The effect of communication skills training on decreasing the nurses' burnout in Hospital emergency wards of Tehran University of Medical Sciences on 2015

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ABSTRACT
Stress is one of the natural and inevitable aspects of modern human's life. Some defined it as stress or mental pressure and some considered it as a human physiological response to threatening environmental stimuli. According to the stress cognitive-emotional theory, if the stress is over capacity and continuous adjustment leads to physical and psychological exhaustion and impair the person's normal functioning. It has been proposed that the professional staff in health sector, due to facing multiple stressors such as mental, physical and interpersonal stress, experience higher levels of burnout compared to other professions. Jobs related to treatment including medical and nursing are the jobs that create tension. In this study, the effect of communication skills training on burnout has been developed in the form of tables and review graphs among nurses in hospital emergency department in Tehran University of Medical Sciences in 2015 and its results are analyzed in relation to the objectives of the study. The study is performed using data from the findings and in relation to the hypothesis, “Communication skills training is effective in reducing burnout”. The results showed that the burnout in the area of emotional exhaustion has significant differences before and after training and the average in this area after training has decreased which mark an improvement.

Keywords: Communication skills, burnout, stress

INTRODUCTION
The bulk of each person's life is spent on employment and we can say more than half of our waking time people spend at work. In the workplace, five categories – physical, chemical, biological, psychological and environmental - threatens human health that the psychological stress is considered as a mental factor (Kuhpayehzadeh, 2011) and in the long run, erodes the psychic resistance of human and leads to burnout (Aqajani, 2013, p. 97-104). Among them, the staff working in the health sector, due to facing multiple stressors, experience higher levels of burnout compared to other professions (Dinarvand Hassan, 2012p. 226-236); so that, for example, many nurses feel tired after some time working and facing with numerous problems and job stress and they withdrew from their work (Shahnazdous, 2010, p. 20-27). Burnout is not mainly a mental disorder, but if continue, in practice, it becomes a mental
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disability. Some of its psychological consequences in the Nurses' Health includes cardiovascular disease, musculoskeletal, sleep problems and risky behaviors such as drug abuse, alcohol, smoking and reducing psychological well-being and mental health and reduced quality of life and health (Gibson-Mee S. 2011). Burnout leaves many consequences in the family, personal and social life and organization including absenteeism, successive delays, psychological complaints, conflict, job changes and interpersonal conflicts with colleagues, to name a few (Bayne R. 2012). 7.4% of nurses were absent from their work per week due to burnout or stress-related disability that is 80% more than other groups (Aghilinejad, 2010, pp. 44-48).

The word "burnout" is a term used to describe negative changes in attitudes and affective behavior of individuals faced with work-related pressures. The term has been first defined by Freudian Berger in 2006 when he saw signs of fatigue in his employees. He describes "burnout" as a state of fatigue and frustration following sacrificing too much by staff without proper rewards in the workplace and introduce the physical, mental and emotional fatigue as a result of adverse conditions of work environment (Aghajanian, 2012, pp. 97-104). Burnout advances in response to chronic emotional pressure; it as a result, will interfere with the relationship between nurses and patients, colleagues, family and social environment. Burnout also is closely related with absenteeism and leaving nursing jobs and ultimately leads to reduced attention and care of patients (Heilterz, 2011, p. 21-29). Burnout has a set of signs and symptoms of emotional, behavioral and psychosomatic approach and organization. It may, in emotional dimension, use landmarks such as non-devotional manner with the patient, feelings of helplessness and lack of job satisfaction and in the attitude dimension, may the negative attitudes such as denunciation, blaming, lack of empathy with the patient be shown and gradually the person suffers from low employment value, distrust of colleagues and negligence. Behavioral signs include decreased job performance, limited social and recreation activities, and interpersonal problems. Psychosomatic symptoms include fatigue, headaches, gastrointestinal and sleep disorders. Organizationally, symptoms such as irregularities in the care of patients, absenteeism and workplace accidents (Emold, 2011, pp. 358-363). Mentally, people who suffer from burnout experience resignation and organizational isolation. In order to escape the consequences of burnout, they search new jobs and roles and executive agency and look for a career change into other jobs (Hargie, 2010, p. 18-27). Since the rate of burnout in health workers including nurses reduce efficiency and psychic trauma and dissatisfaction with the service, therefore, understanding the factors affecting it in service sectors and offering preventingsolutions can be effective in promotion of mental health quality and service delivery level (Aqajani, 2012, pp. 97-104). Burnout is closely related to absenteeism from work and leaving work, decrease in level of patient care and an increase in medical errors and patients' less security; but the worst consequences is compromising the quality of patient care. So that according to American Nurses Hiring Associations, the nurses transferring at work is 32% and the professional dropout rate is 40% and every year, 1 out of every 10 nurses leaves his job (Harkin M, Vidar M. 2014).

Burnout in medical personnel including nurses is important in two respects: First, burnout decreases work efficiency, increases absenteeism from work, rises health costs and shift personnel, physical and behavioral changes and in some cases, it can lead to drug use. Second, it reduces the quality of services provided to patients that is followed by dissatisfaction with medical services. Series of diagnostic and therapeutic work will stagnate and most importantly, it effects on the main clients of nurses, means patients and clients. The identification and prevention of burnout, therefore, plays an important role in promoting the

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...mental health of people and improving the quality of services. Satisfaction of both the staff and the patients will be created by reducing burnout and even improvement of the effectiveness of actions will be overshadowed(Bulding, 2011, 41-48).

Generally, the patients in the emergency department physically are in a critical state and emergency department nurses in addition to endure some mental and physical pressures ruling in hospitals suffered some unique pressures due to time urgency which in turn creates negative emotions and eventually leads to burnout(Aqajani, 2012, pp. 97-104).

Communication play a key role in the nursing profession and in fact is the base of work of nurses in patient care (Doss et al., 2011, p. 38).

Many of the nurses' duties such as physical care of patients, emotional support and exchange of information with patients is not possible without communication(Movahedi, 2011, pp. 23-34).

Many experts consider the ability to communicate correctly as the most important features of medical staff (Zamani, 2010, pp. 1521-1528). So as you can determine the quality of services to patients in order to improve professional communication(Azimi Lowlati, 2011, pp. 108-125). In addition to being of the patient's communication important needs, is a very important aspect of nursing care that in addition to informing about the disease and its treatment leads to understanding the patient's concerns and make better empathy, emotional support, improving psychosocial outcomes and providing patient comfort(Gibson, 2011, p. 14).

In contrast, the lack of proper communication is one of the main reasons for not recognizing the spiritual – social and psychological patients' needs(Helitzer et al., 2011, pp. 9-21) so as 15% of undesirable accidents directly relate to communication problems between caregivers and patients and communication involves in more than 50% of cases.

Root of almost all the reported events that happened during caregiving in shifts is failure to use appropriate communication skills between caregivers and patients so that 75% of medical errors and 65% of accidents during work shifts caused by inappropriate relationship(Bach, 2010, p. 300).

Four clinical features, together, constitute the essence of good clinical practice as follows: Knowledge, communication skills, problem solving skills and physical examination of which the communication skills are the main components of clinical capabilities(Manaqeb, 2010, pp. 164-170). According to the American Society of Critical Care Nursing, nurses should also be skilled in the necessary communication skills and competence as are in other clinical skills(Baqchehqi, 2010, pp. 211-218).

So, today teaching interpersonal communication skills to nurses is the main way to improve the quality of care because it changes the behavior and attitude toward the usefulness of these skills, job satisfaction as well as identifying needs, creating positive changes in clinical status and consent of the patients(Pitel, 2009, pp. 28-38). Long-term and surface communication also causes of burnout in nurses and reduce the consent of the patients (Bahrami, 2012, pp. 37-54).

Effective communication is the cornerstone of nursing and constant communication between nurses, patients, families, colleagues and employees. Nursing communication is a complex process and it is possible to send or receive the wrong message due to very high message(L. Anderson, 2009, p. 200). On the other hand, fail in nursing can cause serious consequences, for example, we are all aware of the importance of reporting correctly when changing shifts, however if a nurse fails to transfer important information, treatments, essential drugs to the next shift staff of the other caregiver does not receive or misunderstand the full information due to defects in effective listening skills, serious injuries would damage the patients during the treatment he gets. Also, not listening to the patients can cause many symptoms or side effects be ignored and bring dire consequences.Unfortunately, studies show that the relationship between nurses and patients in Iran is

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This result is not unexpected; communication skills shortage in interacting with patients and other relevant sources, it seems necessary to study scientifically in this area and use the obtained results in various aspects of the nursing profession. Given that similar researches hasnot been done in Iran, researchers were to evaluate thenurses' communication skills trainingimpacts on burnout among nurses working in the emergency department.

**Literature review**

Hemmati and Sheikh Bigelow (2011) studied the relationship between communication skills with nurse – patient to immune status of patients in ICU to determine the relationship between nurse's relationship skills – patients on the status of safety in ICU in the Urmia's hospitals from the perspective of nurses. In this descriptive – solidarity study, 167 nurses employed in educational and non-educational hospitals' ICUs in Urmia were selected by census method. Nurse – patient communication skills questionnaire and immune status questioner were used in order to collect data and communication skills in ICU patients was determined with immune status of patients. The study (2011) was performed on the nurses in ICUs in city of Urmia. The number of 197 nurses with at least one year of experience in a special section was selected for the census. The nurses were recruited after full explanation and consent. The first part of the questionnaire used to check the status of Communication skills of nurses consists of 8 questions related to demographic samples. The second includes 21 questions in the case of verbal and non-verbal communication skills of nurses to patients; where the verbal communication skills on a contract basis, were divided into weak (21-49), medium (50-77) and good (78-105). The third part of the questionnaire includes 18 questions in connection with the evaluation of the safety of patients in the ICU divided into weak (18-41), medium (42-65) and good (66-90). Based on the Likert scale, questions related to the questionnaire were rated as 0 for "no" to 5 for "always". Content validity of

weak in many cases (Adib Haj Bagheri M, Lotfi S., F. Hosseini;2014).

One of the things that will lead to poor interpersonal communication is lack of awareness and inadequate knowledge of the above skills(Vakili, 2012, pp. 5-19). Evaluation of awareness and knowledge of nurses directly relates to their performance in relation to the patient(Rosenberg, 2011, pp. 2-8). Specialists studied the association between effective communication of nurses and reduction of pain in patients and increasing the recovery rate. Others have discussed about the connection of the awareness of the medical and nursing professional communication skills and all have concluded that nurses using effective listening skills, questioning, reflection and purification can be a great help in the treatment of patients(Rob M., 2009, p. 95). Nurses use these skills to collect information, reassuring, helping the patient, changing attitudes, views and opinions, encourage critical thinking, reducing anxiety, facilitating communication with each other and health care staff while improving patient care (Bayne, 2010, p. 34). Nurses' knowledge of effective communication skills is an essential component in the application of those skills. Since at any time, from schools to universities, there has been no detailed plan of how to teach these skills, therefore, this result is not so far-fetched (Burry. M, 2012, pp. 74-60). This result is not unexpected; considering the importance of these skills especially in the nursing profession which is considered as nursing profession's moral and conscience responsibility then should think of ways to improve the skills, the level of knowledge of nurses in conjunction with the communication skills that it would otherwise not be achieved except through education(Wiles, 2011, pp. 161-169). Lack of attention to burnout and communication skills training, thereupon, can results in injury frequency in not only the health system employees and patients, but also the entire health care system. Since the researcher, as one of the nursing staff, has been witness of burnout and nurses'
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A qualitative and quantitative method was used to determine the scientific validity of the questionnaire. Anonymous questionnaires were distributed, along with a code and were completed self-reportedly and finally 197 questionnaires were distributed of which 173 questionnaires were completed and returned of which 7 questionnaires were excluded because of incomplete information. Data was analyzed using independent t-test and Spearman correlation descriptive and inferential statistics.

Farsi (2013) studied the relationship between burnout with the quality of work life of nurses in AJA hospitals to investigate the relationship between burnout with quality of work life of nurses in AJA hospitals. This cross-sectional study (descriptive-analytical) has been fulfilled on 322 nurses of AJA in the city of Tehran.

Research environment is all wards of affiliated hospitals to the Islamic Republic of Iran Army in Tehran (seven hospitals). The target population includes nurses of AJA in Tehran in public and specialized sector in the morning, afternoon and night times or were in circulation duty. The multi-stage random sampling method was included. 297 Research Unit was needed to calculate the sample size. In this study, 380 questionnaires were given to nurses of which 322 questionnaires were completed. The response rate was approximately 85%. The main variables were burnout (Emotional exhaustion, depersonalization, and personal accomplishment) and the quality of working life (independence, decision-making, management, interpersonal relationships and support, rights and benefits of improved job prospects and the possibility of job). Data was collected using a questionnaire consists of three parts. The first part was based on the demographic information including age, sex, education level, marital status, number of children, and work experience as a nurse, shift work, hours of work per month, possession of overtime, the overtime hours per month, having a second job, absenteeism, and compliment with the program. And the second part includes Maslach Burnout Inventory to evaluate burnout and the third part was the nurses' quality of work life questionnaire. Reliability of Burnout Inventory by Maslach and Jackson was reported Cronbach's alpha coefficient of 0.71 to 0.90 and test-retest coefficient was 0.60 to 0.80. The study used the QWL questioner By Nahid Dehghan et al. built on a national and cultural model. This questionnaire has five dimensions which are independent, decision-making, management, interpersonal support, job prospects, wages and benefits, and the potential for job promotion set at 5 Likert scale: 1- strongly agree, 2- disagree, 3- neutral, 4-agree, 5- completely agree. Scores range from 34-170. Using nurses in Scientific Boards and an expert in the field, the simulative and content validity was approved in the range of 0.85 to 1. Dehghan et al. as well have reported the reliability of this questionnaire with a Cronbach's alpha coefficient of 0.091. Data were analyzed using descriptive – analytical statistics. The data showed that the average age of the sample (30.95%) is in age range of 18-49 years. About a third of patients (31.9%) were in the age group 30-35 years old, 51.2% were male nurses, 84.5% and 72.7% were graduated and married, respectively. The majority of patients (74.5%) have constant shifts and 60.6% had overtime, 27% have second jobs of which 22.7% were employed in non-nursing jobs in other hospitals. About a fifth of them (19.6%) have turnover and 20.8% had a history of absences from work. About 40% of nurses had complained agenda. The results of the emotional analysis was 84.5% (moderate to high level), for depersonalization was 79.8% (high level) and for personal success was 61.5% (low level), for quality of life was 10.36 + 13.1 and a majority of 37.6% of subjects had a moderate work life. Assessing the Burnout and the quality of working life as the goal of this study, Pearson correlation coefficient showed that the emotional analysis of samples has a reverse association with their quality of working life and the results of this study show a significant inverse relationship between quality of working life and their personal success.
As well, a statistically significant relationship was not found between depersonalization and quality of working life. The results of this research show that there is a negative correlation between burnout and quality of working life. Adopting appropriate measures in order to improve the quality of working life, elimination of predisposing factors, prevention, treatment and teaching coping skills and good communication are the current needs of policy making in health cares in such environments.

Harkin and Vidar (2014) in their work "comparison between burnout in the emergency department's nurses and the internal department's nurses" were to compare the incidence of burnout in nurses in the internal and the emergency wards to determine their differences to identify the relationship between individual factors and burnout. The descriptive study (2014) has analyzed nurses working in the emergency department and the internal wards of a general hospital in Ireland consists of 61 nurses including 31 and 30 nurses from the emergency and internal departments, respectively, who were randomly selected. The instrument used in this study was demographic questionnaire including personal information based on age, sex, marital status, factors related to work environment, duration of work in the Clinical Center, hours of work per week, and the number of days when s/he was patient during last 12 months. The Maslach Inventory was used to measure burnout in nurses in Emergency and internal departments. Reliability and validity of the tools in previous research had been proven. The obtained validity was (Cronbach's alpha) 70%. To collect information, an invitation with an explanation were sent by e-mail to internal and emergency department nurses together with the above questionnaires and asked people to complete the questionnaire and then sending back to the corresponding address. Data were analyzed using statistical software SPSS .V17 and descriptive statistics were used to analyze the data mean and mode. Mann-Whitney test was used for differentiating levels of burnout, differentiate between gender and burnout, and differentiate between degrees of other significant and insignificant factors in turnover in the emergency and internal departments' nurses. Spearman correlation was used to explain burnout and the duration of working time in the study subjects based on work hours.

Research method

This study, based on the objectives and nature, is a quasi-experimental study. It examines the effect of the independent variables on the dependent variable. In this way, the researchers in controlled conditions examined manipulation or intervention on the dependent variable. Samples are selected at random (Kosha, Soheila, Fesharaki M. 2013). In this research, the impact of the independent variable (communication skills training) on the dependent variables (job burnout) is measured.

Population and sample

The population included in this study is Emergency nurses in selected hospitals of Tehran University of Medical Sciences. The sample of 46 nurses was elected from Tehran University of Medical Sciences' hospitals that have the characteristics of the study.

Findings

- Objective 1

"Setting Burnout in emergency nurses before communication skills training in Hospital emergency department nurses in Tehran University of Medical Sciences in 2015"

<table>
<thead>
<tr>
<th>Burnout and its dimensions</th>
<th>minimum</th>
<th>maximum</th>
<th>Mean</th>
<th>standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>emotional exhaustion</td>
<td>34/29</td>
<td>77/14</td>
<td>57/56</td>
<td>10/47</td>
</tr>
</tbody>
</table>

Table 4-9 numerical indicators of burnout and the dimensions of the emergency nurses communication skills training
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<table>
<thead>
<tr>
<th>Depersonalization</th>
<th>20</th>
<th>80</th>
<th>57/50</th>
<th>16/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Failing</td>
<td>20</td>
<td>88</td>
<td>58/41</td>
<td>15/43</td>
</tr>
<tr>
<td>Burnout</td>
<td>29/10</td>
<td>80/76</td>
<td>57/82</td>
<td>12/44</td>
</tr>
</tbody>
</table>

**Chart 4** - Numerical indicators of burnout and the dimensions of the emergency nurses Communication skills training 94-95

Table (9-4) shows the numeric indices for burnout as well as its dimensions calculated out of 100, it suggests that the higher the scores represents more burnout. It can be seen that the average score of burnout in nurses is higher than median score 50.

- **Objective 2**
  "Setting Burnout in emergency nurses after training communication skills to nurses in Hospital emergency department in Tehran University of Medical Sciences in 2015"

**Table 4-10** - Numerical indicators of burnout and the dimensions of the emergency nurses after communication skills training 94-95

<table>
<thead>
<tr>
<th>Burnout and its dimensions</th>
<th>minimum</th>
<th>maximum</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>emotional exhaustion</td>
<td>25/71</td>
<td>57/14</td>
<td>39/74</td>
<td>8/11</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>25</td>
<td>65</td>
<td>46/45</td>
<td>8/18</td>
</tr>
<tr>
<td>Lack of personal accomplishment</td>
<td>20</td>
<td>52</td>
<td>36/41</td>
<td>7/70</td>
</tr>
<tr>
<td>Burnout</td>
<td>26/24</td>
<td>52/38</td>
<td>40/87</td>
<td>5/95</td>
</tr>
</tbody>
</table>

**Figure 4-2** - Numerical indicators of burnout and the dimensions of the emergency nurses after communication skills training 94-95

Table (4-10) shows the numerical indicators of burnout as well as its dimensions after training which have been calculated on the basis of 100 and the higher the score represents more burnout. It can be seen that the means of burnout and three areas after communication skills training is less than the median score (50).

- **Objective 3**
  "Compare burnout emergency before and after training communication skills to nurses in Tehran University of Medical Sciences hospital's emergency department in 2015"
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Table 4-11 numerical indicators of burnout and the dimensions of the emergency nurses after communication skills training

<table>
<thead>
<tr>
<th>Burnout and its dimensions</th>
<th>Before intervention</th>
<th>After intervention</th>
<th>Paired t test result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
</tr>
<tr>
<td>Emotional exhaustion</td>
<td>57/56 (10/47)</td>
<td>39/74 (8/11)</td>
<td>t = 10/107, Df=47, p-value &lt; 0.001</td>
</tr>
<tr>
<td>Mesmerized by the individual quality</td>
<td>57/50 (16/07)</td>
<td>46/45 (8/18)</td>
<td>t = 4.627, Df=47, p-value &lt; 0.001</td>
</tr>
<tr>
<td>Lack of personal accomplishment</td>
<td>58/41 (15/43)</td>
<td>36/41 (7/70)</td>
<td>t = 9.577, Df=47, p-value &lt; 0.001</td>
</tr>
<tr>
<td>Burnout</td>
<td>57/82 (12/44)</td>
<td>40/87 (5/95)</td>
<td>t = 9/482, Df=47, p-value &lt; 0.001</td>
</tr>
</tbody>
</table>

Table 4-12 Numerical indices for communication skills and its dimensions for the emergency nurses before and after communication skills training

<table>
<thead>
<tr>
<th>Communication skills and its dimensions</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to receive and send messages</td>
<td>14/81</td>
<td>77/78</td>
<td>50/53</td>
<td>13/07</td>
</tr>
<tr>
<td>Emotional control</td>
<td>16/67</td>
<td>74/07</td>
<td>51/80</td>
<td>11/55</td>
</tr>
<tr>
<td>Listening skills</td>
<td>26/67</td>
<td>80</td>
<td>50/31</td>
<td>13/79</td>
</tr>
<tr>
<td>Insight into the communication process</td>
<td>20</td>
<td>80</td>
<td>46/38</td>
<td>12/89</td>
</tr>
<tr>
<td>Communication associated with decisiveness</td>
<td>25</td>
<td>83/33</td>
<td>53/64</td>
<td>16/56</td>
</tr>
</tbody>
</table>

Table 4-13 numerical indicators of burnout and the dimensions of the emergency nurses after communication skills training

s paired t test results in Table (4-11) shows:
Burnout in the area of emotional exhaustion, before and after training, had a significant difference and the mean after training declined which shows improvement in this area (p-value < 0.001).
Burnout in the area of depersonalization, before and after training, had a significant difference and the mean after training in this area declined which shows improvement in this area (p-value < 0.001).
Burnout in terms of individual success, before and after training, had a significant difference and the mean after training in this area declined which shows improvement in this area (p-value < 0.001).
Overall, the difference between the average burnout, before and after training, was statistically significant. It can be seen that the before training average score 57/82 after training has declined to 40/87 (p-value < 0.001).

Objective 4
"Determining emergency nurses communication skills before training communication skills to nurses: Hospitals’ emergency department of Tehran University of Medical Sciences in 2015"

Table 4-12 Numerical indices for communication skills and its dimensions for the emergency nurses before and after communication skills training.
The effect of communication skills training on decreasing the nurses’ burnout in Hospital emergency wards of Tehran

<table>
<thead>
<tr>
<th>Communication skills and its dimensions</th>
<th>minimum</th>
<th>maximum</th>
<th>mean</th>
<th>standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to receive and send messages</td>
<td>37/04</td>
<td>62/96</td>
<td>51/72</td>
<td>6/49</td>
</tr>
<tr>
<td>Emotional control</td>
<td>33/33</td>
<td>70/37</td>
<td>50/09</td>
<td>6/97</td>
</tr>
<tr>
<td>listening skills</td>
<td>26/67</td>
<td>86/67</td>
<td>59/68</td>
<td>12/37</td>
</tr>
<tr>
<td>insight into the communication process</td>
<td>13/33</td>
<td>80</td>
<td>46/80</td>
<td>16/87</td>
</tr>
<tr>
<td>Communication associated with decisiveness</td>
<td>25</td>
<td>91/67</td>
<td>53/35</td>
<td>11/61</td>
</tr>
<tr>
<td>communication skills</td>
<td>37/59</td>
<td>69/95</td>
<td>50/49</td>
<td>6/27</td>
</tr>
</tbody>
</table>

Table (4-13) shows the numerical indices for communication skills as well as its dimensions after training which have been calculated out of 100. It can be seen that the mean score of under studied nurses' communication skills training before training was obtained about 50/40 with a standard deviation 6/27.
CONCLUSION
In this research, using the information derived from findings and in relation to the hypothesis "Communication skills training is effective in reducing burnout". The results showed that burnout in the area of emotional exhaustion, before and after training, has significant differences and after training average in this area has decreased which shows improvement in this area is (p <0.001). Burnout in the field of depersonalization, before and after training, had a significant difference and after training in this area average declined which shows improvement in this area (p <0.001). Burnout in the field of personal success, before and after training, had a significant difference and after training in this area average declined which shows improvement in this area (p <0.001). Overall, the obtained average burnout, before and after training, is statistically significant differences. It can be seen that the obtained average score is of 57.82 for before training and 40.87 for after training (p <0.001). Based on the data and findings it could be argued that the hypothesis is confirmed by achieving minor goals hypothesis and research. The overall research (2015) goal is to determine the effect of communication skills training on job burnout in Emergency wards in hospitals of Tehran University of Medical Sciences.

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