



*University of Kerbala
College of Nursing*

*Parental Rearing Patterns, and its Relation to Burnout,
and Empathy among Nurses Working at Teaching
Hospitals*

A Thesis Submitted

By

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In

*Partial Fulfillment for the Requirements of the
Master Degree in Nursing Sciences*

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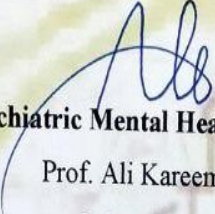
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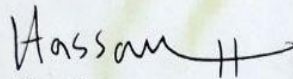
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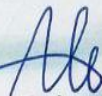
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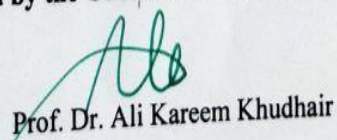
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Dedication

To whom all my endeavors were aimed at seeing the looks of pride in their eyes, to the source of my happiness in this life my beloved mother and father..

To those who witnessed on the troubles of my studies, to those who helped me in my path my dear brothers and sisters..

To the one who was the companion of my life, the one who supported me step by step, the one who carried the bitterness of my grief more than me my twin Alaa..

To everyone who supported me, even if it was just a word..

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Abstract

A descriptive correlation design was used in the current study from the period of 26th September ,2022, to 2nd August, 2023 to find out the relationship between parenting styles, burnout, and empathy among nurses working in teaching hospitals.

A purposive (non-probability) sample of 180 nurses is recruited in current study and selected from four teaching hospitals in kerbala city according to specific criteria.

The data were collected through interviews using three scales that are Parental Authority Questionnaire (30 items), Maslach Burnout Inventory(22 items) and Jefferson Scale of Empathy Physician/Health Professions (HP – version) (20 items).Data were analyzed and interpreted through use application of Statistical Package for Social Sciences (SPSS), version (IBM 22).

The result of the present study showed that there is a significant correlation between father's parenting style (permissive dimension) with depersonalization and personal accomplishment sub-domains of burnout. There is a significant correlation between mother's parenting style (permissive dimension) and personal accomplishment sub-domain of burnout. Also, that there is a significant correlation between father's parenting style (authoritarianism dimension) and all dimensions of burnout. However, there are significant correlation between father's and mother's parenting styles(authoritative dimension, permissive dimension, and authoritarianism dimension) and empathy.

The study concluded that parenting styles have significant correlation with empathy and some styles of parenting styles have relation with sub-domains of burnout. The study recommended preparing awareness programs through various media for parents about instructed in the best positive style that must be followed and negative style that must be avoided

in rearing children and importance of parental styles because of its impact on their lives and jobs in the future.

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List of abbreviations

Abbreviation	Meaning
QWL	Quality of Work Life
ICD	The International Classification of Diseases
HCW	Health Care Workers
PA	Personal Achievement
WHO	World Health Organization
HP	Health Professional
PS	Parenting Styles
SET	Social Exchange Theory
ICU	Intensive Care Unit
MBI	Maslach Burnout Inventory
PTSD	Post Traumatic Stress Disorder
CU	callous-unemotional
SD	Standard Deviation
DEUH	Dokuz Eylul University Hospital
SEM	Structured Equation Modeling
JSE	Jefferson Scale of Empathy
EE	Emotional Exhaustion
DP	Depersonalization
PA	Personal Accomplishment
No.	Number
SPSS	Statistical Package for Social Sciences
R	Reliability Coefficient
P	Probability
F	Frequency
B	Beta
Fig	Figure
et al	And others
e.g	For Example
i.e.	id est (that is)
Sig	Significance
N	Number of Samples
N.S	Not significant
S	Significant
Df	Degree of freedom
P-Value	Probability Value
PHC	Primary Health Care

List of Symbols

Symbol	Meaning
%	Percentage
=	Equal to
&	And
-	Minus
±	Minus/plus
>	More than
%	Percentage
<	Less than
χ^2	Chi-Squared Test
≤	Less than or Equal

Chapter one

Introduction

Chapter one

1.1. Introduction

In people's life, work plays a significant role. It affects how they go about their daily lives and might lead to great success and pleasure. However, it can also be a cause of tension and anxiety, resulting in emotional issues and depression. The load of work has elevated during the last few decades, burnout among workers might result from it since it can affect their health and self-efficacy (Izdebski et al., 2023).

Among the problems of the twenty-first century that have been the most examined is burnout, which mostly affects those whose jobs demand them to interact with others and demonstrate empathy (such as teachers and healthcare professionals), but a further research has revealed that this condition can also appear in those who were not initially considered to be in danger, such as manual laborers (Kovacs et al., 2023).

Nursing staff members who work in hospitals are regularly exposed to occupational risks, particularly psychosocial risks, this is because these staff members are involved in a particularly demanding psychological work process due to close contact with suffering and death, having to deal with high patient demand, working shifts, interpersonal conflicts, and the fact that the profession is underappreciated (Vidotti et al., 2019).

The times of emergencies and public health crises, medical professionals, especially frontline healthcare workers, have higher rates of burnout than other employees (Khodadoost et al., 2023). Studies have demonstrated that these pressures often result in psychological disorders in nursing staff, which is the primary reason for absenteeism and being unable to perform the duties of one's job (Martins et al., 2017). Stress may be a risk component for burnout and for reduced quality of work life (QWL) (Bragard et al., 2015).

Burnout is a work-related stress situation created by repeated exposure to pressure at work. Freudenberger, a psychotherapist, originated

the term in the early 1970s, and Maslach et al. (2001) defined it as having three qualitative dimensions: emotional exhaustion, depersonalization, and lower levels of personal achievement (De Hert, 2020). The International Classification of Diseases (ICD-11) 11th Revision lists it as an occupational phenomenon (Stepanek et al., 2023).

In order to provide complex care and treatment to patients, healthcare workers (HCW) are frequently exposed stresses that are emotionally draining, which increases the risk of occupational burnout. Nurses had the highest prevalence of burnout among HCWs, according to reports (Woo et al., 2020). Indicating a high level of emotional exhaustion among nurses, as well as a decreased sense of personal achievement (PA) and a detached, cynical attitude toward patients, this staff group may be the most often impacted by the condition in the hospital setting (Gomez-Urquiza et al., 2016).

Due to its demanding requirements, practically limited control over work, lack of social support, and lengthy working shifts, the medical field, and the nursing setting in particular, may be a very stressful job (Qedair et al., 2022). Additionally, nurses face additional pressures in their professional environments, such as managing pain, patient deaths, and transferring terrible news to patients (Wazqar, 2019).

Nursing professionals may experience difficult emotional situations in their personal lives, this conflict between work and life can cause emotional exhaustion, which result to burnout (Qedair et al., 2022). Worldwide, there were around 11.2% of nurses who experienced burnout (Alhafithi et al., 2022). The World Health Organization (WHO) in 2016 predicted that by 2030, there will be a shortage of 7.6 million nurses around the world (Woo et al., 2020).

Burnout negatively impacts nurses' physical and mental well-being, resulting in headaches, lack of sleep, irritability, poor attention, and a persistent feeling of being tired. Burnout additionally impacts the reported

quality of care provided by nurses, elevates errors in healthcare delivery , lowers patient satisfaction, which in turn affects patients' health outcomes, and raises death rates, in certain nations. It is regarded as an occupational sickness and can lead to more sick leave and nurses absenteeism (Lopez-Lopez et al., 2019).

Medical staff burnout may be reduced through empathy, commitment to work, and job satisfaction. According to studies in the health care field, empathy is a special psychological resource, due of its effects on both patients and medical personnel, through the establishment of personal relationships and improved patient communication (Yue et al., 2022). Empathy is a notion that was brought to medicine in the 1980s and is now seen as an essential skill for medical personnel (Li et al., 2018).

Providing care and support to patients when they are at their weakest is a major focus of healthcare creating connections with patients and medical staff is essential for delivering special care. The capacity to empathize with patients is an essential component of these relationships. Empathy is the capacity to understand and express another person's thoughts and feelings to other people (Peisachovich et al., 2023).

Establishing effective communication between healthcare workers and patients is one of the creative methods that health care facilities use to provide the finest service while maintaining constant prices (Amarneh, 2017). Because nurses spend more time with patients than any other member of the medical team, communication is essential to their work. Nurse-patient communication is a crucial component of nursing practice. The nurse-client relationship and nursing care require empathy as an important element (Ghaedi et al., 2020).

Empathy is one of the communication abilities that is used to direct, improve, support, comprehend, reconstruct, and reflect the patient's viewpoint of their own ideas and feelings; long-term trust and communication aid in the development of this skill (Kesbakhi & Rohani,

2019). Improved patient satisfaction, compliance, and diagnostic accuracy are all benefits of empathy, which also reduces psychological discomfort and medical consequences (Yu et al., 2022).

Patients and healthcare professionals agree that empathetic care is essential, and there is overwhelming evidence to support the notion that it improves patient outcomes. Patients might be motivated and encouraged to participate in their care by an empathetic healthcare professional, leading to improved results (Wenger et al., 2023), improved communication with patients (Watanabe et al., 2018). Decrease in recovery time (Pereira et al., 2016), reduction in reported pain, an alleviation in fears of medical care, an improvement in patient satisfaction, and a reduction in complaints about malpractice, providing compassionate care could enhance the functioning of the healthcare system and the well-being of the providers (Wenger et al., 2023).

After conducting a systematic review, when given care by nurses who show empathy, Yu & Kirk (2009) found that patients' levels of anxiety and discomfort are reduced, additionally, the ability of nurses to empathize helps them to understand the requirements that patients perceive (Yu & Kirk , 2009). For these reasons, the significance of developing an empathetic relationship with patients and fundamental communication skills remains emphasized to nursing students in undergraduate programs (Altwalbeh et al., 2018).

Discovered that patient with cancer who get treatment from nurses who exhibit high levels of empathy have decreased depression, anxiety, and anger, It would seem justified for nurses to make an effort to use their empathy abilities, comprehend how they affect patient care, and be able to put such skills to use, although data reveals that many health profession trainees are unable to display empathy. It is widely acknowledged as a mutually beneficial part of the connection between health providers and patients (Deligianni et al., 2016).

In the nurse-patient relationship, empathy should be used on a daily basis because it could affect how well they care for patients and because losing it could prevent them from being able to communicate with patients effectively, which is thought to be an important aspect in the healing process (Acuna-Medina et al., 2019). Lack of empathy is linked to emotional, physical, and professional problems like depression, burnout, bad sleep habits, and lack of focus. All of them may negatively impact patient care (Yu et al., 2022).

Numerous studies have demonstrated that students' empathy levels may diminish while undergoing nursing education (Permana et al., 2022). Empathy is a type of social feeling that is frequently influenced by surrounding environment, since the family is the primary setting for socialization in childhood. Parental rearing has an certainly significant and long-lasting impact on how a child develops both their personality and their capacity for thought (Li et al., 2018).

Because the family is a person's first educational institution, each parent has a unique style when raising their children. Parents' parenting styles are frequently strongly connected to the parenting methods they themselves experienced as children ,to learn the proper parenting approach, information is required, and one way to get it is through the educational system, including schools and universities (Masitah & Pasaribu, 2022).

The approaches parents use for rearing their children are referred to as parenting styles. All parents have a unique perspective on how to interact with children, some of them use a gentle approach that emphasizes greater guidance and empathy and is seen as a sign of love and compassion as well as a way to achieve a typical upbringing. On the other side, some parents dealt with children strongly and cruelly so they would be able to overcome problems in their lives in the future (AL-jubouri & Alwan, 2022).

Parenting styles (PS) are considered as a collection of attitudes, objectives, and child-rearing practices that form the emotional climate of the parent-child connection and remain constant across a variety of life situations (Gorostiaga et al., 2019). Parenting styles have become an important part of the environment of the family of origin, and many studies have shown that, of all aspects connected to the family of origin, parenting styles have a significant impact on people (Musitu-Ferrer et al., 2019).

Many researches have shown that a person's family of origin might have an impact on the level of empathy in an adult. A significant element influencing adult empathy is the poor parenting of preadolescents (Guo & Feng, 2017). According to some studies, parenting styles may have different effects on cognitive and emotional empathy, which are further ways to classify empathy. These results show that parenting styles are more likely to be linked to effective empathy. Solantaus-Simula et al. (2002) revealed that strong prosocial conduct was associated with active empathy in children and these children had more supportive parents (Solantaus-Simula et al., 2002; Wang et al., 2021).

1.2. Importance of the Study

Parenting styles have a significant influence on how children develop and learn. Different parenting styles can affect children's academic achievement, mental health, self-esteem, and behavior. Authoritative parenting, which involves high levels of both responsiveness and demandingness, has been found to be linked with greater levels of self-esteem and academic achievement in children. Permissive parenting means that parents have less control or rules, but show a lot of love and warmth, may also lead to positive outcomes such as better communication with parents and less disruptive behaviors. On the other hand, high levels of control but low levels of warmth and responsiveness are signs of authoritarian parenting, which has been linked to lower academic success

and higher levels of psychological distress in children. Empathy is a critical quality for nurses to possess because it helps them to understand the physical and emotional needs of their patients. It is important that they are able to put themselves in the shoes of their patients and listen to them, in order to provide optimal care and better outcomes. Studies have shown that when nurses demonstrate empathy and compassion towards their patients, they experience less pain and anxiety associated with medical procedures, and make greater progress with their recovery. Empathy can also help to build trust between nurses and their patients in complex environments, making it easier to communicate with them and form meaningful relationships. Nurses' burnout is an important issue that has significant implications for the health and well-being of healthcare professionals, as well as for the quality of patient care. Burnout among nurses can lead to high levels of stress, depression, physical and mental exhaustion, increased turnover, and decreased job satisfaction. As such, it is essential for healthcare organizations to take steps to address burnout and ensure that nurse safety is prioritized. Through initiatives such as improved working conditions, more flexible schedules, more support from supervisors, and education about the dangers of burnout, healthcare organizations can help reduce the risk of burnout among their nursing staff.

1.3. Problem Statement

The goal of this problem statement is to understand the relationship between parenting styles, burnout and empathy. Specifically, this research aims to investigate the effects of parental rearing styles (permissive, authoritarian, and authoritative) on nurse's self-esteem, emotional regulation, and mental health. Moreover, this study will also investigate how different demographic characteristics (nurse's age, gender, marital status, work shift, job desire, monthly income, and years of

experience) might moderate the effects of parental styles on nurse's outcomes.

1.4. Objectives of the study

- 1- To identify the dominant parenting style among study subject.
- 2- To assess the levels of burnout according dimensions (emotional exhaustion, depersonalization, and personal accomplishment) and empathy among nurses.
- 3- To find out the relationship between parenting styles, burnout ,and empathy.
- 4- To determine the relationship between burnout, and empathy with some demographic variables such as (age, gender, marital status, work shift, job desire, monthly income, and years of experience).

1.5. Research Question

Is there a relationship among parenting styles, burnout, and empathy among nurses working at teaching hospitals?

1.6. Hypotheses

There are significant positive relationship between parenting styles, burnout, and empathy among nurses working at teaching hospitals.

1.7. Definition of the Terms

1.7.1. Parenting Styles

A. Theoretical: Parenting styles refer to combination of attitudes, objectives, and parenting style patterns that are believed to create a certain emotional atmosphere within the relationship between a parent and their child (McWhirter et al., 2023).

B. Operational: Behavior issued by parents towards their children as perceived by the children. This type of behavior is classified as either authoritative, permissive, or authoritarian, the extent to which each parent practices each of these types of behavior is determined using Parental Authority Questionnaire taken from the study of (Bakri & Rimawi, 2019).

1.7.2 Burnout

A. Theoretical: Burnout is a psychological state that comes from long-term exposure to work-related stresses, burnout syndrome is a combination of three sub-syndromes that are characterized by poor personal accomplishment, high emotional exhaustion, and high depersonalization (Belay et al., 2021).

B. Operational: A state of psychological and physical exhaustion that occurs after exposure to long periods of tension and stress at work. This situation directly affects the course of personal and professional life, this condition also leads to a loss of enthusiasm and motivation towards the job, which is measured by using by the Maslach Burnout Inventory that built by the American researcher Christina Maslach, with the assistance of the researcher Susan Jackson in 1982, that taken from the study of (Smain & Muhammad, 2020).

1.7.3 Empathy

A. Theoretical: Empathy means being able to understand how patients feel, what worries them, and what they are going through. It involves showing patients that you understand them and taking action based on that understanding (Yu et al., 2022).

B. Operational: is the ability to identify and understand the feelings of others, and put yourself in their place to know and understand the reasons for their behavior and reactions. Empathy was measured by Jefferson Scale of Empathy Physician/Health Professions (HP – version) which was developed by (Hojat et al., 2002), and translated into Arabic by (Nashawi , 2009).

Chapter Two

Review of

Literature

Chapter Two

Review of Literature

2.1. Parenting Styles

2.1.1. Concept of Parenting Style

Numerous studies have shown that parenting styles have a significant impact on children's development, including lifestyle choices, behavior issues, mental health, and general well-being, in 1967, Baumrind coined the term parenting style, which refers to a consistent pattern or tendency of parental conduct (Zheng et al., 2022).

The term parental rearing styles was first created by Schaefer in 1959, and suggested four parental styles: authoritarian (affective coldness and high control), overprotective (high warmth and high control), authoritative (high warmth and low control) and neglecting that mean affective coldness and low control (Huang et al., 2015).

Research on child rearing has particularly centered on the role performed by general patterns of parental behaviour, known as parenting styles (Gorostiaga et al., 2019). The concept of parenting styles has been defined as the collection of parenting behaviors that can be used to create environment for parent-child interaction in various of situations (Prativa & Deepa, 2019). It is important to note that the influence of parenting style on children is generally formed before the age of 16, with little change occurring after that (Ma et al., 2020).

2.1.2. Dimensions of Parenting Styles

There are two dimensions parental styles :

2.1.2.1. Parental Responsiveness

Parental responsiveness refers to how the parents interact with their children, including how they communicate to them, show them love, and support and reason with them (Jinan et al., 2022). According to Baumrind (1966), the warmth, communication, and reciprocity parents shown toward

their adolescents are indicators of how responsive they are. In this view, parents who place a high value on communication, warmth, and reciprocity are seen as being very responsive, while parents who place a low value on the same elements are seen as being less responsive.

According to Maccoby and Martin (1983) authoritative and/or permissive parenting styles found at higher level of responsiveness. On the other side, Simons and Wallace (2004) showed that an authoritarian or neglectful parenting style reflects a low level of responsiveness (Sarwar, 2016).

2.1.2.2. Parental Demandingness

Parental demandingness refers to the boundaries and guidelines that parents set for their children to follow in order to control their behaviour (Gorostiaga et al., 2019). Simons and Wallace (2004) argue demandingness parenting may be measured via the level of well-defined monitoring strategies, direct confrontation and discipline patterns applied by parents. Therefore, it would be justified to claim that parents with greater level of discipline patterns, confrontation and supervision are demanding, while parents with lower level of confrontation, inconsistent discipline and monitor are regarded as not demanding (Sarwar, 2016).

2.1.3. Categories of Parenting Styles According to Personality Traits

2.1.3.1. Warm Parenting

Warm parenting implies that parents are capable of seeing the needs of their children and responding to those needs in a timely and sensitive way, giving their children an adequate amount of love, support, and comprehension (Li, 2021). A warm parenting approach results in a deeper family bond, which significantly diminishes a person's adverse emotional experiences, such as isolation and insecurity, warm parenting styles also

include more independence and support, which are better for promoting children's positive emotions (Yao et al., 2022).

When parents support their children's independence and meet their desire for independence, kids tend to think most creatively and develop coping mechanisms for difficult conditions (Marcone et al., 2020). This increases self-efficacy, which in turn improves the ability to control emotions when faced in challenging activities (Salavera et al., 2022).

Even when children make mistakes, parents don't blame them and don't disrupt the supportive and respectful environment that exists in family (Moè et al., 2020). Parents that use a warm parenting style have a greater propensity to be empathetic, and this may be of great aid to their children as they learn to put themselves in the position of others (Wang et al., 2021).

In addition, it enables kids to establish positive connections with the surrounding society, acquire emotional abilities through exposure to outside surroundings (Van Der Kaap-Deeder et al., 2019).

2.1.3.2. Overprotective Parenting

An overprotecting style indicates to parents' excessive interest and monitoring of their children's daily behavior ,being overprotective can harm a person's ability to be independent (Yao et al., 2022). This lead to impedes the development of independence and autonomy in adolescents, because it reduces their exposure to difficult situations, which prevents them from developing effective coping strategies, it does not lead to high levels of emotion regulation (Leung, 2021).

Discovering an overprotective parenting style is linked to poorer psychological well-being and more frequently prescribed antidepressants or anxiety medications. Additionally ,higher parental overprotection levels in early adulthood were linked to poorer psychosocial adjustment, including higher levels of discomfort, lower self-esteem, excessive relationship anxiety, and passive interpersonal conduct (Van Petegem et al., 2020).

2.1.4. Types of Parenting Styles

Based on two dimensions—demandingness and responsiveness—Baumrind divided parenting styles into three categories: authoritative, authoritarian, and permissive. Maccoby and Martin added an extra type of parenting to the previous three categories making four forms of parenting, i.e., authoritative, authoritarian, permissive, and neglectful (Arafat et al., 2022).

According to recent studies, the majority of parents in the United States (about 46%) employ authoritative parenting, while 26% use authoritarian parenting, 18% use permissive parenting, and 10% use negligent parenting (Awiszus et al., 2022).

The selected PS of a parent can alter over time based on the life stage of their children. For instance, in a study by Schroeder and Mowen in 2014, they discovered parental styles alteration can happen in adolescent. They found that the most frequent change was from authoritative parenting to permissive parenting, demonstrating that parents reduced their degrees of demandingness of their kids when upon moved into my teenage years (Schroeder & Mowen, 2014).

It's hard to know how common different parenting styles are, but the parental styles that parents choose to raise their children can affect their social skills, behavior, and development (Wang et al., 2021).

2.1.4.1. The Authoritative Parenting Style

Demanding and responsive are both characteristics of authoritative parenting. Parents who use an authoritative approach to rearing constantly encourage their kids to be autonomous (Fan, 2023). They support their kids, explain the reasons behind the laws, and utilize the power of reason to reinforce the goals. They pay attention to their children but may not always comply with their desires (Mohanty, 2023).

Children are always allowed to express their ideas and opinions with the authoritative family, but the ultimate decisions are always made by the parents since they believe that they know what is in their children's best interests. Furthermore, it was mentioned that authoritative parents often see themselves as the best examples for their kids (Farrell, 2015)

Parents of this kind are self-disciplined, and it is considered that this parenting approach is more advantageous (Olevia Rajan & Rema M.K, 2022). The features of an authoritative parenting style parents who educate and understand self-reliance in children, encourage verbal interaction, involve children in judgment making and wish their children to carry out responsibilities depending on the needs and capacities of their family members (Hong et al., 2015).

Both authoritative parenting approaches and reactions are related to better academic accomplishment, higher self-esteem, improved social abilities, reduced mental disorders, and reduced chances for possible criminality (Li, 2021). According to research on the influence of Greek fathers on children's psychosocial development, children with authoritative parents had higher levels of self-esteem and empathy than children with authoritarian parents (Tsela et al., 2022).

More authoritative parenting styles encourage bidirectional communication, which fosters are not just better communication but also are an unstated degree of respect and trust between parent and child (Asbury, 2022).

This style, the child's selections and desires are treated with great respect. Also, children are given the freedom to make choices, however they are still subject to parental supervision and guidance, with this style of parenting, children are given the freedom to explore in whichever way they wish (Fadlillah & Fauziah, 2022).

Authoritative parents have high expectations for their children, but they also provide them with the help and resources they need to succeed.

They are open, responsible, and loving towards their children, while setting boundaries and being firm when necessary. Authoritative parents help their kids develop (cognitive) empathy and attitude taking toward conduct of others (Heynen et al., 2021).

2.1.4.2. Authoritarian Parenting Style

This term describes parents who display low support, dominate their children, and request them to comply with specific rules. Lower responsiveness and higher demandingness are two components that describe authoritarian parenting (Rosli, 2014). Authoritarian parenting point out Parents who exhibit unresponsive behavior, enforce severe rules, have high expectations, and demand complete obedience (Asbury, 2022).

These parents tend to be firm and uncharitable of selfishness, and their parenting style lacks both responsiveness and warmth toward the child, high expectations and maturity demands that are expressed by authoritarian parents through commands and rules, but they do not explain the reasons for these orders to their children (Tsela et al ., 2022).

This is characterized by the need for children to follow all rules and requests of parents, the severe control of children's behavior, the lack of parental trust on the part of the children, frequent punishment, and the rarity of praise or gifts for children who accomplish (Masitah & Pasaribu , 2022).

This parenting style linked to lower academic achievement, lower self-esteem in children, weaker social skills, and a diminished capacity to communicate with others ,as well as risk for mental illness, drug and alcohol illegal use, criminality, and other conduct-related issues (Li, 2021).

Additionally, children of authoritarian parents are likely to have low self-esteem, to feel unsatisfied and unsecure, and to have negative attitudes toward the world. On the other hand, they are likely to perform well in terms of obedience to rules, this type of parenting is likely to have a

negative linked with the psychosocial development of kids (Hosokawa & Katsura, 2019).

Authoritarian parents do not encourage perspective-taking and empathy in their children because of a reduction in warmth and unresponsive conduct (Heynen et al., 2021).

2.1.4.3. Permissive Parenting Style

The parental approach which is characterized as permissive is typified by a relatively low level of demandingness but a high level of responsiveness (Noreen et al., 2021).

Parents who adopt a permissive style tend to be affectionate towards their children and place minimal requirements on their behavior, permissive parents strive to minimize any situation that may lead to a conflict with their children as their primary aim. According to their belief, allowing children to regulate their own actions enables them to develop a sense of self-reliance and learn how to become independent (Williams, 2013).

Indulgent parents seek their children's approval and admiration, hence they are ready to make great efforts to make sure that their children can do whatever they wish (Olowodunoye & Titus, 2011).

These parents strive to establish a friendly relationship with their children in the belief that it will enhance their connection and rapport. Unluckily, parents who adopt a permissive approach and aspire to be friends with their kids run the risk of their children behaving inappropriately as they perceive their parents solely as colleagues or peers (Farrell, 2015).

Their main objective is to prioritize their children and do everything for them, to the point where the children don't learn how to take care of themselves independently (Williams, 2013). Open parenting is a common name for the permissive style. In other words, parents let their children to do anything they want (Fadlillah & Fauziah, 2022).

Children with permissive parenting show impulsive conduct and exhibit egocentric traits, weaker social skills, and difficult relationships. Children from permissive families typically show a lack of capacity to follow instructions, and permissive parents are frequently described as severely relaxed (Asbury, 2022).

Adolescent living with permissive parents had less depressive symptoms than those brought up by authoritative and authoritarian parents. This lack of mental health issues in these children grants them the autonomy to participate in activities they consider appropriate without worrying about parental supervision (Lari, 2023).

Although many children seem to benefit from this parenting style, its use in other households may cause children to exhibit undesired social characteristics, such as antisocial behaviors. Children raised in a permissive environment are more likely to exhibit behavioral issues since their parents don't establish boundaries for them and let them act anyway they choose (Schaffer et al., 2009).

Children brought up in households practicing permissive parenting tend to encounter challenges in several domains of emotional development. People with these issues may feel unsure or have a hard time controlling their conduct (Farrell, 2015).

Moreover, youngsters residing in permissive parenting households are commonly observed to display pronounced physical and emotional dependence on other because to the lack of guidance and established routines during their formative years, thereby hindering the growth and realization of self-sufficiency. These individuals have not received support to develop their ability to handle their own emotions or the emotions of those around them autonomously (Williams, 2013). As a result of their parents' efforts to protect them from various disappointments and emotional stressors during their childhood, they have troubles accepting rejection and missed chances (Farrell, 2015).

Parents permit their children to initiate the planning and regulation of their activities independently at an early stage without parental supervision. Hence, such children are able of doing most things autonomously without depending on their parents. However, since there are no limits imposed on these children, they are prone to make errors as a result of inadequate parental interest (Lari, 2023).

2.1.4.4. Neglectful Parenting Style

Within this style of parenting, parents display behavior that are low levels of monitoring and support to their children. Neglectful parenting is marked by two fundamental elements, specifically, low responsiveness and low demandingness. 'Rejecting-Neglecting' is another term for this type of parenting (Rosli, 2014).

It is indicated when parents are cold, unresponsive, absent of rules, lack of involvement, and indifferent (Cherry, 2020). In this particular parenting style, parents display a tendency to neglect their children's needs (Lestari, 2016).

The individuals in question exhibit an unwillingness to engage in an active role in the life of the child. Consequently, the neglectful type of parenting is characterized by a lack of effective communication, resulting in a dearth of positive interactions between parents and their children. All of the children's needs, wants, and responsibilities are left up to them, the aforesaid condition results in the neglect of children and not properly monitored of their growth and developmental progress (Fadlillah & Fauziah, 2022).

Neglectful parenting can cause children to exhibit impulsive behavior, elevate their chances of engaging in delinquency, drug, and alcohol abuse. Some studies even suggest an increased likelihood of self-harm and suicide (Asbury, 2022).

Children who are raised with this type of parenting style indicate that their parents are interested in themselves, in their opinion

consequently. Uninvolved children exhibit comparable conduct to adolescents brought up in permissive parenting approaches, as they constantly strive to want to attract parents' attention (Fan, 2023).

2.1.5. Theoretical Framework of Parenting Styles

2.1.5.1. Baumrind Theory of Foster Parenting

A psychological construct known as parenting style represents the standard strategies that parents employ to raise their children (Arulsubila & Subasree, 2016). People who take care of children's basic needs are known as pediatric primary care providers. Children have different people who take care of them and help them grow up well. These can be their moms and dads, other parents who adopted them, grandparents, or other grown-up friends. These people keep them safe, take care of them, and help them become happy and successful in their life (Tomlinsom & Andina, 2015).

Through direct and indirect interaction, the relationship between parents and their children fosters a process of transformation of information, attitudes, and abilities. It is a social process with the goal of socialize children as an aspect of parental responsibility. According to Baumrind, parents are responsible for helping their children grow up to be good people with strong morals and values by teaching them how to behave in society (Hasanah et al., 2018).

Baumrind categorized parenting is based on two elements of parental behavior i.e. demandingness and responsiveness (Bibi et al., 2013).

According to Baumrind (1996), there are three types of parenting: permissive, authoritarian, and authoritative. Authoritarian parents shape, control, and evaluate their children's conduct and attitudes based on predetermined criteria, authoritative parents direct their children's activities in a rational, problem-oriented manner. Parents who are permissive aim to

act in a way that is powerless, accepting, and supportive of their children's motivations, wants, and behaviors (Hasanah et al., 2018).

2.1.6. The Impact of Parenting Styles on Child Development Outcomes

In addition to Baumrind's initial study of 100 preschool children, researchers have conducted numerous other studies that have led to a number of conclusions about the impact of parenting styles on children (Fazli, 2019) :

- Authoritarian parenting styles, in general, lead to the children more dutiful and proficient but they scored lower on gladness, social efficiency and self-esteem, they lack social competence as parents predicts frequently what their children should do rather than allowing them to make their own decisions.
- Authoritative parenting create children who are successful, happy, and efficient.
- Permissive parenting typically leads in children feel unhappy and have difficulty controlling their behavior, these children are more likely to have problems with authority and tend to do poorly in school.
- Uninvolved parenting styles rank lowest in every aspect of life, these kids are often less skilled than their peers, have poor self-esteem, and lack the ability to exercise self-control.

2.1.7. Family Concept and Role

The smallest social group is the family, which consists of a mother, a father, and children ,the family is the primary setting for a child's education. Children in a family should ideally be able to find comfort, calm, and happiness. Parents need to make a fun and comfortable environment for their kids in order for the place to be enjoyable and attractive ,to achieve family harmony, the husband and wife must work together (Kustiani & Fauziyah, 2019).

The family plays an essential role in the rearing and formation of children, as well as in the development of society and the production of a generation capable of assuming responsibility. The family provides the child with the necessary care, interest, and direction by providing him with different experiences and methods that help him adjust and communicate with society in accordance with accepted standards (Biasutti & Nascimento, 2021).

One of the most crucial factors in childcare is the family, which is responsible for raising and educating the children, parents are a reversal that may be viewed and imitative by their children in the family (Haryanti & Sumarno, 2014).

Therefore, child's care is a collection of tasks that must be done by both father and mother. On the off chance that childcare cannot be fulfilled appropriately, it'll frequently make issues and struggle, both inside the child itself and between the child and his guardians, and the environment (Srikandi, 2020).

The young person obtained many of the values of his culture, learns the dominant ways of thinking in his community, and obtains habits, attitudes, conventionalism, and techniques of interacting and talking with people from his family, which is the first mediator that influences an individual's personality, the foundations of his identity, his ability to construct himself, and his ability to control his inherited tendencies (AL-jubouri & Alwan, 2022).

Teenagers learn and comprehend how to develop a sense of security and acceptance through their family, balanced methods of coping are reflected in adolescent personality. So compatible strategies contribute to the development of a balanced personality, whereas unbalanced methods make adolescents susceptible to mental disorders (Ali & Mohammed, 2020).

Parenting is regarded as a crucial factor in an adolescent's psychological well-being because the family is the primary environment in which being development of most human (Sanjeevan & Zoysa, 2018).

The family serves eight purposes, including religious, sociocultural, loving , security, reproductive, socializing, and educational, economic, and environmental development (Srikandi, 2020). Additionally, the family serves many purposes, including : (1) teaching the child norms and values of society; (2) providing for the child materially; and (3) fostering the development of the child's personality and sense of independence (AL-jubouri & Alwan, 2022).

2.1.8.The Role of the Family and Parenting Styles

Family is the main pillar of child's personality development. Elements of family life such as parenting style and parental attitudes profoundly affect the psychosocial and personality development of adolescents. Parenting style is a psychological construct representing standard strategies that parents use in child rearing. Various studies indicate that one of the most effective factors on the development and formation of adolescent personality is their parent's parenting practices (Arulsubila & Subasree, 2016).

The mental well-being of children is significantly impacted by their parents in significant ways. If their techniques of treatment are effective,they will not only shield them from emotional distress, but they will also make them more compatible with one another, more hopeful, and more successful; However, if they are unsuccessful, it will have a detrimental impact on every aspect of their life, parents can have a significant influence on their children's behaviour or aberrant habits via the behavioural patterns they model (AL-jubouri & Alwan, 2022).

The relationships that exist inside the family are the models that have an effect on how young people are raised, either negatively or positively. When parents are violent or aggressive towards one another or

their kids, they raise violent kids who are more likely to be hostile in their interactions with other people and in their relationships. Contrarily, parents that act in a balanced manner, favour discussion, and show their love via treatment of their children, develop Children and generate a generation that is self-confident (Kalaf & Mohammad, 2020).

It is important to value the existence of children by protecting and nurturing them so that they may develop and grow in a healthy way, where parents have a responsibility to provide their children good care. In contrast, children must be shielded from any harsh treatment that might lead to violations of human rights because they are the future's leaders and the young generations who will carry on the nation's ideals (Fadlillah & Fauziah, 2022).

Significantly positive relationships exist between quality parenting and children's development (Dexter & Stacks, 2014). The intellectual growth of children may be stimulated by good parenting (Brooks, 2008). Parents are significant external influencers for children's cognitive development (Finocchiaro, 2016).

The accomplishment of children is positively impacted by parental participation in parenting programmes and early intervention (Gerber et al., 2016).

Numerous studies demonstrate some of the objectives of parenting include ensuring physical health and safety, fostering behavioral capacities for self-preservation with economic considerations, and facilitating the fulfillment of behavioral capacities to maximize cultural values like morality, nobility, and achievement, studies show that parenting has a positive impact on children's growth and health (Berns, 2015).

Good parental care, tenderness and warmth, and age-appropriate positive stimulation from birth onwards make a significant impact in cognitive development throughout life, according to the National Institute of Child Health and Development (Morrison, 2015). As a result, it is clear

that parents are primarily responsible for stimulating and assisting the development of their children's diverse abilities, interests, and talents (Fadlillah & Fauziah, 2022).

2.1.9. Reasons for Differing Parenting Styles

Culture, personality, family size, parental background, economic status, level of education, and religion are some possible contributing factors to these differences, the parenting styles of person mother and father also integrate to create unique combination in every and each family. For example, the father may choose a more permissive style, while the mother may demonstrate an authoritative approach. It is necessary for parents to have the ability to collaborate with one another as they blend different aspects of their own parenting styles in order to produce an approach to parenting that is consistent and coherent (Fazli, 2019).

2.1.10. Parenting Styles and Empathy

Due to the antecedents of affective empathy, such as affect mirroring and emotional contagion, are already present in newborn newborns, the development of empathy starts as early as birth, this is owing to the fact that affect mirroring and emotional contagion are two of the most fundamental aspects of empathy. Moreover, the exposure of children to the empathic and sensitive behavior of their caregivers may begin to foster the development of empathy (Heynen et al., 2021).

Accordingly, it is considered that the quality of the child's interaction with its primary carers in particular parents, has a significant impact in the development of empathy (Laible, 2007).

A previous research has demonstrated that parenting styles have significant effects on children's growth (Decety & Svetlova, 2012; Simons & Conger, 2007).

It is believed that the way parents raise their children can teach them to be empathetic. Children learn by watching how their parents

interact with others and with them. The way parents raise their children can also affect how much empathy boys and girls have, as parents help their children learn how to act in relationships with their peers (Fourie, 2015).

Authoritative parenting is the ideal approach for raising kids and is associated with the best possible outcomes for the child's development (Simons & Conger, 2007).

If one parent shows authoritative parenting and the other parent doesn't, the authoritative parent can make up for the other parent's lacking and still help the child grow in a good way (Simons et al., 2007). It would seem that both permissive and authoritarian parenting styles contribute to a reduction in the level of empathy and pro-social development in children (Fourie, 2015). Positive parenting styles include emotional warmth from parents, while bad parenting styles include overprotection and refusal from parents (Li et al., 2018). A previous research has shown that there is a considerable link between the behaviour of parents during child rearing and the development of empathy (Upshaw et al., 2015).

It was noticed a strong positive correlation between positive parenting patterns and college students' capacity to empathy. A significant negative correlation was observed between negative parenting patterns and college students' ability to empathy (Hu, 2009).

2.2. Burnout

2.2.1. Historical Evolution of the Burnout Concept

Professional exhaustion was first coined in 1959 and later called burnout by J.H. Freudenberge (Sturzu et al., 2019).

The term burnout was first used in the United States in the 1970s to describe the business and mental health problems that customer service representatives were experiencing (Ozturk, 2020).

In the early 1970s, American psychologist Herbert Freudenberger was the first to introduce the word burnout in a therapeutic setting

(Schaufeli, 2017). In 1974, the researcher described burnout as failure, wear and tear, or exhaustion resulting from excessive use of energy, strength, or resources (Fredenberger, 1974).

Burnout is a condition distinguished by feelings of emotional exhaustion and cynicism, it is common among people who engage in some kind of people work (Maslach & Jackson, 1981).

Burnout is characterized as a reaction to persistent emotional stress with three components: 1- Emotional and or physical exhaustion 2- Brought down work efficiency 3- Over depersonalization (Perlman & Hartman, 1982)

Burnout happens when a person feels completely exhausted, both physically and mentally, because their job involves working with people in situations that require a lot of emotions over a long time (Pines & Aronson, 1983).

Job-related stress and professional frustration may lead to burnout, which Paine defines as a progressive deterioration in work and other performance as a result of increasing difficulties in coping with high and continuing levels of such stress (Paine, 1984).

Described a condition of exhaustion as a consequence of engagement with others in emotionally demanding situations (Johnson & Stone, 1987).

Defined burnout as "a kind of mental, emotional, and physical exhaustion caused by long-term work in a challenging environment." (Pines & Aronson, 1988).

Maslach et al. (1996) burnout was described as a psychological problem that can happen to people who work with others, this problem is made up of three parts :emotional exhaustion, depersonalization, and lower personal achievement.

According to Dooley (2013) burnout is characterized by a protracted and chronic sensation of stress, unhappiness with one's employment, heightened cynicism, and a loss of optimism.

Burnout is a condition that is conceptualized as originating from persistent stress in the job that has not been successfully managed, and it has been recognized burnout as a mental health problem by the World Health Organization (WHO, 2019).

Burnout syndrome is marked by mental and emotional exhaustion, depersonalization, and a reduced feeling of personal achievement (Wang et al., 2020)

Chronic work-related stress may lead to a phenomenon called occupational burnout, which may result in fatigue, sleeplessness, family issues, absenteeism, and a lack of job satisfaction (Dadkhah-Tehrani & Adib-Hajbagherg, 2022).

Occupational burnout, also known as burnout syndrome, is a mental state brought on by working circumstances and particularly hazardous tasks, and it has negative effects on both the mental and physical health of workers (Adamopoulos & Syrou, 2023).

2.2.2. Conceptual Models Related to Burnout

Based on a review of the pertinent literature, the following are the various burnout models:

2.2.2.1. Maslach and Jackson's Three-Dimensional Model (1996)

The three dimensions of burnout proposed by Maslach et al. (1996) are emotional exhaustion, depersonalization, and decreased personal achievement. Emotional exhaustion refers to a rise in the feelings of emotional exhaustion that employees experience as a result of the depletion of emotional resources. These workers believe they are no longer able to give of themselves on a psychological level. Depersonalization indicate to

a negative, cynical attitudes and emotions concerning one's clients. Depersonalization and emotional exhaustion are frequently taken into consideration essence signs of burnout. Reduced personal accomplishment denotes a decreased capacity or productivity as well as a propensity to view oneself adversely, especially in relation to working with customers ,the staff may feel sad about themselves and unsatisfied with their accomplishments at work (Xuelei, 2020).

2.2.2.2. Pines and Aronson's Model (1988)

Pines and Aronson (1988) identified physical exhaustion, emotional exhaustion, and mental exhaustion as the three dimensions of burnout. Physical exhaustion is characterized by a lack of energy, a persistent feeling of tiredness, and condition of physical uncomfortable. Emotional exhaustion indicate to negative emotions of helplessness, hopelessness, and overall difficulty in one's environment. Mental exhaustion is a method of expressing negative attitudes about one's self, job, and life (Pines & Aronson, 1988).

2.2.2.3. Job Demands-Resources Model of Burnout (Demerouti et al., 2000)

In this model, there are two dimensions to burnout: exhaustion and disengagement. Exhaustion is the outcome of extended exposure to job stresses, which implies intense stress on several levels (physical, emotional, and cognitive). Disengagement refers to keeping a distance from work and adopting a pessimistic perspective with regard to one's professional aims, the nature of one's work, or the nature of the job as a whole (Demerouti et al. , 2000).

2.2.2.4. Four-Dimensional Model of Burnout (Salanova et al., 2005)

Salanova et al. (2005) identified four aspects of burnout: exhaustion, depersonalization, cynicism and reduced professional efficacy, exhaustion a

term used to describe extreme tiredness from any source, Depersonalization refers to demonstrating a psychological distance from a care receiver. Cynicism demonstrates a detached or uncaring attitude towards one's job, and lack of professional effectiveness includes both nonsocial and social components of occupational achievement.

2.2.3. Theoretical Framework of burnout

2.2.3.1. Social Exchange Theory

According to the Social Exchange Theory (SET) social exchange relationships are predicated on the principle of reciprocity, theory suggest when one party gives a benefit to another. The receiver usually tries to make up for the favor by providing further advantages and acting in a manner that is more beneficial to the original party (Susanto et al., 2022).

A previous research has shown that when management delivers perks to workers, employees have a tendency to feel obligated to the organization and are more likely to make major efforts to assure the firm's well-being and success in achieving its goals (Vayre, 2019).

Several studies discovered evidence in the literature on work-life balance indicating when companies or supervisors care about their workers' personal and professional well-being, employees tend to reciprocate by helping them reach their objectives via greater performance (Campo et al., 2021).

This theory considers that Burnout occurs when an employee perceives an imbalance between the efforts and contributions they have made at job and the results obtained in their work (Schaufeli et al., 2011).

The emotional resources of professionals are depleted by lack of reciprocity, which may happen with service consumers, colleagues, supervisors, and organizations, leading to chronic emotional tiredness. According to this perspective, working with customers or users creates considerable interpersonal expectations that may become emotionally

draining, which can lead to burnout. Depersonalization or cynicism are therefore utilized as stress coping mechanisms to avoid contact with the initial cause of distress, which eventually results in poor personal fulfillment (Edú-Valsania et al., 2022).

2.2.3.2. Structural Theory

According to this theory, burnout occurs when an individual's efforts to deal with the pressures at work are unsuccessful, leading to a state of chronic stress. At first, it might try employing a variety of methods to deal with the stress at work. If the methods for dealing with a difficult situation do not work, they result in the inability to succeed in one's professional life, the development of feeling unsatisfied with oneself in one's job, and emotional exhaustion, as a new method of dealing with these feelings. The subject adopts attitudes of depersonalization in order to protect themselves. In conclusion, burnout will have negative effects not just for the health of people but also for the organizations that they work for. There has been an empirical comparison of this model to those of other professions, including teaching and nursing (Edu-Valsania et al., 2022).

2.2.3.3. Theory of Emotional Contagion

Emotional contagion refers to propensity to experience and physically or nonverbally copy the emotional expressions of others during social conversations, both consciously and unconsciously (as the name would imply), whether the interactions are between two people or between two groups of people, e.g., a group of friends (Meier, 2023).

When individuals collaborate, they often find themselves in similar situations and may feel the same emotions together, like being sad, scared, or exhaustion. Therefore, on the basis of this hypothesis, it is thought that burnout happens in the workplace due to the fact that individuals in a group acquire similar ideas and feelings as a result of their connection with one another (Llorens Gumbau & Salanova, 2011). This contagion of exhaustion

has been observed especially among health care professionals and teaching (Bakker & Schaufeli, 2000), as well as between spouses (outside work). Therefore, emotional contagion is a factor that contributes to the development of burnout both inside and outside of the job (Petitta & Jiang, 2020).

2.2.4. Symptoms of Burnout

2.2.4.1. Physical Symptoms

People who are suffering from burnout often report having reoccurring physical symptoms, such as chest, neck, and back pain, headaches, and disrupted sleep patterns brought on by stress. Other common symptoms include an upset stomach, influenced appetite, and weight issues ,discovered that long-term burnout raises one's danger of developing diabetes type 2, infections, and cardiovascular diseases. In addition, burnout causes elevated levels of the stress hormone cortisol , which may result in anger, irritability, disturbed sleeping habits, and fatigue (Stander, 2022).

2.2.4.2. Emotional and Cognitive Symptoms

People who are suffering burnout often express indicators of cognitive disturbances, such as impaired problem-solving skills, decreased concentration, memory loss, and weaker executive functioning, e.g., less ability to exercise self-control and manage behaviors (Grossi et al., 2015) .

Additionally, burnout negatively affects an individual's emotional functioning. In this regard, burnout and depression are closely related (Bianchi et al., 2021). Burnout is also linked to anxiety (Naidoo et al., 2020), disruption in sleep (Van Dam, 2021), decreased motivation (Lee et al., 2019), lower level of work satisfaction (Scanlan & Still, 2019), and a decreased feeling of contentment with life (Stander,2022).

2.2.4.3. Behavioral Symptoms

Individuals who are suffering from burnout tend to disengage from their professional positions and interests in a variety of different ways. They offer the institution less of their time than is required, which in turn leads to poor performance, thus they engage in withdrawal behavior (Samee, 2020).

High turnover intentions, tardiness, absence, increased break times, and length of breaks are all examples of these behaviors (Makhdoom et al., 2019; Samee, 2020). Poor organizational commitment (Bawafaa et al., 2015). In addition, those who are experiencing significant levels of burnout are more likely to turn to drug misuse as a method of coping (Stander, 2022).

2.2.5. Levels of burnout syndrome

Levels of burnout syndrome have been characterized by (Edú-Valsania et al., 2022) :

- Mild: The afflicted suffer from moderate, non-specific physical symptoms (headaches, back pain, low back pain), manifest some fatigue, and become less active.
- Moderate: Insomnia is accompanied by attention and concentration deficits. At this level, the individual experiences alienation, irritability, cynicism, exhaustion, tedium, and a progressive loss of motivation, leaving them emotionally drained with feelings of frustration, ineptitude, remorse, and low self-esteem.
- Severe :higher rates of absenteeism, work aversion, and depersonalization, as well as increased consumption of alcohol and psychoactive drugs.
- Extreme: Isolation, hostility, existential crises, persistent depression, and suicide attempts are all examples of extreme behavior.

2.2.6. Phases of Burnout

Since burnout syndrome does not develop all of a sudden rather as a consequence of a certain process, it is vital to discuss the many phases of burnout. On the other hand, one must not forget that burnout is not a discrete process in which it progresses from one stage to another; rather, it is a continuous phenomena. These phases are described in detail below (Ozturk, 2020):

I. Enthusiasm: During this time, professional expectations and power are at an all-time high. The person prioritizes his or her profession above all else. The individual accepts challenging conditions and endeavors to adapt. Hope and anticipation are extremely high.

II. Stage: Stagnation: At this point, both desire and hope have diminished. Because of the challenges encountered in one's line of work, a person may start to feel uneasy about topics that previously held little interest to him or her .

III. Phase: Frustration: The individual who has begun working to aid and serve others is aware of how difficult it is to alter people, the system, and negative working conditions. He/ She is extremely frustrated .

IV. Phase: Apathy: At this point, the individual performs his or her work not because he or she enjoys it but rather because it is required of them. What initially seems appealing and significant becomes meaningless and sad. The desire to work, commitment, trust, and happiness are supplanted by irritability, anxiety, and depression.

2.2.7. Etiopathogenesis

There are more than one element involved in the etiopathogenesis of burnout. The following is a summary of the several etiological factors in figure (2-1)



Figure (2-1): External (environmental) and internal (personality-related) etiological factors for burnout (DeHert, 2020)

2.2.8. Risk Factors for Burnout

2.2.8.1. Workload

When seen from the standpoint of the organization, workload equals productivity ,on the other hand, from the point of view of the person, workload involves energy and time , at the moment, there are three ways in which the burden is dealt with: the job is more intensive, it requires more time, and it is more complicated. Staff members should work harder without breaks in order to increase productivity within the organization, employees are working extended hours and attempting to meet overwhelming demands. In other words, occupations necessitate multitasking. staff members simultaneously assume multiple duties (Aydemir & Icelli, 2012).

High workload has been identified as one of the main causes of burnout, psychological suffering, and lower performance at work, which is not unexpected (Mahudin & Zaabar, 2021). Workload becomes excessive when job requirements exceed human capacity, this is one of the primary contributors to the development of exhaustion, when it becomes a chronic rather than emergency work condition (Claponea & Iorga, 2023).

2.2.8.2. Hours and Shifts

Nurses are often requested to work extra hours or on their days off as temporary solutions to address staffing shortages, working long hours is associated with poor inter shift recovery and exhaustion, a heightened response to stress, and an increased probability of making mistakes, all of which lead to negative outcomes for patients (Maunder et al., 2021). An accurate analysis of the correlation between nurses' work hours and negative outcomes has led to the recommendation that even with voluntary overtime, nurses should not work more than 12 hours per day and no more than 60 hours per week (Bae, 2021).

2.2.8.3. Interpersonal Conflict and Lack of Support

There is a correlation between interpersonal conflict and elevated levels of burnout (Dall'Ora et al., 2020). Interpersonal and professional conflicts are also linked to burnout among healthcare professionals, burnout is linked to elevated levels of doctor\doctor conflict, conflict between doctors and nurses, family-work conflict. This conflict occurs more frequently between staff members with similar levels of authority (Dubale et al., 2019). Furthermore, burnout rates are higher among nurses and doctors who report a lack of social support from their peers and managers (Maunder et al., 2021).

2.2.8.4. Violence and Abuse

The prevalence of violence and maltreatment in healthcare settings is widespread. The World Health Organization (WHO) categorizes

workplace violence into two types: emotional and physical. Physical violence is characterized by the use of physical force that cause damage (e.g., beatings and kicks), emotional violence refers to the use of non-physical power in manner causes harm (e.g., verbal abuse, bullying) (Havaei et al., 2020).

Bullying is a prevalent occurrence for young physicians, particularly women (rates of 30-95% in 18 studies). These experiences have constantly been linked with burnout (Samsudin et al., 2018).

2.2.8.5. Moral Distress

Moral distress is defined as the incapacity to perform the perceived correct action in a medical situation due to a multitude of external and internal limitations that prohibit action in conformity with occupational norms of practice and personal moral integrity. These limitations can show up as differences in power, cases where medical treatment won't help, not having enough resources, and not enough staff. These challenges make it difficult for healthcare providers to give the best care to their patients (Booth, 2020).

People are put in circumstances that go against their principles and beliefs, but there is nothing they can do about it, they may experience moral distress (Hancock et al., 2020). Moral distress was first documented in the nursing profession (Wilson et al., 2022). Moral distress happens when nurses are aware of the activities that are ethically correct but are unable to carry them out, which leads to a rise in workloads for intensive care unit (ICU) nurses, which were quite high to begin with (Oh & Gastmans, 2015).

When a nurse is experiencing moral distress, she will feel more exhausted, both physically and emotionally. As a result, her degree of empathy for patients and their families will decline, which will have negatively impact the quality of healthcare that is able to deliver (Savel & Munro, 2015). The medical staff members and moral distress have been

linked to feelings of burnout ,dissatisfaction with one's job, difficulty sleeping, and even resignation (Norman et al., 2021).

Using the Maslach Burnout Inventory (MBI), researchers conducted a cross-sectional survey of 114 nurses working in neonatal/pediatric, oncology, and critical care units. They found that moral distress was a statistically significant predictor of the three aspects of burnout, which were emotional exhaustion, depersonalization, and personal accomplishment (Rushton et al., 2015).

Moral distress, characterized by feelings of remorse and anxiety, can result from living traumatic or extremely fatigued events that violate one's profoundly held morals and values ,such as situations in which one is prevented from doing what they believe is right, e.g., when factors prevent medical staff from providing adequate care (Williams et al., 2020; Norman et al., 2021). Researchers have shown that moral distress may develop into moral injury, even though it may be temporary and go away on its own (C̃artolovni et al., 2021).

It manifests as ongoing suffering on several levels (psychological, existential, spiritual) as a direct consequence of the values violation. Moral injury is linked to a variety of psychological issues, including post traumatic stress disorder (PTSD) and suicide thoughts (Griffin et al., 2019).

2.2.8.6. Work Dissatisfaction

Nurses whose job commitment is strong find workload less minatory, this is because a high level of workplace commitment provides nurses with a sense of belonging and security. However, a lack of commitment may lead to burnout, lower levels of burnout were found among nurses who were content with their jobs and who received getting recognition such as a good wage, appreciation from patients, or the thanks from of their patients' families (Diehl et al., 2021).

Also, low pay is one source of job dissatisfaction which, in turn, may lead to cynicism and burnout (Mcmillan et al., 2016). The risk of

exhaustion was substantially enhanced among nurses who reported thinking about work during their free time (Silva et al., 2015).

In addition It has been shown that nurses who are dissatisfied with their job are more likely to experience burnout, and that this dissatisfaction is strongly associated with their evaluation of the quality of care they have delivered to patients (Martinelli et al., 2020).

2.9. Burnout in Nursing

Nursing is a very demanding job that can cause a lot of stress. It is often seen that nurses and other health professionals experience burnout due to the demands of their job (Markwell et al., 2016).

Stress among nurses caused by their jobs has a negative impact not only on their own functioning but also on the organization in which they work and the quality of care that is delivered. Stress at work may come from a variety of different places, and those working in nursing face a lot of it. Some of these stresses are associated with the individual's personality, while others are associated with the environment of the job, the structure of the organization, or interactions with service users (Jubair & Muttaleb, 2022).

Some professionals are able to control the symptoms, while others who cannot adjust to the long-term demands of their jobs, lack of specialists and inadequate communication, individuals often tend to feel exhausted both emotionally and physically (Darban et al., 2016).

Burnout impairs the capacity of nurses to provide care , every day nurses confront the challenge of balancing their human, empathic, and sensitive natures with their many professional responsibilities (De Oliveira et al.,2019). The exhausting nature of the nursing occupation demand significant physical and emotional flexibility to handle the challenges they face at work ,this helps them to improve their performance on the job (Permarupan et al., 2020).

Burnout is deemed an epidemic problem among nurses due to human, administrative, organizational, and work characteristics, reducing nurses' ability to adequately manage their demanding jobs, particularly as the nursing staff ages and job demands increase (Queiros et al., 2019).

2.10 . Prevention of burnout

In order to handle stress better, nurses and doctors need to build trustworthy relationships with their team, think positively about situations, and focus on their own strengths as ways of self-care and avoiding burnout (Wei et al., 2020).

Self-care refers to an action taken on purpose to improve one's emotional, mental, and spiritual health. It is important for all workers, but especially for nurses, who spend their time looking after people (Russell, 2016).

Multiple strategies can be utilized to reduce nurse fatigue, to reduce stress among doctors and nurses. Various helpful activities have been used, like meditation, yoga, spending time with friends in the evening, and participating in training programs to develop new skills. It is also helpful when the administration appreciates the hard work and contributions of nurses (Alexander et al., 2015; Aryankhesal et al., 2019; Mealer et al., 2014).

Positive improvements were seen in individuals after they meditated for many weeks or several sessions using a computer, leading researchers to conclude that meditation is an effective intervention (Kurosaka, 2020). Nurses who are experiencing burnout should have access to treatments and mental counseling , which should be provided by healthcare organizations (Henry, 2014).

Additionally, mindfulness is considered one of the most effective methods for addressing this issue , due to its beneficial effects on stress reduction, anxiety-depression symptoms, and overall life satisfaction, stress

management has acquired popularity , person can choose what they want to think about. According to theories, this skill helps you to have more endurance by making painful memories and worrying thoughts less important (Jubair & Muttaleb, 2022).

Nursing professionals may benefit from mindfulness-based training in a number of ways, including better stress management, better health, more attentive care giving , more empathy and present with patients and their families, and greater job satisfaction, calmness on the job , and a reduced risk of burnout (Adhikari, 2021). Also lifestyle changes such as regular exercise, a healthy diet, and sufficient adequate sleep reduce burnout (Ross et al., 2017).

2.3. Empathy

2.3.1. An Overview

Empathy is first formulated with Titchener in the early 20th century as an English translation of the German word *einfuhlung* (Lishner et al., 2017). *Einfuhlung* literally meaning "feeling into" and refers to the capacity to understand another person's experience from their own point of view (Scott, 2011).

In the 1950s, the field of social psychology coined the phrase ‘capacity to think and feel oneself into the inner life of another person’ as the first definition of the concept of empathy (Tan et al., 2021).

Since then, empathy has been studied in numerous branches of psychology, including developmental psychology, social, and forensic. Also, a research on the effects of empathy in healthcare settings dates back 50 years, with the first studies being done in the medical field , in nursing and in counseling (Scott, 2011).

Also the notion of empathy was first introduced to the medical sector in the 1980s, and it has since become recognized as an essential trait for healthcare professionals, empathy demands medical personnel to

consider the patient's perspective and to comprehend the patient's emotions and thoughts (Li et al., 2018).

2.3.2. Dimensional of Empathy

2.3.2.1. Cognitive Empathy

Cognitive empathy indicates the intellectual processes a person employs to make sure the emotional state of another individual. These processes help us understand the information we get from others and we can learn them by watching and experiencing. One component of cognitive empathy is "perspective taking," or the capacity to perceive a situation from another person's point of view. Perspective-taking skills allow people to imagine other people's viewpoints and experiences without bias or judgment, regardless of how they would feel in that situation themselves (Fuller et al., 2021). This form of empathy is dependent on the cognitive development of children; therefore, it does not develop until children possess the necessary cognitive skills (Halfpenny & James, 2020).

2.3.2.2. Affective Empathy

Affective empathy means having the capacity to share, be aware of, experience, or envision the sentiments that other people are experiencing. Because we are dealing with an emotional infection, affective empathy creates the chance that we may suffer when the other person is in pain or we experience joy when the other person is happy. It is the capacity to feel consciously or unconsciously how another person is feeling; it appears after the experience of cognitive empathy (Hadi, 2019).

2.3.3.3. Behavioral Empathy

Behavioral empathy refers to the capacity to convey comprehension (whether cognitive or affective) to the individual in a manner that can be comprehended (Bayne & Hankey, 2020).

2.3.3.4. Moral Empathy

Moral empathy is an internal motive of care for another person and a wish to act in order to alleviate the suffering of others through acts of kindness and other forms of altruism (Jeffrey, 2016).

Altruism is defined as understanding the experience of another person, which may include caring about others and being willing to help and make sacrifices for them, continued self-sacrifice on the part of nurses may eventually result in emotional exhaustion as well as burnout (Sheldon, 2009).

2.3.3. Empathy and Health Outcomes

Understanding and caring about how someone else feels is very important in the relationship between caregivers and their patients. Studies have shown that having empathy is crucial for improving the result health, as a result of its ability to detect and acknowledge the users' experiences, concerns, and perspectives, it enables health care providers to provide better care (Moudatsou et al., 2020).

In any therapeutic connection, empathy is one of the most fundamental qualities (Sheehan et al., 2013). Furthermore, there is convincing data about the advantages to patients, one of which is an increase in overall satisfaction, Similarly, a number of authors emphasize the connection between empathy and therapeutic adherence among patients, also increased empathy stimulates a rise in employee wellness , additionally in their interactions with patients and colleagues. Empathy is associated with a decreased likelihood of burnout occurrence, and the opposite is true (Bas Sarmiento et al., 2020).

It also performs a decrease in hostile behavior, an improvement in leadership abilities, and a reduction in workplace conflicts. Additionally, it is associated with lower malpractice suit rates and generates a lowering in

the utilization of resources, which decrease health care costs (Chen & Forbes, 2014; Kelm et al., 2014; Yuguero et al., 2018).

It has been observed that the development of an empathic relationship during the process of care enhances the therapeutic outcomes, as users are more compliant with the therapeutic plan of action (Ogle et al., 2013).

Studies carried out on different patient groups with different health issues produced positive findings about the development of those patients' health .Specifically, research on diabetic patients has demonstrated a correlation between empathy and a positive therapeutic outcome (Del Canale et al., 2012).

Furthermore, a midwife's ability to empathize with a pregnant woman may boost the expectant mothers sense of satisfaction and relieve anxiety ,anguish, and pain of the impending labor because the future mother feels safety, confidence, and support, because love, compassion, and spiritual vision are the most crucial aspects of her employment. A midwife must continually work to maintain empathy (Moloney & Gair, 2015).

Comprehending based on empathy is essential to the relationship between a healthcare provider and a patient, When this occurs, patients feel confident in the professional's abilities and develop a sense of safety. Therefore, the distance between the expert and the patient shrinks, bringing them closer together so that they can experience mutual benefits (Moudatsou et al., 2020).

Empathy is also essential for the wellbeing of healthcare professionals. It can aid in the prevention of emotional exhaustion and depression, as well as the management of emotional distress caused by patient suffering, illness, and mortality (Kerasidou & Horn, 2018).

2.3.4. Reasons of Low Empathy Levels

Numerous patients are health care professionals that must manage, inadequacy of time, emphasis on therapy, lack of training in empathy (Hojat et al., 2013), and a dread of boundary is violation on the part of health professionals, inadequate training, along with time constraints, anxiety, and a deficiency in self-awareness, in additionally the varying socioeconomic statuses. All these factors contribute to decrease of empathy level (Moudatsou et al., 2020).

Additionally, the degree to which an individual is able to empathize with others may be influenced by a wide variety of circumstances, including gender, personality, job choices, shared experience with patients, educational background, and the working environment, also studies reveal empathy declines with stress and burnout (YU et al., 2022).

2.3.5. Conceptual Framework that Representing Barriers and Facilitators of Empathy

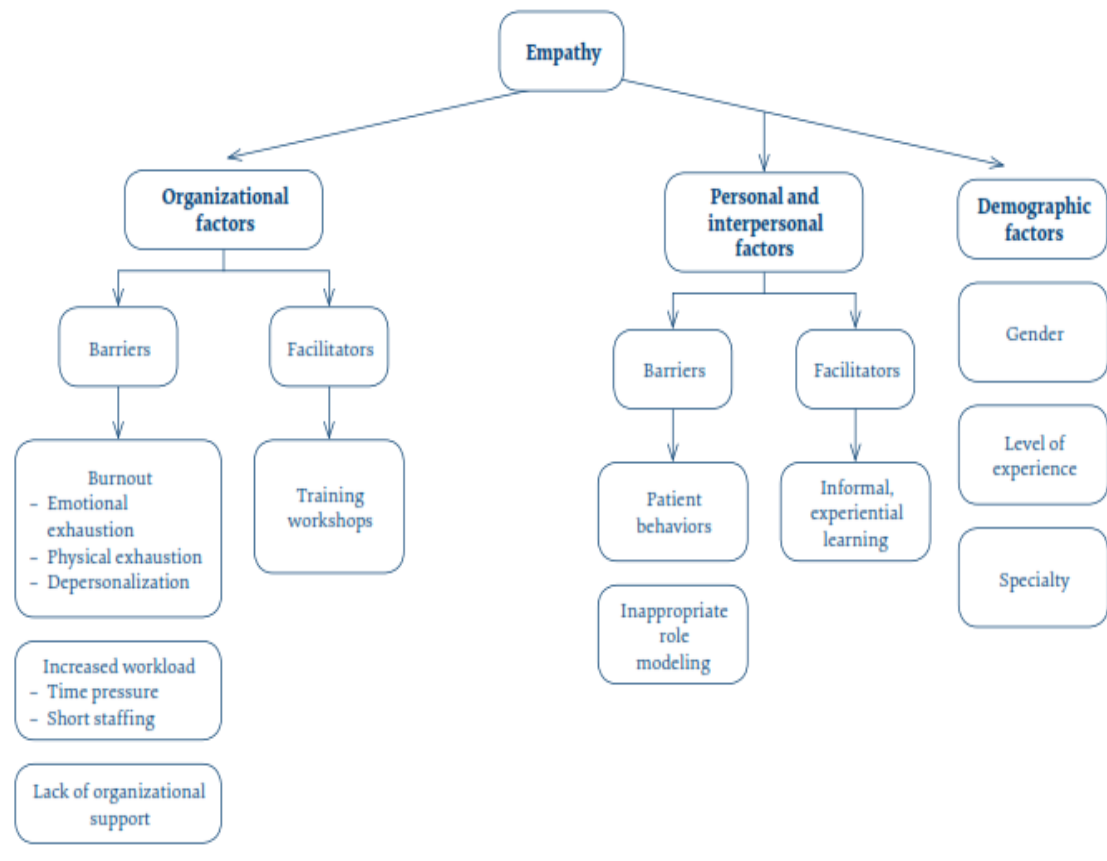


Figure (2-2) : Conceptual framework representing barriers and facilitators of empathy (Elayyan et al., 2018)

2.3.6. Relationship between Burnout and Empathy

Burnout is an increasing issue among medical personnel around the globe. Empathy has been described as a crucial skill for alleviating burnout (Yue et al., 2022).

Empathy, work commitment, and job satisfaction are some of the elements that have been studied in the medical literature as potential alleviating factors for medical staff burnout because of the influence it has not just on patients but also on the medical team, empathy is a distinctive psychological resource by establishment of personal relationships and improvement of patient communication (Caro et al., 2017).

In health care settings, empathy is crucial because it fosters a positive relationship between health care professionals and patients, this

positive interaction acts barrier against burnout in the workplace (Williams et al., 2017).

People who work in social and health care have to deal with clients and patients who go through tough emotional situations and show strong negative feelings, experiencing this kind of situation every day can lead make you feel more emotional stress and could potentially increase the chance of burnout (Altmann & Roth, 2021). Numerous studies have looked at empathy as a predictive variable of burnout (Bogiatzaki et al., 2019 ; Yuguero et al., 2017).

For instance, a research conducted in Spain on primary care practitioners discovered that higher levels of empathy a correlation between lower levels of burnout in the workforce (Yuguero et al., 2017).

Also a study that showed high degrees of burnout are correlated with low empathy levels, researchers discovered that having high empathy levels may save professionals from getting burnout (Bogiatzaki et al., 2019).

2.4. Previous Studies

2.4.1. First Study

" Empathy, Burnout, Demographic Variables and their Relationships in Oncology Nurses " Taleghani et al. (2017) conducted a study in a specialized center for the treatment of cancer located in Isfahan. On sample of 67 oncology nurses were chosen. that aims to define the level of empathy among oncology nurses and its relationship with burnout and certain demographic characteristics. It found a results of the average scores for empathy and burnout among nurses were 62.28 and 38.8 out of 100, respectively. Empathy score demonstrated an inverse relationship with overall burnout score ($r = 0.189$, $P = 0.04$), depersonalization ($r = 0.218$, $P = 0.02$), and personal accomplishment ($r = 0.265$, $P = 0.01$). A multiple regression test was used to find out which aspect of burnout was a better

predictor of the decline in empathy score. According to the findings, best indicators, were a lack of personal accomplishment ($P = 0.02$), depersonalization ($P = 0.04$), and emotional exhaustion ($P = 0.14$). Work experience was the most influential demographic factor on empathy ($r = 0.304$, $P = 0.004$). According to one-way analysis of variance, official staff had higher empathy ($f = 2.39$, $P = 0.045$) and decreased burnout ($f = 2.56$, $P = 0.04$). It concluded that there was a negative connection between empathy and burnout among oncology nurses. As a result, nursing support from managers to avoid burnout promotes empathic conduct in nurses.

2.4.2. Second Study

"The relationship between burnout and job satisfaction among psychiatric nurses" Behilak et al. (2019) conducted a study in at Tanta University Hospital's Psychiatric Department and Tanta Mental Health Hospital on sample of that involve fifty nursing personnel that aims to assess the correlation between work satisfaction and burnout among psychiatric nurses and the results found that most nurses reported dissatisfaction with their jobs. In regard to burnout among staff nurses, it was noticed that most nurses felt very burnout. Concerning burnout dimensions, it was shown that the majority of nurses reported significant levels of emotional exhaustion and depersonalization in comparison to low levels of accomplishment. It was revealed that there was a significant inverse association between burnout and work satisfaction. The greatest frequency of nurses had high levels of burnout and had poor levels of job satisfaction, and concluded that the greatest number of nurses suffered from high levels of burnout and lower levels of work satisfaction. It proposed newly established strategies to help decrease burnout among nurses and promote work satisfaction, which would ultimately lead to an improvement in the quality of medical care. Therefore, there is a dire need for further assistance of managers in the prevent burnout. As a result, it will improve

creativity, work satisfaction, feelings of self-worth, and the level of service provided.

2.4.3. Third Study

"Effects of parenting styles on empathy and callous-unemotional traits in college students" Smith's (2019) study aims to assess the relationships between parental styles, empathy, and callous-unemotional traits in college students by using self-report measures. The sample involves undergraduate students who were between 18 and 25 years old. The findings point to correlations among parenting styles, empathy, and CU characteristics. Specifically, authoritarian parenting styles are connected adversely with CU characteristics, whereas authoritative parenting styles are positively correlated with empathy.

2.4.4. Fourth Study

"Empathy and Burnout of Healthcare Professionals in Public Hospitals of Greece" Bogiatzaki et al. (2019) conducted a study in May of 2018, where information was collected from a group of individuals at one point in time. The sample consisted of 173 healthcare workers from different fields, and 75.2% of them participated. The study aims to assess the level of burnout and empathy of medical staff at general hospitals and their determinants. The results show that the score for empathy was comparatively high (mean value=102, SD±16.2), however, the score for burnout was at a moderate level (mean value=38.1, SD±18.8). The three dimensions of burnout were found at a moderate level: emotional exhaustion (mean value=21.3, SD±11.8), depersonalization (mean value=7.2, SD±6.1), and personal accomplishment (mean value=38.1, SD±7.6). Female participants and employees in specific departments (Pediatric, Cardiological, Pathological, Psychiatric, Artificial Kidney Unit, Regular Outpatient Clinics, and Emergency Department) showed higher empathy scores. Overall, burnout was lower and depersonalization was greater among those with more years of service.

Male participants scored higher depersonalization than female participants, and those working in the pediatric, cardiovascular, pathological, psychiatric, artificial kidney unit, regular outpatient clinics, and emergency department reported the highest levels of emotional exhaustion. Additionally, a higher level of empathy was linked to a decrease in burnout, lower depersonalization, higher personal achievement, and concluded that the results imply a negative correlation between empathy and burnout. Training programs that help healthcare professionals become more empathetic may greatly reduce burnout.

2.4.5. Fifth Study

"The Relationship Between Burnout and Perceived Stress: A sample of Healthcare Workers" Devebakan (2019) a study was conducted at the Dokuz Eylul University Hospital (DEUH). On a sample total of 156 medical secretaries, 32 men and 124 women working in various departments. that aims to investigate the relationship between perceived stress and burnout using Maslach's three-dimensional model. It found that stress and burnout scores did not differ statistically in terms of sociodemographic characteristics such as gender, marital status, education level, and working unit. Also, stress was found to have a positive relationship with emotional exhaustion and depersonalization, and both depersonalization and personal accomplishment subscales were significant predictors of stress.

2.4.6. Sixth Study

"Assessment of Empathy and Anger Management of Nurses" Ozdemir et al. (2019) a study was conducted from April to July of 2018. On nurses worked at the university hospital during the time of the study and decided to take part in it were the study's participants. that aims to evaluate the relationship between empathy and anger management and to assess the degrees of empathy in nurses. It found a results of the study

group had 391 women (78.2%) and 109 men (21.8%). Their ages ranged from 21 to 55, and the average was 34.05 ± 7.84 years. The nurses' Scale of Empathy ratings ranged from 79 to 116, with a mean score of 98.54 ± 6.17 . It was discovered that women who attended the School of Health, held a postgraduate degree, and had an adequate family income tended to score higher on the empathy scale. There was no correlation between empathy levels and age, marital status, conscious career choice, total term of nursing employment, present work unit, shift work, or weekly working time. There was no correlation between the empathy scale and the anger inventory scores. It concluded that nurses have a medium level of empathy. Women educated at the School of Health and holding a postgraduate degree were shown to have a higher level of empathy. There was no correlation established between empathy level and management of anger. Activities that provide information on anger control and raise nurses' empathy levels may be beneficial. More research is needed on this subject.

2.4.7. Seventh Study

"Investigation of the Relationship between Empathy and Burnout Levels of Nursing Students" Turan et al. (2019) a descriptive and cross-sectional used a method of stratified random sampling to select 290 nursing students from a population of 1294 students studying a Nursing Faculty in the 2016-2017 academic year, that aims to Identify the association between nursing students' empathy and burnout levels. It found a results of the students were 84.1% female, with an average age of 20.28 ± 1.47 . The mean score of the Empathic Skill Scale B-Form was 143.86 ± 23.93 , while the mean scores of the Maslach Burnout Inventory-Student Form sub-dimensions were 5.11 ± 4.69 in burnout, 9.34 ± 3.62 in depersonalization, and 12.78 ± 2.67 in competency. There is a statistically significant relationship between the Depersonalization sub-dimension score of the Maslach Burnout Inventory and the Empathic Skill Scale score of nursing students ($p < 0.05$). It concluded that it was found that nursing students' levels of

burnout and empathy were moderate and that certain demographic characteristics had an impact on those levels.

2.4.8. Eighth Study

" Relationship between occupational burnout and demographic variables among nurses in Jahrom, Iran" Yektatalab et al. (2019) A study was conducted in 2016 on nurses working at Motahari Hospital and Peymaneh Hospital, both of which are associated with Jahrom University of Medical Sciences (Iran). On the basis of the inclusion criteria, 250 participants were selected .that aims to assess the relationship between occupational burnout and all demographic variables for nurses in Jahrom, Iran . It found a results of 223 (89.2%) of the nurses in the study had moderate to severe occupational burnout. Personal accomplishment and age ($r=0.21$, $P=0.002$) and education level ($r=-0.16$, $P=0.01$) had a significant association Moreover, income level was associated with emotional exhaustion ($r=-0.38$, $P=0.001$), depersonalization ($r=-0.3$, $P=0.001$), and personal accomplishment ($r=0.35$, $P=0.001$). Sex and depersonalization also found to have a significant relationship ($r=-0.15$, $P=0.02$). There was, however, no correlation between occupational burnout subscales and the number of children, hospital ward type of employment, or marital status ($P>0.0$). It concluded that there was a significant positive correlation between occupational burnout subscales and younger age, lower income, higher education, and male nurses.

2.4.9. Ninth Study

"Workplace Empowerment, Burnout, and Job Satisfaction Among Nursing Faculty Members: Testing Kanter's theory" Valdez et al. (2019) Utilizing online survey tools for self-assessment and evaluation, the study was conducted. The study examined nursing faculty members' levels of empowerment, burnout, and job satisfaction. The study included 142 faculty members and working at Oman College of Health Sciences who

met the conditions for inclusion and exclusion. That aims to using Kanter's theory, find out the level of Nurse Faculty workplace empowerment, burnout, and job satisfaction among the nursing faculty at Oman College of Health Sciences. It found a results of nursing professors in Oman reported a moderate level of empowerment, job satisfaction, and burnout. There was a significant relationship between structural empowerment and job satisfaction ($r=0.603$, $p<0.01$) or burnout ($r=0.718$, $p<0.01$). $p<0.01$). The computed number of r shows a strong positive correlation. In addition, the findings reveal that there was a significant positive correlation between job satisfaction and burnout ($r=0.759$, $p<0.01$). It concluded that the end result confirms Kanter's organizational support theory in the Oman College of Health Science schools population. Higher degrees of empowerment were associated with lower levels of burnout and higher levels of job satisfaction.

2.4.10. Tenth Study

"Relationship between Self-Efficacy and Burnout among Nurses Working at Teaching Hospitals in Babylon City" Mansour and Hussein (2020) a study was conducted between September 16th, 2019 and April 15th, 2020 to examine the relationship between self-efficacy and burnout among teaching hospital nurses in Babylon city, that aims to evaluation of burnout and self-efficacy as well as evaluating the relationship between nurses. A convenience sample of (180) nurses (non-probability sampling). The results of the study indicated that the majority of the study sample consisted of female nurses between the ages of 24 and 29. Furthermore, the results indicated a moderate level of self-efficacy and burnout.

2.4.11. Eleventh Study

"Burnout among Palestinian Nurses Working in Governmental and Private Hospitals at Nablus District" Abukhader et al. (2020) Nurse burnout was evaluated using a cross-sectional, descriptive, correlational study

design and to investigate the differences in burnout levels among nurses at four hospitals in the Nablus district: Nablus Specialty Hospital, Specialized Arab Hospital, both of which are private hospitals, Al Watani Hospital and Rafidia Surgical Hospital, government hospitals. 195 of the 420 nurses working in Nablus district hospitals were chosen as study subjects, using a method called "stratified random sampling." It found a results of the majority of the nurses who participated (95.4%) had quite high levels of Depersonalization, while the remaining (63.1%) had moderate levels of Emotional exhaustion, while 28.2% reporting severe Emotional exhaustion. It concluded that hospital nurses in both the governmental and private health sectors hospital a serious issue with burnout. In addition, the study revealed that the work conditions and demographic characteristics of nurses have a substantial impact and play a crucial role in their feelings of burnout.

2.4.12. Twelveth Study

"Burnout syndrome in healthcare professionals who care for patients with prolonged disorders of consciousness: a cross-sectional survey" Wang et al. (2020) Institutional cross-sectional research. The Maslach Burnout Inventory-Human Services Survey was used to assess burnout in the neurorehabilitation workforce, which plays a vital role in the care of patients with chronic disorders of consciousness. The aim of this study healthcare providers managing these patients should be assessed for burnout and the presence of personal and environmental factors that contribute to burnout. It found a results of two-hundred questionnaires were sent out, 121 were returned, and 93 of those were usable for analysis. Burnout was present in 65.6% of the study participants (55.2% of physicians and 82.9% of nurses). Emotional exhaustion and depersonalization were associated with age, gender, occupation, marital status, years of practice, and education level, as were risks and Maslach Burnout Inventory scores. Marital status was correlated with lower levels

of personal accomplishment. High levels of burnout were associated with the variables age (<29), occupation (nurses), marital status (single), years of practice (<5), and educational level (\leq Undergraduate). It concluded that high levels of burnout are experienced by healthcare professionals who treat patients with disorders of consciousness. Those who were younger, nurses, unmarried, had less practice experience, or had lower levels of education were more likely to experience elevated levels of burnout.

2.4.13. Thirteenth Study

"Empathy and burnout in medical staff: mediating role of job satisfaction and job commitment" Yue et al. (2022) Investigating the mediation function of job satisfaction and job commitment in the connection between empathy and burnout among medical staff. This study examines its effect and mechanism. 335 responses from medical staff in Tianjin City, China, to a self-administered questionnaire that contained the Maslach Burnout Inventory (MBI) to measure burnout resulted in data on sociodemographic traits, empathy, burnout, job satisfaction, and career commitment. Bivariate correlation and structured equation modeling (SEM) were used to analyze the relationships between burnout, empathy, job satisfaction, and job commitment. Multi-group invariant analysis was used to determine whether the model held across different types and levels of hospitals as well as different job and employment type subgroups. It found a results of there were a total of 202 (60.3% of the medical staff) with low burnout, 115 (34.3%) with moderate burnout, and 18 (5.4%) with high burnout. The SEM results revealed that empathy not only had a direct negative effect on burnout ($\beta = -0.401$, $P < 0.001$) but also had an indirect effect via job satisfaction ($\beta = -0.373$, $P < 0.001$) and job commitment ($\beta = 0.489$, $P < 0.001$). There was a negative correlation between job commitment and burnout ($\beta = -0.513$, $P < 0.001$), but job satisfaction was unexpectedly related positively with burnout ($\beta = 0.177$, $P < 0.001$). The results also showed that the model was consistent across job type $\Delta \chi^2 =$

5.904, $p > 0.05$) and hospital type ($\Delta \chi^2 = 7.748$, $p > 0.05$), but inconsistent across hospital level ($\Delta \chi^2 = 42.930$, $p < 0.05$) or job type ($\Delta \chi^2 = 52.912$, $p < 0.05$). It concluded that study showed how important empathy is in dealing with burnout and how managing job satisfaction and growing job commitment helped reduce burnout .

2.4.14. Fourteenth Study

" On the Relationship Between Job Satisfaction and Burnout Among Nurses Working in Hospitals of Erbil, a City in Kurdistan Region of Iraq" Hajibabae et al. (2022) A study was conducted in Erbil City, Kurdistan, at the public hospital. on sample 455 members of the nursing staff, such as nurses, assistant nurses, and nurse aids. That aims to investigate the association between job satisfaction and burnout among nurses working in hospitals in Erbil, a city in Iraq's Kurdistan region, between 2015 and 2016. It found a results of 7.8% of nurses reported low job satisfaction, 45.2% reported moderate job satisfaction, 42.7% reported high job satisfaction, and 4.4% reported exceptionally high job satisfaction. The burnout results revealed that the mean values for lack of personal success were 36.16 ± 12.51 , emotional exhaustion was 13.38 ± 9.86 , and depersonalization was 8.67 ± 8.39 Pearson's correlation coefficient test found a statistically significant but adverse link ($P \leq 0.0001$) between nurses' job satisfaction and the three burnout categories. It concluded that the authors recommend a monthly job satisfaction evaluation and the identification of factors that negatively impact job satisfaction. Managers should support and promote effective communication in work environments, as well as ensure that nurses engage in decision-making, to further prevent nurse burnout. Job conflicts and ambiguities should be minimized and avoided whenever possible.

Chapter Three

Methodology

Chapter Three

Methodology

This chapter reviews the method used to conduct this study, study design, administrative arrangements, and ethical considerations, setting of the study, population, sample method, study instrument, the validity of the questionnaire, pilot study, reliability of the instrument, method of data collection and statistical analysis of data.

3.1. The Study Design

A descriptive correlational study design was used by researcher because it suitability with the study goals to find out the relationship between parental styles, burnout, and empathy among nurses working at teaching hospitals in Kerbala city. The study period started from the period of 26th September, 2022, to 2nd August, 2023 .

3.2. Administrative Arrangements

The official authorities involved in this subject must receive a formal request before the current research may be started in order to properly begin. A protocol for research design was established as part of the research procedure. The protocol included: title, objectives and questionnaire were presented to the Ethics Committee formed within the college of nursing, which reviewed the study tools (questionnaire) and therefore agreed to conduct the study (Appendix A).

Therefore, a formal administrative request was made to the nursing college for facilitate the task of collecting samples. Then, a formal administrative request was submitted by the College of the Nursing / University of Kerbala to kerbala Health Directorate (Appendix B). Kerbala Health Directorate (Training Department and Development) assigned the researcher to fill out the approval form of a Research Protocol\ Ministry of Health (Appendix B1) which has information related to the study.

Then, it sent approval form to training department and development present in all teaching hospitals in Kerbala city (Al-Imam Al-Hussain Medical City, Al-Imam Al-Hassan Al-Mujtaba Teaching Hospital, Kerbala Teaching Hospital for Children and Obstetrics and Gynaecology Teaching Hospital) to obtain permission to collect data from these hospitals.

In the last step of the administrative arrangements, an official letter by the Kerbala Health Directorate (Training Department and Development) Permission Submission to college of the Nursing / University of Kerbala and these teaching hospitals to facilitate the task of collecting data (Appendix B2).

In addition, the consent helped the researcher to collect the data from teaching hospitals and meet the nurses for the purpose of gathering information using the structured questionnaire format after taking permission from the nurses to participate in the study.

3.3. Ethical Consideration

The first ethical approval was obtained from the Ethical Committee at College of Nursing, University of Kerbala which reviews the content of questionnaire and giving their approval. Then, the researcher obtained written informed approval from each nurse. Before nurses participated in the study, the researcher described the goal of the study to them. Additionally, the researcher made it clear to the participants that taking part in this study was entirely elective and according to the subject's consent sheet, also gave assured them that would maintain the confidentiality of the data and that it would be safely maintained both during and after the course of the research.

3.4. The Setting of the Study

Data were collected from academic nurses who worked in four teaching hospitals in Kerbala city (Al-Imam Al-Hussain Medical City,

Al-Imam Al- Hassan Al- Mujtaba Teaching Hospital, Kerbala Teaching Hospital for Children and Obstetrics and Gynaecology Teaching Hospital).

3.5. Population

The target population was 335 academic nurses working in four teaching hospitals in Kerbala city (Al-Imam Al–Hussian Medical City, Al-Imam Al- Hassan Al- Mujtaba Teaching Hospital, Kerbala Teaching Hospital for Children and Obstetrics and Gynaecology Teaching Hospital) The population of academic nurses from each hospital was 142, 144, 31, and 18, respectively.

3.5.1. Sample size

The sample size was estimated according to Soper sample calculator (Soper, 2023). The minimum sample size was 128 academic nurses. The researcher selects a sample of 180 academic nurses to get more representation of sample population and get more accurate results, considering the possibility of incomplete or non-responses from the participants.

3.6. Sample Method

A purposive (non- probability) sample of 180 nurses are selected according to specific inclusion criteria, the population of academic nurses from each hospital was (Al-Imam Al –Hussian Medical City, Al- Imam Al- Hassan Al- Mujtaba Teaching Hospital, Kerbala Teaching Hospital for Children and Obstetrics and Gynaecology Teaching Hospital) 142, 144, 31, 18 and number of nurses samples in each hospital 78, 74, 14, 14, respectively.

3.6.1. Inclusion criteria

1. Academic nurses with bachelor degree in nursing.
2. Academic nurses providing direct nursing care to patients.

3.6.2. Exclusion criteria

1. Nurses who are work as nurse administrative, nurses on maternity leave, sick leave, or in continuing education.
2. Nurse who lost one of the parents or both .

Table (3-1): The Population and Sample Number of Each Hospital

Selected Hospitals	Population	Sample
Al-Imam Al –Hussian Medical City	142	78
Al-Imam Al- Hassan Al- Mujtaba Teaching Hospital	144	74
Kerbala Teaching Hospital for Children	31	14
Obstetrics and Gynaecology Teaching Hospital	18	14
Total	335	180

3.7. Study Instrument

The questionnaire was designed by researcher according to the previous studies related to variables included in current study. The researcher uses an instrument consisting of four parts demographic information data, Parental Authority Questionnaire, Jefferson Scale of Empathy Physician/Health Professions (HP – version), and Maslach Burnout Inventory to measure the problem statement (Appendix C).

3.7.1. Part I: Demographic Data

The socio-demographic sheet includes nurse ' age, gender, marital status, work shift, job desire, monthly income, hospital, and years of experience.

3.7.2. Part II: Parental Authority Questionnaire

A short version of the scale of Parental Authority Questionnaire was used, which was built by Buri (1991),which he shortened by (Jaradat

& Al-Jawarneh, 2014) and derived from the original version developed by Al-Sharifin (2008). The short version of the scale - which was used in the current study taken from the Arabic study of (Bakri & Rimawi, 2019) .It consisted of 30 items, (15) items for the father and (15) items for the mother covering three dimensions of parental Styles, the authoritative, and the number of its items is five (1, 3, 6, 9, 12), while the permissive and the number of its items are five (4, 8, 11, 13, 15), and authoritarian its number of five items (2, 5, 7, 10, 14) and the scale has two identical images, one of which measures the mother's treatment style , and the other measures the father's treatment style from the sons' point of view. It's important to note that the items are not all rated the same way; some are positively stated (2, 5, 7, 8, 10, 14) and scored directly, while others are negatively worded (1, 3, 4, 6, 9, 11, 12, 13, 15) and reverse scored. The response was designed on the questionnaire using the Likert scale method quintet, as the following: strongly agree, agree, neutral, disagree, strongly disagree. the total score on each dimension ranges between 5 and 25, so that the higher the score, the more this is an indication that this style is the dominant among the three styles: permissive, authoritarian, and authoritative.

3.7.3. Part III: Jefferson Scale of Empathy Physician/Health Professions (HP – version)

The Jefferson Scale of Empathy (JSE) was developed by (Hojat et., 2002). Used the scale translated into the Arabic language by (Nashawi, 2009) in this study. The JSE is a 20-item instrument designed to measure empathy in the context of health professions education and patient care; it is administered to students and professionals in these fields and scored using a Likert-type scale from (1 = strongly Disagree to 7= strongly Agree) 10 of the items are worded positively (2, 4, 5, 10, 13, 15, 16, 17, 18, 20) and directly scored, while the other 10 are worded negatively (1, 3, 6, 7, 8, 9, 11, 12, 14, 19) and reverse scored (Hojat et al., 2018). The possible

range of scores is 20–140 ; the higher the mean score, the greater the self-reported empathy level.

3.7.4. Part IV: Maslach Burnout Inventory

The American researcher Christina Maslach, with the assistance of the researcher Susan Jackson in 1982, built a scale to measure psychological burnout among workers in the fields of human and social services in the American environment (Buhara, 2012). The scale which was used in the current study taken from the study of (Smain & Muhammad, 2020). It contains 22 items, some of the items are positively worded (4, 7, 9, 12, 17, 18, 19, 21) and the other are negatively worded (1, 2, 3, 5, 6, 8,10 ,11 ,13 ,14 , 15, 16, 20, 22). Distributed in three subscales: emotional exhaustion (nine items: 1, 2, 3, 6, 8, 13, 14, 16, and 20), personal accomplishment (eight items: 4, 7, 9, 12 ,17, 18, 19, and 21),and depersonalization (five items : 5, 10, 11, 15, and 22). The paragraphs of the scale are built in the form of statements that ask about the individual's feelings about his profession, and the examined is asked to answer once for each paragraph, and the answer depends on the statements on a sliding scale: 0 (never); 1 (once a year); 2 (once a month); 3 (Several times a month), 4 (once a week),5 (several times a week), and 6 (every day). According to the Maslach Burnout Scale, individuals who score high on both the emotional exhaustion and depersonalization, and low scores on the personal accomplishment dimension suffer from burnout. According to this scale, the individual is not classified on the basis that he suffers or does not suffer from psychological burnout, but is classified on the basis that his degree of burnout ranged between high, moderate, or low as shown in the following: **Emotional Exhaustion (EE)** (Total 17 or less: Low level burnout ,Total between 18 and 29 inclusive: Moderate level burnout, Total over 30: High-level burnout), **Depersonalization(DP)** (Total 5 or less: Low-level burnout,Total between 6 and 11 inclusive: Moderate level burnout, Total of 12 and greater: High level burnout), **Personal Accomplishment (PA)**

(Total 33 or less: High-level burnout, Total between 34 and 39 inclusive: Moderate level burnout, Total greater than 40: Low-level burnout).

3.8. Validity of the Questionnaire

To make the instrument more valid, content and face validity methods were used. It was presented to a panel of (17) experts (Appendix E), they have more than 10 years of experience in their job field in the different fields related to the study. Based on the experts' suggestions and recommendations, slight changes and modifications were made to ensure the instrument's appropriateness for the sample. For example **Jefferson Scale of Empathy** item 6" Because people are different, it is difficult for me to see things from my patients' perspectives" to" It is difficult for him to see things from my patient perspectives because people are different".

3.9. Pilot Study

A pilot study is done before data collection , it was applied on (20) academic nurses working in hospitals (Al-Imam Al –Hussian Medical City and Kerbala Teaching Hospital for Children). The average time taken was for answering questionnaire is nearly (30) minute, the pilot study was conducted from December 21th, 2022, to 25th December 2022. The sample that was used in the pilot research is not included in the original study.

3.9.1. The Purpose of the Pilot Study

1. To determine the reliability of the questionnaires.
2. In order to determine how much time will be needed to respond to each question.
3. To identify potential obstacles that may facing during the study.
4. To determine whether the contents of the questionnaire were easily comprehended by the participants.

3.9.2. The Results of the Pilot Study

1. The questionnaire items were clear and understood.

2. The time required to answer the questionnaire nearly (30) minute .
3. The questionnaire is reliable.

3.10. Reliability of the Instrument

The reliability of the Arabic version of the scales was established using internal Consistency (Cronbach's alpha coefficient test). Moreover, this test was done for Parental Authority Questionnaire, Jefferson Scale of Empathy, and Maslach Burnout Inventory questions (table 3-2) depending on the value of Cronbach's alpha, the test result demonstrated satisfactory reliability.

Table (3-2): Cronbach’s Alpha Values of Study Instrument

Methods of Reliability	Type of scale	Actual values	No. of Items	Assessment
Cronbach's Alpha	Jefferson Scale of Empathy	0.70	20	Acceptable
	Maslach Burnout Inventory	0.73	22	Acceptable
	Parental Authority Questionnaire	0.70	30	Acceptable

3.11. Method of Data Collection

After obtaining permission from Kerbala Health Directorate for conducting the data collection in its hospitals and institutions, participants were given the questionnaire and asked to fill it out in its entirety using the self-administer approach. The data collect from academic nurses working in four teaching hospitals in Kerbala city(Al-Imam Al –Hussian Medical City, Al-Imam Al- Hassan Al- Mujtaba Teaching Hospital, Kerbala Teaching Hospital for Children and Obstetrics and Gynaecology Teaching

Hospital) that working in the morning or night shift. The time for data collect was start from 8 a.m to 7 p.m. The data collection process has been performed from December 26th, 2022, to January 8th, 2023.

3.12. Statistical Analysis

After the data are prepared for Statistical analysis, the descriptive and inferential statistics employ for data analysis using the Statistical Package for Social Sciences (SPSS) version 22, as the following:

3.12.1. Descriptive Statistics:

- **Frequency (F):** In statistics the frequency of an event is the number of times the event occurred in an experiment or study (Kenny & Keeping, 2016). It was used to describe the demographic characteristics of nurses .
- **Percentage (%):** a number or rate that is expressed as a certain number of parts of something divided into 100 parts (Merriam-Webster, 2022). It was used to describe the demographic characteristics of nurses.
- **Mean of Score (M.S):** The arithmetic mean is the sum of the individual values in a data set divided by the number of values in the data set (Fris & Chernick, 2003). It was used to determine the levels of empathy and burnout and dimension of parenting styles.
- **Standard Deviation:** is a measure that is used to quantify the amount of variation or dispersion of a set of data values (Bland & Altman, 1996). It was used to determine the levels of dimension of parenting styles, burnout, and empathy.

3.12.2. Inferential Statistics:

- **Pearson chi-square,** to determine the relationship between the study sample demographic and clinical data and the nurses' empathy and burnout.

- **One sample Kolmogorov- Smirnov test**, used to test the normal distribution of the studied domains.
- **Spearman Correlation**, is used to investigate the correlation between the studied domains.

3.13. Limitations of the Study

The study involved several limitations, including :

3.12.1. Inadequate literature and lack of research studies related to the full title of the study (Parental Styles, and its Relation to Burnout, and Empathy among Nurses Working at Teaching Hospitals).

3.12.2. Sampling methods of non-probability that affect the generalizability of findings.

3.14. Normality Testing

Before the statistical analysis, the main studied domains (Parenting Style, Empathy, and Burnout) were tested for statistical normal distribution within Confidence Intervals 95% using Kolmogorov Smirnov Test supported with some statistical parameters (Skewness and Kurtosis). This part is essential before analyzing data to determine which statistical methods will used (parametric or non-parametric statistics). Based on the results presented in table (3-3) Appendix F and table (3-4) Appendix G, the study data are not normally distributed at a confidence interval (95%). Therefore, non-parametric statistics are the appropriate statistics used in data analysis in the present study.

Chapter Four
Results of the Study

Chapter Four

Results and Findings

Table (4.1) Study Sample Demographic Data

Demographic data	Rating and Intervals	Frequency	Percent
Age / Years	<= 25	68	37.8
	26 – 30	90	50.0
	31 – 35	12	6.7
	36 – 40	7	3.9
	41+	3	1.7
	Total	180	100.0
Gender	Male	85	47.2
	Female	95	52.8
	Total	180	100.0
Marital Status	Single	94	52.2
	Married	83	46.1
	Divorced	2	1.1
	Widowed	1	.6
	Total	180	100.0
Work Shifts	Morning	134	74.4
	Evening	46	25.6
	Total	180	100.0
Job Desire	Yes	161	89.4
	No	19	10.6
	Total	180	100.0
Monthly Income	Sufficient	116	64.4
	Insufficient	16	8.9
	Barely sufficient	48	26.7
	Total	180	100.0
Years of experience	<= 5	146	81.1
	6 – 10	21	11.7
	11 – 15	6	3.3
	16 – 20	7	3.9
	Total	180	100.0

Table 4-1 shows that the highest percentage is seen with age group of 26-30 year” among 50.0% of nurses followed by age group of <= 25year” among 37.8%.The gender refers to female as represented by 52.8% participant nurses. Regarding Marital Status , the majority of study sample reported single represented 52.2% followed by married represented 46.1%.

Concerning the work shifts, the highest percentage indicates that morning as reported by 74.4% of participants, while other participants from evening represented only 25.6%. In relation to the job desire, the highest percentage indicates (Yes) represented 89.4% , while other participants indicates (No) represented only 10.6%. Regarding monthly income, the highest percentage of study sample were sufficient represented 64.4%. Concerning years of experience highest percentage indicates (≤ 5) represented 81.1%.

Table (4.2) Assessment of Parenting Style

Parenting Styles	Father				Mother			
	Mean	Std. Deviation	Assessment	%	Mean	Std. Deviation	Assessment	%
Authoritative	2.57	0.81	Moderate	51.44	2.43	0.72	Moderate	48.69
Permissive	2.08	0.68	Low	41.67	2.15	0.70	Low	42.95
Authoritarianism	2.01	0.79	Low	40.25	1.88	0.76	Low	37.64

%, Percentage ,Std: Standard deviation Low (mean 1-2.33), moderate (mean 2.34-3.67), high (mean 3.68-5.1)

Table (4.2) manifests the items of assessment of parenting style (father& mother); the average total means indicate that nurses facing a moderate level of authoritative(father& mother),low level both permissive and authoritarianism parenting styles.

Table (4.3) Assessment of Empathy

Empathy Levels	Frequency	Percent	Mean	Overall Assessment
Low	108	60.0	59.167	Low
Moderate	69	38.3		
High	3	1.7		
Total	180	100.0		

Low (score 20-60), moderate (score 61-100), high (score 101-140)

Table (4.3) illustrates the assessment of empathy among nurses, the results indicate that (60%) of nurses have a low level of empathy.

Additionally, the average total means also indicate that nurses have low level of empathy (Mean = 59.167).

Table (4.4) Assessment of Burnout

Dimensions Burnout	Levels	Frequency	Percent	Mean	Assessment
Emotional Exhaustion	Low Level Burnout	94	52.2	16.70	Low -level Burnout
	Moderate Burnout	84	46.7		
	High Level Burnout	2	1.1		
	Total	180	100.0		
Depersonalization	Low Level Burnout	15	8.3	14.56	High-level burnout
	Moderate Burnout	52	28.9		
	High Level Burnout	113	62.8		
	Total	180	100.0		
Personal Accomplishment	High Level Burnout	179	99.4	13.68	High-level burnout
	Moderate Burnout	1	.6		
	Total	180	100.0		

Emotional Exhaustion (Total 17 or less: Low-level burnout Total between 18 and 29 inclusive: Moderate burnout Total over 30: High-level burnout), **Depersonalization** (Total 5 or less: Low-level burnout Total between 6 and 11 inclusive: Moderate burnout Total of 12 and greater: High-level burnout), **Personal Accomplishment** (Total 33 or less: High-level burnout Total between 34 and 39 inclusive: Moderate burnout Total greater than 40: Low-level burnout).

Table (4.4) depicts the assessment of burnout among the study sample. The average total means indicate that nurses have low level of emotional exhaustion(mean 16.70), high level of depersonalization (mean 14.56), and a high level of personal accomplishment(mean 13.68).

Table (4.5) Correlation Between the Parenting Styles and Burnout

Parenting Styles	Spearman's Correlation Parameters	Burnout		
		Emotional Exhaustion	Depersonalization	Personal Accomplishment
Father Parenting Style (Authoritative Dimension)	Correlation Coefficient	.013	.047	.083
	Sig. (2-tailed)	.860	.532	.270
Mother Parenting Style (Authoritative Dimension)	Correlation Coefficient	.015	.010	.040
	Sig. (2-tailed)	.845	.894	.598
Mother Parenting Style (Permissive Dimension)	Correlation Coefficient	.015	.091	.161*
	Sig. (2-tailed)	.846	.225	.031
Father Parenting Style (Permissive Dimension)	Correlation Coefficient	.108	.157*	.231**
	Sig. (2-tailed)	.151	.035	.002
Father Parenting Style (Authoritarianism Dimension)	Correlation Coefficient	.241**	.304**	.183*
	Sig. (2-tailed)	.001	.000	.014
Mother Parenting Style (Authoritarianism Dimension)	Correlation Coefficient	.073	.113	.131
	Sig. (2-tailed)	.327	.131	.080

***. Correlation is significant at the 0.01 level (2-tailed).* **. Correlation is significant at the 0.05 level(2-tailed).* Sig= Significance

Table (4.5) shows that there is a significant correlation among father's parenting style (permissive dimension) and depersonalization and personal accomplishment sub-domains of burnout except emotional exhaustion has no significant relationship. Also there is no significant relationship between father's and mother's parenting style (the authoritative dimension) and all dimensions of burnout. Moreover, there is no significant relationship between a mother's parenting style (the permissive dimension) and dimensions of burnout except personal accomplishment has significant relationship.

Regarding the authoritarianism dimension of father's parenting style, the results indicate that there is a significant correlation between father's parenting style (authoritarianism dimension) and all dimensions of burnout, while there is a no significant correlation between mother's parenting style (authoritarianism dimension) and all dimensions of burnout.

Table (4.6) Correlation Between the Parenting Styles and Empathy

Parenting Styles	Spearman's Correlation Parameters	Empathy
Father Parenting Style (authoritative Dimension)	Correlation Coefficient	.203**
	Sig. (2-tailed)	.006
Mother Parenting Style (authoritative Dimension)	Correlation Coefficient	.212**
	Sig. (2-tailed)	.004
Mother Parenting Style (permissive Dimension)	Correlation Coefficient	.250**
	Sig. (2-tailed)	.001
Father Parenting Style (permissive Dimension)	Correlation Coefficient	.207**
	Sig. (2-tailed)	.005
Father Parenting Style (authoritarianism Dimension)	Correlation Coefficient	.280**
	Sig. (2-tailed)	.000
Mother Parenting Style (authoritarianism Dimension)	Correlation Coefficient	.309**
	Sig. (2-tailed)	.000

***. Correlation is significant at the 0.01 level (2-tailed).Sig= Significance*

Table (4.6) indicates that there are significant correlation between father's and mother's parenting style (authoritative dimension, permissive dimension, and authoritarianism dimension) and empathy.

Table (4.7) Correlation Between the Empathy and Burnout

Empathy	Spearman's Correlation Parameters	Burnout		
		Emotional Exhaustion	Emotional Exhaustion	Emotional Exhaustion
	Correlation Coefficient	.285**	.324**	.427**
	Sig. (2-tailed)	.000	.000	.000
	N	180	180	180

***. Correlation is significant at the 0.01 level (2-tailed).*

Table (4.7) reveals that there is significant correlation between empathy and all dimensions of burnout.

Table (4.8) Relationship between Nurses' Empathy and their Demographic Data

Demographic Data	Rating and Intervals	Empathy			Chi-square value	d.f.	p-value
		Low	Moderate	High			
Age / Years	<= 25	46	21	1	5.779	8	.672 NS
	26 – 30	51	37	2			
	31 – 35	5	7	0			
	36 – 40	5	2	0			
	41+	1	2	0			
Total		108	69	3			
Gender	Male	55	30	0	3.667	2	.160 NS
	Female	53	39	3			
Total		108	69	3			
Marital Status	Single	58	33	3	4.904	6	.556 NS
	Married	49	34	0			
	Divorced	1	1	0			
	Widowed	0	1	0			
Total		108	69	3			
Work Shifts	Morning	82	49	3	1.581	2	.454 NS
	Evening	26	20	0			
Total		108	69	3			
Job Desire	Yes	102	56	3	8.230	2	.016 S
	No	6	13	0			
Total		108	69	3			
Monthly Income	Sufficient	74	41	1	4.094	4	.393 NS
	Insufficient	9	7	0			
	Barely sufficient	25	21	2			
Total		108	69	3			
Years of experience	<= 5	88	55	3	.988	6	.986 NS
	6 – 10	12	9	0			
	11 – 15	4	2	0			
	16 – 20	4	3	0			
Total		108	69	3			

P = Probability, *N.S* = Not significant, *S* = Significant, *df* = Degree of freedom

Table (4-8) shows that there is a significant relationship between nurses' empathy and job desire at p-values <0.05 .There are no significant relationship between nurses' empathy and their (age / years, gender, marital

status, work shifts, monthly income , years of experience) at p-values \leq 0.05.

Table (4.9) Relationship between Nurses' Burnout / Emotional Exhaustion and their Demographic Data

Demographic Data	Rating and Intervals	Emotional Exhaustion			Chi-square value	d.f.	p-value
		Low Level Burnout	Moderate Burnout	High Level Burnout			
Age / Years	≤ 25	37	31	0	8.281	8	.407 NS
	26 – 30	44	45	1			
	31 – 35	6	5	1			
	36 – 40	5	2	0			
	41+	2	1	0			
Total		94	84	2			
Gender	Male	42	41	2	2.564	2	.278 NS
	Female	52	43	0			
Total		94	84	2			
Marital Status	Single	50	43	1	3.098	6	.796 NS
	Married	42	40	1			
	Divorced	2	0	0			
	Widowed	0	1	0			
Total		94	84	2			
Work Shifts	Morning	73	60	1	1.541	2	.463 NS
	Evening	21	24	1			
Total		94	84	2			
Job Desire	Yes	90	70	1	10.570	2	.005 S
	No	4	14	1			
Total		94	84	2			
Monthly Income	Sufficient	66	50	0	8.793	4	.066 NS
	Insufficient	5	10	1			
	Barely sufficient	23	24	1			
Total		94	84	2			
Years of experience	≤ 5	74	71	1	4.608	6	.595 NS
	6 – 10	11	9	1			
	11 – 15	4	2	0			
	16 – 20	5	2	0			
Total		94	84	2			

P = Probability, *N.S* = Not significant, *S* = Significant, *df* = Degree of freedom

Table (4-9) shows that there is a significant relationship between nurses' burnout / emotional exhaustion and (job desire) at p-values < 0.05 . There are no significant relationship between nurses' burnout / emotional

exhaustion and their (age / years, gender, marital status, work shifts, monthly income , years of experience) at p-values ≤ 0.05 .

Table (4.10) Relationship between Nurses' Burnout / Depersonalization and their Demographic Data

Demographic Data	Rating Intervals and	Depersonalization			Chi-square value	d.f.	p-value
		Low Level Burnout	Moderate Burnout	High Level Burnout			
Age / Years	<= 25	5	21	42	10.714	8	.218 NS
	26 – 30	5	25	60			
	31 – 35	2	3	7			
	36 – 40	2	3	2			
	41+	1	0	2			
Total		15	52	113			
Gender	Male	7	25	53	.022	2	.989 NS
	Female	8	27	60			
Total		15	52	113			
Marital Status	Single	8	27	59	5.559	6	.474 NS
	Married	6	25	52			
	Divorced	1	0	1			
	Widowed	0	0	1			
Total		15	52	113			
Work Shifts	Morning	14	45	75	10.682	2	.005 S
	Evening	1	7	38			
Total		15	52	113			
Job Desire	Yes	15	51	95	9.331	2	.009 S
	No	0	1	18			
Total		15	52	113			
Monthly Income	Sufficient	14	37	65	9.206	4	.056 NS
	Insufficient	0	3	13			
	Barely sufficient	1	12	35			
Total		15	52	113			
Years of experience	<= 5	10	41	95	21.475	6	.002 S
	6 – 10	0	8	13			
	11 – 15	3	2	1			
	16 – 20	2	1	4			
Total		15	52	113			

P = Probability, *N.S* = Not significant, *S* = Significant, *df* = Degree of freedom

Table (4-10) manifests that there is a significant relationship between nurses' burnout / depersonalization and their (work shifts, job desire, years of experience) at p-values < 0.05 . There is no-significant

relationship between nurses' burnout / depersonalization and their (age / years , gender, marital status, monthly income) at p-values ≤ 0.05 .

Table (4.11) Relationship between Nurses' Burnout / Personal Accomplishment and their Demographic Data

Demographic Data	Rating and Intervals	Personal Accomplishment		Chi-square value	d.f.	p-value
		High Level Burnout	Moderate Burnout			
Age / Years	<= 25	68	0	1.006	4	.909 NS
	26 – 30	89	1			
	31 – 35	12	0			
	36 – 40	7	0			
	41+	3	0			
Total		179	1			
Gender	Male	85	0	.900	1	.343 NS
	Female	94	1			
Total		179	1			
Marital Status	Single	93	1	.920	3	.821 NS
	Married	83	0			
	Divorced	2	0			
	Widowed	1	0			
Total		179	1			
Work Shifts	Morning	134	0	2.929	1	.087 NS
	Evening	45	1			
Total		179	1			
Job Desire	Yes	161	0	8.521	1	.004 S
	No	18	1			
Total		179	1			
Monthly Income	Sufficient	116	0	10.307	2	.006 S
	Insufficient	15	1			
	Barely sufficient	48	0			
Total		179	1			
Years of experience	<= 5	145	1	.234	3	.972 NS
	6 – 10	21	0			
	11 – 15	6	0			
	16 – 20	7	0			
Total		179	1			

P = Probability, *N.S* = Not significant, *S* = Significant, *df* = Degree of freedom

Table (4-11) indicates that there is significant relationship between nurses' burnout / personal accomplishment and monthly income & job desire. There is no significant relationship between nurses' burnout / personal accomplishment and other demographic data.

Chapter Five

Discussion

Chapter Five

Discussion of the result

To our knowledge, it is the first study examining parental rearing patterns, and its relation to burnout, and empathy among nurses working at teaching hospitals.

5.1. Assessment of Parenting Styles

Table (4-2) showed the average total means indicate that nurses facing a moderate level of authoritative style (father & mother), low level both permissive and authoritarianism parenting styles. This result agrees with study's finding done by Bakri & Rimawi (2019). The findings showed that the level of the authoritative dimension of parental styles of both parents was moderate, this result symmetry with present study.

5.2. Assessment of Empathy

Table (4-3) revealed the average total means indicate that nurses have low level of empathy. The results of the present study agree with study conducted by Pitanupong et al. (2023) the outcomes of study revealed that most participants reported a below-average level of empathy. In addition, the study of Kesbakhi & Rohani (2020) demonstrated that the level of empathy decreases with increasing students' academic year.

Also a study done by Williams et al. (2014) showed that Paramedic students scored statistically lower on an empathy findings compared to their counterparts in other medical fields (with the exception of nursing students).

The present study findings disagree with study Williams et al. (2014) that examined levels of empathy among undergraduate students majoring in emergency health, nursing, and midwifery which indicated that midwifery students have greater empathy than nursing and emergency health students.

Also a study conducted by Matalinares-Calvet et al. (2019) showed that the level of empathy among nursing students is higher than that of

medical and psychology students. In addition, a Study at Spanish university that tested Empathy in occupational therapy Students by Serrada-Tejeda et al. (2022) that showed occupational therapy students showed a high level of empathy.

Also the present study findings disagree with the study done by Taleghani et al. (2017) which revealed that most of the nurses had moderate score of empathy. In addition, a study done by Bogiatzaki et al. (2019) showed that the empathy score of healthcare professionals ranged at a relatively high levels.

The disparity in findings may be attributable to the various study instruments, study samples, or populations. Many authors noted a variety of issues that hindered nurses from showing empathetic behavior, including a lack of time, work shifts, conflicting relationships with patients, coworkers, and care-givers, workload, time pressures, and competitiveness (Ferri et al., 2015). Also lack of empathy is also linked to emotional, physical, and job-related problems such as depression, burnout, sleep disorders, and difficulty concentrating, all of which have the potential to adversely affect patient care (Yu et al.,2022).

5.3. Assessment of Burnout

Table (4-4) indicated that nurses have low level of emotional exhaustion, and high level of depersonalization and personal accomplishment . This results come with Abukhader et al. (2020) which revealed that nurses have high level of depersonalization and personal achievement. A study done by Mansour & Hussein (2020) which it found nurses have high level score of personal achievement, these results consistent with current results.

Furthermore, the finding of the current study is similar to the finding of Turkish study carried out on 140 nurses done by Güler et al. (2022) who stated that nurses have a high level of depersonalization and personal achievement. The results also are consistent with study conducted

by McNeely et al. (2022) which showed staff worked in the emergency department greater than 10 years scored higher than their counterparts on depersonalization, and lack of personal achievement. In addition a study conducted by Ling et al. (2020) results showed depersonalization at high level.

A study was tested the incidence and risk factors correlated with job burnout among nursing in Primary Health Care (PHC), which it found nursing professionals have high level of depersonalization and personal achievement, these results are consistent with the present investigation (Merces et al., 2020). The study Al-Omari et al. (2020) also conducted anticipated burnout levels risk factors among healthcare professionals by (892) health workers revealed that nurses have a high level of personal achievement, and depersonalization.

In addition, the a meta-Analytic Study in Spain by Molina-Praena et al. (2018) that found nurses have high level of depersonalization, this result agree with the results of current study. In a follow-up study done by Bešević-Ćomić et al. (2014) showed nurses have a high level of personal accomplishment.

Also a study done by Moya-Salazar et al. (2023); Yue et al. (2022) researchers who found that participants reported low levels of emotional exhaustion, this result is in same line with current findings. The present study findings inconsistent with study Rezaei et al. (2019), the findings showed that depersonalization and personal achievement at low level and emotional exhaustion at high level.

5.4. Correlation Between the Parenting Styles and Burnout

Table (4-5) revealed that there is no significant relationship between father's and mother's authoritative parenting style and burnout. This implies that parents who have an authoritative parenting style, which is characterized by a lot of warmth and support mixed with reasonable levels of discipline and control, may not be at increased risk of experiencing psychological burnout.

This finding is consistent with the study Asrar and Shakerinia (2015) which showed that authoritative parenting style was a significant positive predictor of adaptive behavior.

This means that nurses with this type of parenting are able to adapt the pressures and requirements of work and develop adaptive skills that make them safe from psychological burnout. Additionally, there is no significant relationship between mother's parenting style (permissive dimension) and burnout except personal accomplishment. Moreover, there is a significant relationship between father's parenting style (permissive dimension) and depersonalization and personal accomplishment sub-domains of burnout. A research has shown that parenting style can have an impact on a child's psychological well-being, and that permissive parenting in particular has been associated with higher levels of anxiety, depression, and other negative outcomes.

Additionally, burnout has been linked to a range of factors, including high workload, low job control, and poor social support. Therefore, it is possible that a permissive fathering style could contribute to burnout, particularly in the areas of depersonalization (feeling disconnected from others) and personal accomplishment (feeling a sense of inadequacy or decreased self-esteem). Because father's parenting style (permissive dimension) may lead to the formation of a child's personality that tends not to adhere to rules and challenges, to prefer rest and relaxation, and to create children who lack sufficient self-control and self-superiority, which may later lead to frustration and dissatisfaction in working as a nurse. It may also lead to the formation of a child's personality that lacks responsibility and attention to detail, and this can affect the nurse's ability to carry out his tasks efficiently, which makes nurses with this style of parenting face problems (Barber et al., 2005 ; Edú-Valsania et al., 2022).

Regarding the authoritarianism dimension of father's parenting style, the results indicate that there is a significant correlation between

father's parenting style (authoritarianism dimension) and all dimensions of burnout. This result is consistent with the study of Huang et al. (2022) in China, which showed that negative parenting style affects negatively on the psychological well-being of nursing students. It agrees with the study Zhang et al. (2023) in China also, which stated that it showed that harsh parental discipline may lead to weakening individual emotional security, which leads to anxiety and anger, and a previous study by Wang et al. (2016) showed that severe parental discipline significantly increases the risk of internalizing problematic problems (such as depression and anxiety).

There is a no significant correlation between mother's parenting style (authoritarianism dimension) and all dimensions of burnout. This may be due to the emotional nature of the mother, who is no match for the father in his use of the authoritarian parenting style in rearing the child. So it can be said that the mother's parenting style isn't a significant factor in predicting or influencing burnout among nurses.

5.5. Correlation Between the Parenting Styles and Empathy

Table (4-6) indicated that there is significant correlation between father's and mother's parenting style (authoritative dimension; permissive dimension; and authoritarianism dimension) and empathy. The present study findings agree with the study conducted by Heynen et al. (2021) that showed authoritative parenting had a positive correlation with empathy, which was agree with our expectations, but no significant relationships between empathy with permissive, authoritarian, or neglectful parenting. Authoritative style is characterized by warmth, caring, and responsiveness (Tsela et al., 2022).

According to Hoffman's (1970) socialization theory, children reared by parents who primarily use inductive discipline (parental support and control) rather than power assertion are more prosocial and empathic

(Davis & Carlo, 2018; Hoffman, 1970). In addition, a study done by Smith (2019) which revealed authoritative parenting practices are positively associated with empathy. Also The results of present study are consistent with study conducted by Musitu-Ferrer et al. (2019) found that adolescents from indulgent and authoritative families displayed greater empathy than those from authoritarian and neglectful homes.

5.6. Correlation Between the Empathy and Burnout

Table (4-7) indicated that there is a high significant relationship between empathy and all dimensions of burnout. The present study findings agree with the study conducted by Turan et al. (2019) Which results indicate that there is a significant correlation between the nursing students' empathic skill score and the depersonalization sub dimension score on the Maslach Burnout Inventory. Also The results present study are consistent with study conducted by Altmann & Roth (2021) which shows that significant correlations between empathy and burnout.

The study done by Sulaiman et al. (2023) also showed that burnout was positively associated with empathy , these results consistent with current results. Additional support was found in a study conducted by Rodriguez-Nogueira et al. (2022) the outcomes of study revealed that there was an association between burnout and empathy.

The present study findings inconsistent with a study conducted by Yuguero et al. (2017) showed a significant association appeared to exist between high empathy and low burnout, and this association was significant for two domains of the Maslach Burnout Inventory's (MBI): depersonalization and personal accomplishment Also the study was conducted by Yue et al. (2022) they found empathy was significantly, and negatively, correlated with job burnout. Additional a study done by Taleghani et al. (2017) showed that there was an inverse correlation between empathy score with domains of depersonalization and lack of personal accomplishment. Finally study done by Pitanupong et al. (2023)

the findings showed that no relationship between burnout and the level of empathy, this results disagree with current results.

5.7. Relationship between Nurses' Empathy and their Demographic Data

Table (4-8) indicated that there is a significant relationship between nurses' empathy and job desire. The present study findings disagree with the study conducted Yue et al. (2022) that showed empathy was significantly and negatively correlated with job desire.

Regarding to other demographic data the study results indicated there are no significant relationship between nurses' empathy and their (age / years, gender, marital status, work shifts, monthly income , hospital, years of experience). The present study findings agree with the study conducted by Özdemir et al. (2019) which results showed that there are no relationship was found between the levels of empathy and age, marital status, total period of employment in nursing, and shift work. Also the results of present study are consistent with study done by Roger et al. (2022) which showed that there is no association between empathy and marital status and job experience.

A study done by Chatterjee et al. (2017) the findings also showed that age of the participant not significantly associated with students' empathy scores. In addition Khalid et al. (2021) mention that there are no significant differences in empathy with age, gender, and marital status. In this same line, Ghaedi et al. (2020) reported that there was no significant correlation between age, gender, marital status, type of shift work, work experience and empathy George et al. (2016) back up the current study's findings, which showed that there was no significant association between empathy and socioeconomic status.

The study done by Kuo et al. (2012) which results revealed that there is significantly correlation between empathy and household monthly income, this finding disagrees with our present study. In addition Hasan et

al. (2013) who found that empathy scores were significantly associated with household income.

5.8. Relationship between Nurses' Burnout / Emotional Exhaustion and their Demographic Data

Table (4-9) indicated that there is a significant relationship between nurses' burnout / emotional exhaustion and (job desire). This result was similar to a study conducted by Mansour & Hussein (2020) which found that there is a relationship between degree satisfied with current work and burnout level .Also study done by Valdez et al. (2019) reported that there was a significant positive correlation between job satisfaction and burnout.

The present study findings disagree with previous studies by Behilak et al. (2019) ; Chowdhury et al. (2023); and Yue et al. (2022) who found that there was a significant negatively association between job burnout and job satisfaction and majority nurses had high burnout levels and had low levels of job satisfaction. Also with previous studies that conducted by Hajibabae et al. (2022) they reported that an inverse and significant relationship between nurses' job satisfaction and emotional exhaustion.

Concerning to other demographic data the study results indicated there are no significant relationship between nurses' burnout / emotional exhaustion and their (age / years, gender, marital status, work shifts, monthly income , hospital, years of experience). Devebakan (2019) mention that emotional exhaustion subscale of MBI were not statistically significant different in terms of age, gender ,and marital status, which was suitable for the current study.

The present study findings disagree with Abukhader et al. (2020) who showed that gender and work shift have significant effect on the three burnout dimensions (emotional exhaustion).In addition the study conducted by Wang et al. (2020) which appear that emotional exhaustion correlated with age ,gender, marital status, and years of practice. likewise study

conducted by Yektatalab et al. (2019) which results that income level had a significant correlation with emotional exhaustion.

5.9. Relationship between Nurses' Burnout/ Depersonalization and their Demographic Data

Table (4-10) indicated that there is a significant relationship between nurses' burnout / depersonalization and their (work shifts, job desire, years of experience). The present study results supported by the study conducted by Abukhader et al. (2020) who found relation between work shift and depersonalization .In addition, Wang et al. (2020) discovered depersonalization were correlated with years of practice, this finding is in the same line with our study. The finding of current study supported by previous research findings done by Mansour & Hussein (2020) which showed that there is a relationship between degree satisfied with current work and burnout level.

The results present study disagree with study conducted by Hajibabae et al.(2022) they reported an inverse and significant relationship between nurses' job satisfaction and depersonalization.

Concerning to other demographic data the study results indicated there is no significant relationship between nurses' burnout / depersonalization and their (age / years , gender, marital status, monthly income , hospital) . The result of the current study agrees with Devebakan (2019) which revealed depersonalization subscale of MBI were not statistically significant different in terms of age , gender , and marital status .This results of current study contradict with study of Yektatalab et al. (2019) which reported that income level had a significant correlation with depersonalization.

Depersonalization were correlated with age ,gender, and marital status another findings that conflict our study result (Wang et al., 2020). Additionally, Turan et al. (2019) found that there was a statistically

significant correlation between depersonalization and gender, age, and income status.

5.10. Relationship between Nurses' Burnout / Personal Accomplishment and their Demographic Data

Table (4-11) indicated that there is significant relationship between nurses' burnout / personal accomplishment and monthly income & job desire. The results of present study was similar to Study conducted by Yektatalab et al. (2019) who it found that income level had a significant correlation with personal accomplishment. Also the result of the current study agrees with study done by Hajibabae et al. (2022) who reported an inverse and significant relationship between nurses' job satisfaction and personal accomplishment .

The results of current study also consistent with previous study conducted by Mansour & Hussein (2020) who showed that there is a relationship between degree satisfied with current work and burnout level. Also this is in agreement with previous studies that conducted by Valdez et al. (2019) they reported that there was a significant positive correlation between job desire and burnout .

The findings of the current study disagree with findings study of researchers Koen et al. (2020) ; Yue et al. (2022) who reported negative correlation between burnout and job satisfaction ,refer that higher levels of burnout are related with lower levels of job satisfaction in this people.

Regarding to other demographic data the study results indicated there is no significant relationship between nurses' burnout / personal accomplishment and other demographic data. This results of current study was similar with study by Devebakan (2019) which revealed not statistically significant relationship between personal accomplishment subscale of MBI and age , gender , and marital status.

The current findings contradicts with results of previous study conducted by Abukhader et al. (2020) that mention gender, work shift

have significant effect on personal accomplishment. In the same line ,study done by Qu & Wang (2015) who found there are statistically significant relationship between personal accomplishment and age, marital status, years of nursing experience.

Chapter Six

Conclusions and Recommendations

Conclusions and Recommendations

6.1. Conclusions

According to the findings of the present study, the researcher concluded the following:

6.1.1. The study found that most nurses' parents used an authoritative parenting style, which is characterized by moderate control and warmth, Permissive and authoritarian parenting styles were less common.

6.1.2. A permissive parenting style from mothers was associated with nurses' personal accomplishment, while a permissive parenting style from fathers was associated with depersonalization and personal accomplishment. There was also a link between fathers' authoritarian parenting style and nurses' burnout dimensions.

6.1.3. Most nurses experienced low emotional exhaustion and high depersonalization and personal accomplishment. This means that they felt emotionally detached from their work, but they still found it meaningful and satisfying.

6.1.4. The study highlights a significant positive relationship between empathy levels and dimensions of burnout among nurses. Nurses with higher levels of empathy tend to experience high burnout rates, while those with lower empathy levels have low level of burnout.

6.1.5. The parenting styles of both fathers and mothers associated with empathy among nurses.

6.1.6. The study found that the job desire may be an important factor that is related to nurses' empathy and nurses' burnout dimensions.

6.1.7. Finally, the study found that nurses who worked longer shifts and had more years of experience were more likely to experience depersonalization. Nurses with higher monthly incomes were more likely to experience personal accomplishment.

6.2. Recommendations

The following recommendations have been reached based on the conclusions of the current study:

6.2.1 The study recommends preparing awareness programs through various media for parents about instructed in the best positive style that must be followed and negative style that must be avoided in rearing children and importance of parental styles because of its impact on their lives and jobs in the future.

6.2.2. The study recommends that nursing colleges and institution should include researches and courses on stress management in nursing, because nursing is unavoidably a stressful profession, these courses may be beneficial for future nurses.

6.2.3. The researcher recommends that more studies be conducted about parenting styles and its relation to burnout and empathy among nurse.

6.2.4. Urge parents to use the authoritative style, which has a positive effect on increasing empathy and it is a style that is considered to be more beneficial and most optimal parenting style.

6.2.5. Efforts should be made to provide training programs and promote a culture of empathy within healthcare organizations, it could lead to better patient outcomes and increased patient satisfaction.

6.2.6. Providing support and resources for managing stress and promoting self-care practices between nurses. Additionally, promoting a positive work environment and culture may help to prevent burnout among nurses and improve their overall well-being.

6.2.7. The results of this study have practical implications for nursing education, training, and workplace interventions. It emphasizes the importance of providing support and resources to nurses who may have experienced adverse parenting styles. Implementing programs that promote empathy training can potentially reduce burnout rates among nursing professionals.

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Appendice

Appendix A

Ethical Consideration

Ministry of Higher Education and Scientific Research
University of Karbala / College of Nursing
Scientific Research Ethics Committee



وزارة التعليم العالي والبحث العلمي
جامعة كربلاء / كلية التمريض
لجنة أخلاقيات البحث العلمي

استمارة أخلاقيات البحث العلمي

عنوان مشروع البحث	
Parental Rearing Patterns, and its Relation to Burnout, and Empathy among Nurses Working at Teaching Hospitals	
بيانات عن الباحث الرئيسي	
مستوى الدراسة	الاسم الثلاثي للطالب
طلاب دراسات عليا / ماجستير	زهراء مهدي عبد علي
بيانات الباحث او الباحثين المشتركين	
اللقب العلمي	الاسم الثلاثي للأستاذ المشرف
أستاذ مساعد دكتور	أ.م.د. صافي داخل نوام
اهمية موضوع البحث واهدافه (Importance of the research and its objectives)	
<p>Important of the study: Parenting styles refer to the different ways that parents interact with their children and it has an impact of on various aspects of children's lives including burnout and empathy. Parenting styles can be categorized as positive or negative, with positive styles being protective and negative styles being a risk factor for burnout and other negative outcomes. Positive parental rearing patterns have also been found to be correlated with empathy.</p> <p>Objectives of the study: 1-To identify the dominant parenting style among study subject.2-To assess the levels of burnout according dimensions (emotional exhaustion , depersonalization ,and personal accomplishment) and empathy among nurses. 3-To find out the relationship between parenting styles, burnout ,and empathy.4-To determine the relationship between burnout, and empathy with some demographic variables such as(age, gender, marital status, , work shift , job desire, monthly income ,and years of experience).</p>	
وقت ومكان اجراء البحث (الاماكن المقترحة لأجراء البحث فيها)	
Teaching hospitals in Kerbala City from the period of 26 th September, 2022, to 16 th July, 2023	
منهجية البحث (Methodology)	
Descriptive-correlation design	
عينة الدراسة Sample of the study	
Academic nurses working in four teaching hospitals in Kerbala city	
الاعتبارات الاخلاقية خلال اجراء البحث (Ethical consideration during research)	
<p>التعهد</p> <p>• اني الموقع ادناه زهراء مهدي عبدعلي اتعهد بان اقوم باجراء البحث وفقا لما ذكر في البروتوكول اعلاه وان التزامي بقواعد القوانين والتعليمات فيما يخص اجراء البحوث والالتزام بأخلاقيتها، كما واتعهد باخذ الموافقة من افراد العينة للمشاركة في الدراسة واخذ موافقة من ولي أمر المشارك الشرعي في حال كون عمر الشخص المشارك اقل من 18 سنة، او كونه غير قادر على الفهم، وان اقدم الايضاحات والمعلومات الخاصة بالدراسة لافراد العينة للمشاركين في حال طلبها. وان اتعامل بسرية تامة مع بيانات افراد العينة.</p> <p>اسم وتوقيع الباحث زهراء مهدي عبدعلي</p>	
توصية لجنة اخلاقيات البحث العلمي في الكلية	
قرار اعضاء لجنة اخلاقيات البحث العلمي حسب جلستها المنعقدة بتاريخ 202/ /	
<input checked="" type="checkbox"/> الموافقة على اجراء البحث <input type="checkbox"/> عدم الموافقة على اجراء البحث	
<p>عضو عضو عضو عضو</p> <p>الاستاذ الدكتور رئيس اللجنة عضو</p>	

Appendix B

Administrative Agreements

Republic of Iraq Ministry of higher education & scientific research University of Karbala College of Nursing Graduate studies Division		جمهورية العراق وزارة التعليم العالي والبحث العلمي جامعة كربلاء كلية التمريض شعبة الدراسات العليا
التاريخ: 6 / 21 / 2022		العدد: 2971 جع

الى / دائرة صحة كربلاء المقدسة

م/ تسهيل مهمة

تحية طيبة...

يرجى التفضل بالموافقة على تسهيل مهمة طالبة الماجستير السيدة (زهراء مهدي عبد علي)
لإنجاز رسالتها الموسومة:

Parental Rearing Patterns, and its Relation to Burnout, and Empathy
among Nurses Working at Teaching Hospitals

((أنماط تربية الوالدين وعلاقتها بالاحترق النفسي والتعاطف لدى الممرضين
العاملين في المستشفيات التعليمية)).

وهي احدى طلبة الدراسات العليا / الماجستير في كليتنا / للعام الدراسي (2022-2023).

... مع التقدير ...

أ.م.د. سلمان حسين فارس الكريطي
معاون العميد للشؤون العلمية و الدراسات العليا

2022 / 12 / 6



نسخة منه الى :-

- مكتب السيد المعاون العلمي المحترم.
- شعبة الدراسات العليا.



العنوان : العراق - محافظة كربلاء المقدسة - حي الموظفين - جامعة كربلاء
Mail: nursing@uokerbala.edu.iq websitnursing.uokerbala.edu.iq



Appendix B1



وزارة الصحة
دائرة صحة كربلاء
مركز التدريب والتنمية البشرية
لجنة البحوث



استمارة رقم ٢٠٢١/٠٣

رقم القرار ٤٤

تاريخ القرار ١٥/١٢/٢٠٢٢

قرار لجنة البحوث

درست لجنة البحوث في دائرة صحة كربلاء مشروع البحث ذي الرقم (٢٠٢٢٠٢٣٤/كربلاء) المعنون
لإنجاز بحثهم الموسوم (انماط تربية الوالدين وعلاقتها بالاحترق النفسى والتعاطف لدى
المرضى العاملين في المستشفيات التعليمية)
والمقدم من الباحثة:- (زهراء مهدي عبد علي)

الى شعبة ادارة المعرفة / وحدة ادارة البحوث في مركز التدريب والتنمية البشرية في دائرة صحة كربلاء
بتاريخ ٢٠٢٢/١٢/١٤ وقررت:

قبول مشروع البحث اعلاه كونه مستوفيا للمعايير المعتمدة في وزارة الصحة والخاصة
بتنفيذ البحوث ولا مانع من تنفيذه في مؤسسات الدائرة.

الدكتورة
طبية اختصاص
مقرر لجنة البحوث
15/12/2022



المرفقات:

-Choose an item.

ملاحظات:

- تم تحويل عضولجنة البحوث (د.تقوى خضر عبد الكريم) او مقرر اللجنة (د.نعيم عبيد طلال) للتوقيع على هذا القرار استنادا الى النظام الداخلي للجنة البحوث.
- الموافقة تعني ان مشروع البحث قد استوفى المعايير الاخلاقية والعلمية لإجراء البحث والمعتمدة في وزارة الصحة. اما التنفيذ فيعتمد على التزام الباحث بتعليمات المؤسسة الصحية التي سينفذ فيها البحث.

Appendix B2

جمهورية العراق

محافظة كربلاء المقدسة
دائرة صحة كربلاء المقدسة
مركز التدريب والتنمية البشرية
شعبة ادارة المعرفة / وحدة ادارة البحوث

Holy Karbala governorate
Karbala Health Department
General manager's office
Training and Human Development
Center

العدد: ٢١٥٤
التاريخ: ٢٠٢٢/١٥

إلى / جامعة كربلاء / كلية التمريض
الموضوع / تسهيل مهمة

تحية طيبة....

كتابكم المرقم د.ع / ٢٩٧ في ٢٠٢٢/١٢/٦
نود إعلامكم بأنه لا مانع لدينا من تسهيل مهمة طالبة ماجستير (زهراء مهدي عبد علي)
لإتجاز بحثها الموسوم:
(انماط تربية الوالدين وعلاقتها بالاحتراق النفسي والتعاطف لدى الممرضين العاملين في
المستشفيات التعليمية)
في مؤسستنا الصحية وبإشراف الدكتور (عامر فاضل الحيدري) على ان لا تتحمل دانرتنا
اي نفقات مادية مع الاحترام .

الدكتورة
تقوى خضر عبد الكريم
طبيبة اختصاص

الدكتورة
تقوى خضر عبد الكريم
مدير مركز التدريب والتنمية البشرية
٢٠٢٢/١٢/١٥

نسخة منه الى

- مدينة الامام الحسين (عليه السلام) الطبية اجراء اللازم مع الاحترام .
- مستشفى كربلاء التعليمي للاطفال اجراء اللازم مع الاحترام ✓
- مستشفى النعمانية والتوليد اجراء اللازم مع الاحترام
- مستشفى الامام الحسن المجتبي (عليه السلام) اجراء اللازم مع الاحترام

Appendix C

Questionnaire of the Study- Arabic

تحية طيبة ..

المرضى الأءاء يشرفنى إن أضع بىن أىءىكم استبانء لءراسء:

Parental Rearing Patterns, and its Relation to Burnout, and Empathy among Nurses Working at Teaching Hospitals

"أنماط تربىة الوالءىن وعلاقتها بالاءءراق النفسى والءعاطف لءى المرضىن العاملىن فى المسءشفىاء

الءعلىمىة"

راءىن منكم ملنءا بءرص وعناىة، والءأكد من الإءابة على ءمىع الأسئلة لان الإءاباء الناقصة (ءرك سوال) ءؤءى إلى إلغاء الاسءمارء علما أنه سىءم الءعامل مع البىاءاء الوارءة فىها بسرىة ءامءة وسءكون مءهولة المصدر ولا ءءوى على فقرة الاسم وءسءءم لأءراض البءء العلمى ءصراً مع فائق الوء والاءءرام.

هل ءوافء بالمشاركة ..؟

لا

نعم

إذا ءانء الإءابة بنعم رءاءا أكمل الاسءبىان

رقم الاسءبانا

الباءءة: زهراء مءهى عبء على

ماءسءىر ءمرىض الصءة النفسىة والعقلى

القسم الأول: المعلومات الديموغرافية

يرجى وضع علامة (√) في المربع المناسب وإعطاء إجابات حيثما تم تحديد ذلك.

ت	الصفة	الإجابة
.١	العمر	
.٢	الجنس	ذكر
		أنثى
.٣	الحالة الاجتماعية	أعزب / عزباء
		متزوج / متزوجة
		مطلق / مطلقة
		أرمل / أرملة
.٤	نوبات العمل	صباحي
		مساءلي
.٥	هل لديك رغبة بعملك الحالي	نعم
		لا
.٦	المستوى المعيشي	يكفي
		لا يكفي
		بالكاد يكفي
.٧	مكان العمل الحالي (اسم المستشفى + القسم)	
.٨	عدد سنوات الخدمة بالتمريض	

القسم الثاني: مقياس أنماط تربية الوالدين

ت	الفقرات المتعلقة بالأب	أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة
-1	يفرض أبي رأيه بشدة إثناء المناقشات					
-2	يوجه أبي سلوكي بطريقة نظامية					
-3	يغضب أبي مني عندما أحاول مخالفته رأيه					
-4	يهمل أبي مشكلات أبنائه داخل الأسرة					
-5	يعمل أبي على تعزيز الثقة المتبادلة بيني وبينه					
-6	أبي ينتبه فقط لأخطائي					
-7	أبي يعزز لدي الشعور بالمسؤولية					
-8	لا يتدخل أبي بما أفعله					
-9	يعاقبني أبي عندما لا أحقق طموحاته					
-10	أبي يراعي حاجات أفراد الأسرة					
-11	يتصف أبي بأنه غير قادر على تنظيم أمور الأسرة					
-12	يجبرني أبي على تنفيذ ما يريد مني					
-13	تتسم قرارات أبي بعدم المسؤولية واللامبالاة					
-14	يعمل أبي على تحقيق التآلف داخل الأسرة					
-15	يتهرب أبي من المسؤولية					
ت	الفقرات المتعلقة بالأم	أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة
-1	تفرض أمي رأيها بشدة أثناء المناقشات					
-2	توجه أمي سلوكي بمنطق و نظام					
-3	تغضب أمي مني عندما أحاول مخالفته رأيها					
-4	تهمل أمي مشكلات الأبناء داخل الأسرة					
-5	تعمل أمي على تعزيز الثقة المتبادلة بيني وبينها					
-6	أمي تنتبه فقط لأخطائي					
-7	أمي تعزز لدي الشعور بالمسؤولية					
-8	لا تتدخل أمي بما أفعله					
-9	تعاقبني أمي عندما لا احقق طموحاتها					
-10	تراعي أمي حاجات أفراد الأسرة					
-11	تتصف أمي بأنها غير قادرة على تنظيم أمور الأسرة					
-12	تجبرني أمي على تنفيذ ما تريد مني					
-13	تتسم قرارات أمي بعدم المسؤولية واللامبالاة					
-14	تعمل أمي على تحقيق التآلف داخل الأسرة					
-15	تتهرب أمي من المسؤولية					

تأكد من أنك أجبت على جميع العبارات

فضلاً...

القسم الثالث: مقياس التعاطف

التعليمات : الرجاء استخدام الجدول التالي لبيان مدى اتفاقك أو اختلافك مع أي من الجمل التالية، وذلك بوضع علامة على المربع يسار الجملة، الرقم الأكبر يشير إلى مزيد من الإتفاق مع العبارة، والرقم الأقل يشير إلى قليل من الاتفاق مع العبارة من فضلك حدد علامة واحده فقط لكل عبارة

ت	العبارة	1	2	3	4	5	6	7
١-	تفهمي لنفسية المريض وأسرته لا يؤثر على العلاج الطبي والجراحي							
٢-	يشعر مرضاي بشعور أفضل عندما أفهم مشاعرهم							
٣-	من الصعب بالنسبة لي ان أرى الأشياء من وجهة نظر المرضى							
٤-	اعتبر ان فهم لغة جسد المريض مهمة بقدر أهمية التواصل بين المريض ومقدم الرعاية الصحية							
٥-	املك روح الدعابة التي اعتقد أنها تساهم في تحقيق نتيجة سريريته أفضل							
٦-	يصعب علي رؤية الأمور من وجهة نظر مريض لان الناس مختلفون							
٧-	لا تهمني مشاعر المرضى عند اخذ تاريخهم المرضي أو عند السؤال عن صحتهم البدنية							
٨-	الانتباه إلى الخبرات الشخصية للمرضى لا تؤثر على نتيجة العلاج							
٩-	أحاول ان أضع نفسي مكان المرضى عند تقديم الرعاية لهم							
١٠-	يقدر المرضى تفهمي لمشاعرهم ويعتبرون هذا التفهم علاجاً بحد ذاته							
١١-	يمكن علاج الأمراض طبياً أو جراحياً فلا حاجة للعلاجات النفسية لعدم تأثيرها على النتائج الطبية والجراحية							
١٢-	سؤال المرضى عما يحدث في حياتهم الشخصية ليس مفيداً في فهم شكاوهم الجسدية							
١٣-	أحاول ان أفهم ما يدور في أذهان المرضى بايلاء اهتمام خاص للإيماءات غير اللفظية ولغة الجسد							
١٤-	اعتقد ان العاطفة ليس لها مكان في علاج الأمراض الجسدية							
١٥-	فهم واحترام مشاعر المريض هو المهارة العلاجية التي تجعل العلاج فعالاً أكثر							
١٦-	تفهمي لوضع المرضى النفسي وأسرههم يعتبر مكوناً أساسياً في العلاقة معهم							
١٧-	أحاول ان أفكر مثل مريض من أجل ان أقدم له عناية أفضل							
١٨-	لا اسمح لنفسي ان أتأثر بالروابط الشخصية القوية مع المرضى او احد أفراد أسرهم							
١٩-	لا استمتع بقراءة المقالات غير الطبية او قراءة الأدب والفنون							
٢٠-	اعتقد ان فهم واحترام مشاعر المريض هو عامل علاجي هام في العلاج الطبي والجراحي							

تأكد من انك أجبت على جميع العبارات فضلاً...

القسم الرابع : مقياس الاحتراق النفسي : يعرف الاحتراق النفسي بأنه تلك الاعراض النفسية المتمثلة في الانهك العاطفي النفسي وتطوير اتجاهات سلبية نحو العمل وقلة الانجاز الشخصي ويعتبر حالة من الاجهاد التي تصيب الفرد نتيجة لأعباء العمل التي تفوق طاقته والتي تنتج عنها مجموعة من الاعراض النفسية والجسدية والعقلية

ت	العناصر	لا يحدث أبداً	يحدث مرة واحدة في السنة على الأقل	يحدث مرة واحدة في الشهر على الأقل	يحدث عدة مرات في الشهر	يحدث مرة في الأسبوع	يحدث عدة مرات في الأسبوع	يحدث كل يوم
1-	اشعر بأني منهار عاطفياً جراء ممارسة مهنتي							
2-	اشعر اني ليس لدي طاقة في نهاية اليوم							
3-	اشعر بالتعب عندما استيقظ من نومي واعرف ان علي مواجهة يوم جديد من العمل							
4-	استطيع ان افهم بسهولة مشاعر المرضى							
5-	أتعامل مع بعض المرضى بلا إنسانية وكأنهم أشياء							
6-	التعامل مع المرضى طوال اليوم يتطلب مني جهد كبير							
7-	اقوم بحل مشكلات المرضى بفعالية عالية							
8-	اشعر بالاحتراق النفسي بسبب مهنتي							
9-	اشعر ان لي تأثيرا ايجابيا في حياة المرضى من خلال عملي							
10-	أصبحت أقل شعورا بالناس منذ التحاقني بمهنة التمريض							
11-	اخشى ان يجعلني هذا العمل قاسيا انفعاليا							
12-	اشعر بالحيوية والنشاط							

لا يحدث أبداً	يحدث مرة واحدة في السنة على الأقل	يحدث مرة واحدة في الشهر على الأقل	يحدث عدة مرات في الشهر	يحدث عدة مرات في الأسبوع	يحدث عدة مرات في الأسبوع	يحدث كل يوم		
							-13	اشعر بالإحباط من ممارسة مهنتي
							-14	اشعر انني ابذل جهدا كبيرا في عملي
							-15	حقيقة لا اهتم بما يحدث لبعض المرضى
							-16	ان العمل بشكل مباشر مع المرضى يسبب لي ضغطا شديدا
							-17	استطيع بسهولة ان اخلق جو مريح مع المرضى
							-18	اشعر بالسعادة بعد العمل عن قرب مع المرضى
							-19	انجزت الكثير من الاشياء ذات الالهمية الكبيرة في مهنتي
							-20	اشعر وكأنني على حافة الهاوية جراء ممارسة مهنتي
							-21	اتعامل بكل هدوء مع المشكلات الانفعالية اثناء ممارسة مهنتي
							-22	يلومني المرضى عن بعض المشكلات التي تواجههم

فضلا... تأكد من انك أجبت على جميع العبارات

Appendix D

Questionnaire of the Study- English

Part I: Demographic Data Please mark (√)the appropriate box and give answers where indicated

No	Adjective	The answer	
1.	Age		
2.	Gender	Male	
		Female	
3.	Marital status	Single	
		Married	
		Divorced	
		Widower	
4.	Work shifts	Morning	
		Evening	
5.	Job desire	Yes	
		No	
6.	Monthly Income	Sufficient	
		Insufficient	
		Barely sufficient	
7.	Hospital		
8.	Years of experience		

Part II : Parental Authority Questionnaire

No	Paragraphs related to the father	I strongly agree	I agree	Neutral	I disagree	Strongly disagree
1.	My father strongly imposes his opinion during discussions					
2.	My father directs my behavior in a systematic way					
3.	My father gets mad at me when I try to disagree with his opinion					
4.	My father neglects his children's problems within the family					

5.	My father is working to strengthen mutual trust between me and him					
6.	My father only pays attention to my mistakes					
7.	My father enhances my sense of responsibility					
8.	My father does not interfere with what I do					
9.	My father punishes me when I don't fulfill his ambitions					
10.	My father takes into account the needs of family members					
11.	My father is characterized by being unable to organize family matters					
12.	My father forces me to do what he wants from me					
13.	My father decisions are characterized by irresponsibility and indifference					
14.	My father is working to achieve harmony within the family					
15.	My father evades responsibility					
No	Paragraphs related to the Mother	I strongly agree	I agree	Neutral	I disagree	Strongly disagree
1.	My mother strongly imposes her opinion during discussions					
2.	My mother guides my behavior with logic and order					

3.	My mother gets mad at me when I try to disagree with her opinion					
4.	My mother neglects the problems of sons within the family					
5.	My mother is working to strengthen mutual trust between me and her					
6.	My mother only pays attention to my mistakes					
7.	My mother enhances my sense of responsibility					
8.	My mother doesn't interfere with what I'm doing					
9.	My mother punishes me when I don't fulfill her ambitions					
10.	My mother takes into account the needs of family members					
11.	My mother is characterized by being unable to organize family matters					
12.	My mother forces me to do what she wants from me					
13.	My mother decisions are characterized by irresponsibility and indifference					
14.	My mother works to achieve harmony within the family					
15.	My mother evades responsibility					

Part III: Jefferson Scale of Empathy Physician/Health Professions (HP – version)

Instructions:. please indicate the extent of your agreement or disagreement with *each* of the following statements by marking the appropriate circle to the right of each statement Please use the following 7-point scale (*a higher number on the scale indicates more agreement*):Mark one and only one response for each statement.

1-----2-----3-----4-----5-----6-----7

Strongly Disagree

Strongly Agree

No	The phrase	1	2	3	4	5	6	7
1.	My understanding of how my patients and their families feel does not influence medical or surgical treatment.							
2.	My patients feel better when I understand their feelings.							
3.	It is difficult for me to view things from my patients' perspectives.							
4.	I consider understanding my patients' body language as important as verbal communication in caregiver-patient relationships.							
5.	I have a good sense of humor that I think contributes to a better clinical outcome.							
6.	Because people are different, it is difficult for me to see things from my patients' Perspectives.							
7.	I try not to pay attention to my patients' emotions in history taking or in asking about their physical health.							
8.	Attentiveness to my patients' personal experiences does not influence treatment outcomes.							
9.	I try to imagine myself in my patients' shoes when providing care to them.							

10.	My patients value my understanding of their feelings which is therapeutic in its own right.							
11.	Patients' illnesses can be cured only by medical or surgical treatment; therefore, emotional ties to my patients do not have a significant influence on medical or surgical outcomes.							
12.	Asking patients about what is happening in their personal lives is not helpful in understanding their physical complaints.							
13.	I try to understand what is going on in my patients' minds by paying attention to their non-verbal cues and body language.							
14.	I believe that emotion has no place in the treatment of medical illness.							
15.	Empathy is a therapeutic skill without which success in treatment is limited.							
16.	An important component of the relationship with my patients is my understanding of their emotional status, as well as that of their families.							
17.	I try to think like my patients in order to render better care.							
18.	I do not allow myself to be influenced by strong personal bonds between my patients and their family members.							
19.	I do not enjoy reading non-medical literature or the arts.							
20.	I believe that empathy is an important therapeutic factor in medical or surgical treatment.							

Part IV: Maslach Burnout Inventory

NO	Questions	Never	Once a year	Once a month	Several times a month	Once a week	Several times a week	Every day
1.	I feel emotionally exhausted because of my work							
2.	I feel worn out at the end of a working day							
3.	I feel tired as soon as I get up in the morning and see a new working day stretched out in front of me							
4.	I can easily understand the actions of my colleagues/supervisors							
5.	I get the feeling that I treat some clients/colleagues impersonally, as if they were objects							
6.	Working with people the whole day is stressful for me							
7.	I deal with other people's problems successfully							
8.	I feel burned out because of my work							
9.	I feel that I influence other people positively through my work							
10.	I have become more callous to people since I have started doing this job							
11.	I'm afraid that my work makes me emotionally harder							
12.	I feel full of energy							

13.	I feel frustrated by my work							
14.	I get the feeling that I work too hard							
15.	I'm not really interested in what is going on with many of my colleagues							
16.	Being in direct contact with people at work is too stressful							
17.	I find it easy to build a relaxed atmosphere in my working environment							
18.	I feel stimulated when I been working closely with my colleagues							
19.	I have achieved many rewarding objectives in my work							
20.	I feel as if I'm at my wits' end							
21.	In my work I am very relaxed when dealing with emotional problems							
22.	I have the feeling that my colleagues blame me for some of their problems							

Appendix E

Expert's Panel

قائمة أسماء لجنة الخبراء

ت	اسم الخبير	اللقب العلمي	سنوات الخبرة	الاختصاص الدقيق	مكان العمل
1	ا.د. علي كريم خضير	أستاذ	٣٠	تمريض الصحة النفسية والعقلية	جامعة كربلاء كلية التمريض
2	ا.د. عبد المهدي عبد الرضا حسن	استاذ	٤٣	تمريض الصحة النفسية والعقلية	جامعة بابل كلية التمريض
3	ا.د. عامر فاضل الحيدري	استاذ	٢٠ سنة	الإمراض النفسية	جامعة كربلاء كلية الطب
4	ا.م.د. معن حميد ابراهيم العامري	استاذ مساعد	١٨	تمريض الصحة النفسية والعقلية	كلية الكوت الجامعة
5	ا.م.د. كريم رشك ساجت	استاذ مساعد	٤٠ سنة	تمريض الصحة النفسية والعقلية	جامعة بغداد/ كلية التمريض
6	ا.م.د. سلمان حسين فارس	استاذ مساعد	٣٢ سنة	تمريض صحة مجتمع	جامعة كربلاء/ كلية التمريض
7	ا.م.د. غزوان عبد الحسين عبد الواحد	استاذ مساعد	١٨ سنة	تمريض صحة مجتمع	جامعة كربلاء/ كلية التمريض
8	ا.م.د. حيدر حمزة علي الحدراوي	استاذ مساعد	١٣ سنة	تمريض الصحة النفسية والعقلية	جامعة الكوفة/ كلية التمريض
9	ا.م.د. قحطان قاسم محمد	استاذ مساعد	١٤ سنة	تمريض الصحة النفسية والعقلية	جامعة بغداد/ كلية التمريض
10	ا.م.د. علي تركي القرشي	استاذ مساعد	٢٠ سنة	صحة نفسية	جامعة بغداد/ كلية الآداب اقسم علم النفس
11	ا.م.د. حسن علي حسين	استاذ مساعد	١٤ سنة	تمريض الصحة النفسية والعقلية	جامعة بغداد/ كلية التمريض

12	ا.م.د. حسام مطشر زان	استاذ مساعد	١٨ سنة	تمريض الصحة النفسية والعقلية	جامعة الكوفة/ كلية التمريض
13	م.د. حقي اسماعيل منصور	مدرس دكتور	٦ سنوات	تمريض صحة مجتمع	جامعة كربلاء/ كلية التمريض
14	م.د. علا احمد محمد الجلال	مدرس دكتور	٨ سنوات	علم النفس الشخصية	جامعة بغداد/ كلية الآداب/ قسم علم النفس
15	م.د. ميثم محسن الياسري	مدرس دكتور	٢٢ سنة	بورء طب نفسي	جامعة بابل/ كلية الطب
16	د. مهدي صالح بلاسم	طبيب اختصاص	١٠ سنوات	بورء طب نفسي	وزارة الصحة/ مستشفى الرشاد
17	د. عباس مرموص منصور	طبيب اختصاص	١٥ سنة	بورء طب نفسي	دائرة صحة بابل/ مستشفى الإمام الصادق (ع)

Appendix F

Normality Testing

Table (3-3): Hypotheses Testing Summary for the Studied Domains (Parenting Style, Empathy, and Psychological Burnout)

Scales	Null Hypotheses	Test	Value	Decision
Parenting Styles	The distribution of father parenting style (Authoritative Dimension) is normal with the mean 2.57 and standard deviation 0.8	One-Sample Kolmogorov-Smirnov	0.200	Reject the null hypothesis
	The distribution of mother parenting style (Authoritative Dimension) is normal with the mean 2.43 and standard deviation 0.72	One-Sample Kolmogorov-Smirnov	0.200	Reject the null hypothesis
	The distribution of father parenting style (Permissive Dimension) is normal with the mean 2.14 and standard deviation 0.70	One-Sample Kolmogorov-Smirnov	0.200	Reject the null hypothesis
	The distribution of mother parenting style (Permissive Dimension) is normal with the mean 2.08 and standard deviation 0.68	One-Sample Kolmogorov-Smirnov	0.200	Reject the null hypothesis
	The distribution of father parenting style (Authoritarianism Dimension) is normal with the mean 2.01 and standard deviation 0.79	One-Sample Kolmogorov-Smirnov	0.200	Reject the null hypothesis
	The distribution of mother parenting style (Authoritarianism Dimension) is normal with the mean 1.88 and standard deviation 0.76	One-Sample Kolmogorov-Smirnov	0.200	Reject the null hypothesis
Empathy	The distribution of empathy is normal with the mean 59.167 and standard deviation 16	One-Sample Kolmogorov-Smirnov	0.200	Reject the null hypothesis
Burnout	The distribution of emotional exhaustion is normal with the mean 16.7 and standard deviation 6.39	One-Sample Kolmogorov-Smirnov	0.200	Reject the null hypothesis
	The distribution of depersonalization is normal with the mean 14.56 and standard deviation 7.36	One-Sample Kolmogorov-Smirnov	0.200	Reject the null hypothesis
	The distribution of personal accomplishment is normal with the mean 13.68 and standard deviation 7.40	One-Sample Kolmogorov-Smirnov	0.200	Reject the null hypothesis

Appendix G

Normality Testing

Table (3.4) Statistical Summary for the Studied Domains (Dysphagia and Trismus)

Studied Domains	Mean	Skewness		Kurtosis	
		Statistic	Std. Error	Statistic	Std. Error
Father Parenting Style (Authoritative Dimension)	2.5721	.434	.182	-.465	.361
Mother Parenting Style (Authoritative Dimension)	2.4344	.310	.181	.596	.360
Father Parenting Style (Permissive Dimension)	2.1475	1.204	.182	1.683	.361
Mother Parenting Style (Permissive Dimension)	2.0833	1.090	.181	1.092	.360
Father Parenting Style (Authoritarianism Dimension)	2.0123	1.086	.182	1.159	.361
Mother Parenting Style (Authoritarianism Dimension)	1.8822	.995	.181	.683	.360
Empathy	59.1667	.891	.181	1.300	.360
Psychological Burnout /Emotional Exhaustion	16.7000	-.276	.181	-.344	.360
Psychological Burnout /Depersonalization	14.5611	.277	.181	-.541	.360
Psychological Burnout /Personal Accomplishment	13.6833	.172	.181	-.355	.360

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الدراسات العليا

اقرار الخبير الاحصائي

اشهد بان الرسالة الموسومة :

parental Rearing patterns, And its Relation To
Burnout, And Empathy Among Nurses Working
At Teaching Hospitals

قد تم الاطلاع على الاسلوب الاحصائي المتبع في تحليل البيانات واظهار النتائج
الاحصائية وفق مضمون الدراسة ولأجله وقعت.

توقيع الخبير الاحصائي:

الاسم واللقب العلمي: د. هادي حبيب الربيع

الاختصاص الدقيق: احصاء وتقييم

مكان العمل: جامعة كربلاء / كلية التربية / الارزاق / الارزاق

التاريخ: 2023 / 5 / 21



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أقرار الخبير اللغوي

اشهد بان الرسالة الموسومة :
*Parental Hearing Patterns, and their Relation to Burnout
and Empathy among Nurses working in Teaching
Hospitals*

قد تم جرى مرجعتها من الناحية اللغوية بحيث اصبحت بأسلوب علمي سليم خال من
الأخطاء اللغوي ولأجله وقعت.

توقيع الخبير اللغوي:
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الاختصاص الدقيق: اللغة الانجليزية
مكان العمل: جامعة كربلاء / كلية التربية للعلوم الانسانية
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المستخلص

تم استخدام تصميم الارتباط الوصفي في الدراسة الحالية لمدة من ٢٦ أيلول ٢٠٢٢ إلى ٢ اب ٢٠٢٣ لمعرفة العلاقة بين أساليب المعاملة الوالدية والاحترق النفسي والتعاطف بين الممرضين العاملين في المستشفيات التعليمية.

تم اختيار عينة هادفة (غير احتمالية) من ١٨٠ ممرضًا في الدراسة الحالية واختيارهم من أربعة مستشفيات تعليمية في مدينة كربلاء وفقًا لمعايير محددة.

تم جمع البيانات من خلال المقابلة باستخدام ثلاثة مقاييس هي استبانة السلطة الأبوية (٣٠ عنصرًا) ، مخزون ماسلاش لاحتراق (٢٢ عنصرًا) و مقياس جيفرسون لتعاطف للطبيب / المهن الصحية (الإصدار-HP) (٢٠ عنصرًا) ، تم تحليل البيانات وتفسيرها من خلال استخدام تطبيق الحزمة الإحصائية للعلوم الاجتماعية (SPSS) ، الإصدار (IBM 22).

أظهرت نتائج الدراسة الحالية أن هناك ارتباطًا كبيرًا بين أسلوب المعاملة الوالدية للأب (البعد المتساهل) و تبعد الشخصية والإنجاز الشخصي المجالات الفرعية للاحتراق، وهناك ارتباط كبير بين أسلوب المعاملة الوالدية للام(البعد المتساهل) والانجاز الشخصي المجال الفرعي للاحتراق، كما أن هناك ارتباطًا كبيرًا بين أسلوب المعاملة الوالدية للأب (البعد الحازم) والاحتراق ومع ذلك ، هناك ارتباط كبير بين أساليب المعاملة الوالدية للأب والام (البعد المتسلط ؛ البعد المتساهل ؛ والبعد الحازم) والتعاطف.

خلصت الدراسة إلى أن أساليب المعاملة الوالدية لها علاقة كبيرة بالتعاطف وأن بعض أنماط اساليب المعاملة الوالدية لها علاقة بالمجالات الفرعية للاحتراق .

أوصت الدراسة بإعداد برامج توعوية من خلال وسائل الإعلام المختلفة لأولياء الأمور حول الإرشاد بأفضل أسلوب إيجابي يجب اتباعه والأسلوب السلبي الذي يجب تجنبه في تربية الأبناء وأهمية اساليب المعاملة الوالدية لما لها من تأثير على حياتهم ووظائفهم في المستقبل.



جامعة كربلاء

كلية التمريض

أنماط تربية الوالدين وعلاقتها بالاحتراق النفسي والتعاطف لدى الممرضين العاملين
في المستشفيات التعليمية

رسالة تقدمت بها

زهراء مهدي عبدعلي

الى فرع

تمريض الصحة النفسية والعقلية – كلية التمريض – جامعة كربلاء

وهي جزء من متطلبات نيل درجة الماجستير في علوم التمريض

إشراف

أ.م.د. صافي داخل نوام

اب ٢٠٢٣ م

محرم ١٤٤٥ هـ