study and excessive workload of the population in which the study was conducted. Therefore, the results of this study can be generalized only to the population in which the study was conducted. It may provide inspiration for future work. In future studies, qualitative studies investigating the effects of empathy and burnout and contentment with life are warranted.

CONCLUSIONS

The results of this study indicate that increasing empathy skills in nurses have positive aspects and that increasing empathy levels of nurses increases their burnout levels. Therefore, it is crucial to reevaluate the ability of nurses to correctly/incorrectly empathize and examine the results. Moreover, it has been found that as nurses' burnout levels increase, their level of contentment with life decreases. Thus, more effort should be made to prevent burnout in nurses.

CONFLICT OF INTEREST

None declared.

FUNDING

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