EVALUATION OF EMPATHIC TENDENCY LEVELS OF THE INTENSIVE CARE UNIT NURSES IN TERMS OF VARIOUS VARIABLES

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ARTICLE INFO	ABSTRACT
  Correspondence: Sibel ŞENTÜRK Burdur Mehmet Akif Ersoy University, Bucak Health School /Burdur-Bucak, Turkey e-mail: sibelsenturk@mehmetakif.edu.tr Turkish Journal of Health Science and Life 1 (2018) 7-13	**Objective:** The aim of this research is to evaluate empathic tendency levels of the nurses who work at the intensive care units in terms of various variables. **Methodology:** 138 nurses who work at the intensive care units and accepted to participate in the research were included in this descriptive research. The research was carried out using a Nurse Descriptive Form designed by the researchers after literature review and Empathic Tendency Scale in order to evaluate the emphatic tendencies. Official written approvals of the institutions and nurses' oral consents were obtained. Percentage distributions, Student t test, Kruskall Wallis and One way ANOVA were used for data evaluation. **Results:** It was found out that 80.4 % of the participant nurses were females, mean age was 32.05 ± 5.39, mean working time at the intensive care unit was 3.46 ± 3.09, 38.4 % had graduate degree and 86.2 % worked in shifts. Mean score of Emphatic Tendency Scale of the nurses was 72.77 ± 8.48. A statistically significant difference was found between mean scores obtained from empathic tendency scale and nurses' considering the profession appropriate for themselves, considering changing the profession, getting trainings about empathy and empathizing with the patients ($p < 0.05$). **Conclusions:** It was found out that nurses' empathic tendency scores were good. It may be recommended that empathy and communication topics should be dealt more widely in the on-job trainings because empathic approach is an effective factor for increasing the quality of nursing care. **Key Words:** Intensive Care Nursing, Empathic Tendency, Empathic Tendency Scale.

1. Introduction

Empathy; it is the process by which one can look at things from other's point of view by putting himself in the face of the other, understanding correctly such person's thoughts and feelings and transmitting what he was been aware of (1). In nursing, empathy is defined as "the nurse's understanding and sharing individual patient's feelings and thoughts without losing her own identity" (2). Empathy is considered a key component of a supportive relationship in patient care. The nurse carries out the primary responsibility of care giving through interpersonal relationships she maintains with patients or healthy individuals. Nurse's capability to understand the individual is related with her empathy skills (3). Emphatic tendency forms the emotional dimension of empathy. The empathic tendency is based on the ability to understand the emotional problems of individuals and based on willingness to help individuals with such emotional problems. Individual differences can be shown and evaluated by the emotional sensitivities of the individuals. For an individual to empathize, the emphatic tendency is expected to reach a desired level (1,4).

Nurses can more accurately identify their needs of the patients when they approach the patient with an empathic attitude and they may meet care needs of them in more effectively manner. The individual, who thinks he is understood by the nurse, believes he is trusted and valued. In this case, the nurse is easy to reach the individual and the individual accepts care of the nurse. Individualized care and a favorable therapeutic environment are thus provided. The rate of healing increases after such service is given and negative consequences of treatment decrease (5-8).

The fact that the nurse has empathy in nurse-patient communication and the empathy skills that are developed at the expected amount increases the quality of the health service. For this reason, it is stated that although the empathic tendency is a personality characteristics, empathic skills can be gained during vocational training and can also be improved by professional practices (9,10).

It is expected that nurses who serve in intensive care units where non-verbal communication techniques are used more frequently will have higher empathic tendencies for patients to reduce stay duration in the hospital, to accelerate healing process, to decrease drug intake and to provide patients participation to treatment process. With this in mind, the aim of this study is to examine the empathic tendency levels of nurses working in intensive care units in terms of various variables.

The research questions of the present study, which recruited intensive care nurses, were as follows:

1. What are the sociodemographic, professional and empathic characteristics of intensive care nurses'?

2. What is the level of empathic tendency in intensive care nurses'?

3. Do the sociodemographic, professional and empathic characteristics of intensive care nurses affect their levels of empathic tendency?

2. Material and Methods

2.1. Study Design

The study was designed as a descriptive research.

2.2. Setting and Sample

The study population consisted of all the nurses working in intensive care nurses of A and B Hospitals in Konya and Isparta in Turkey. The study sample consisted of nurses who agreed to participate in the study and answered all of the questions (n = 138). Response rate was 92.0%.

Data Collection

Data for the current study was collected by means of Empathic Tendency Scale (ETS) and a Nursing Information Form developed by the researchers following a comprehensive review of the literature (2,9-17). The nursing information form inquired socio-demographic characteristics and professional features of the intensive care nurses involved in the study

consisting of 24 questions. After the questionnaire form was prepared, a preliminary interview was held with 5 nurses and necessary corrections were made and the investigation started. Questionnaires were given to the nurses so that they could make their survey forms comfortable and they were collected two weeks later.

2.3. Measurements

2.3.1 Nursing Information Form

The nursing information form included 24 questions on the students' characteristics, age, gender, marital status, educational status, child possession status, place of residence, unit of work, year of work in the profession, working time in intensive care unit, working position, working style, weekly study period, to be satisfied with the work environment, to be appreciated by the superiors, to increase the level of anxiety in the intensive care unit, to put himself in the place of the patient, to see himself in the sense of his patients, to have knowledge about empathy.

2.3.2 Empathic Tendency Scale (ETS)

The empathic tendency can be understood as an attitude, characteristic and habit about empathy. ETS was developed to measure the potential of a person's ability to establish empathic relationships in daily life by Dökmen (1988). It is a five-point Likert-type scale with 20 items. (1 = completely contrary, 2 = highly contradictory, 3 = unstable, 4 = fairly appropriate, 5 = perfectly appropriate). The 8 items of the scale (3,6,7,8,11,12,13,15) are stated inverse. The scores of scale range from 20 to 100. Higher scores imply that the individual has a higher empathic tendency level, which is more concerned with 'being' factors such as the willingness to listen, positive regard, sensitivity and the understanding of another's life. For the reliability testing, the scale was administered twice with 3-week intervals to the same group, and the correlation coefficient among the measurements was found to be r = 0.82; Cronbach's alpha value was measured as 0.88. For the validity testing, the scale was compared with Edwards Personal Preference Schedule subscale, and the coefficient correlation was identified as r = 0.68 (18).

2.4. Ethical Consideration

This study written approvals were obtained from the directors of the hospitals included in the study. For ethical considerations, the purposes and methods of study were explained to the nurses. In addition, upon

Table 1: The Distribution of Empathic Tendency Scale Scores of Intensive Care Nurses' in Terms of Their Socio-demographic Characteristics

Socio-demographic characteristics	N	ETS (Mean±SD)	p	Test
Age Groups				
18-28 age	32	73,68 ± 9,29		
29-39 age	97	72,42 ± 8,28	0,752	0.285**
40 and over	9	72,77 ± 8,48		
Gender				
Female	111	73,33 ± 8,12		
Male	27	70,48 ± 9,64	0,118	1,575*
Educational Status				
High school graduate	28	69,92 ± 8,78		
Associate degree	57	72,63 ± 8,22	0,074	2,660**
Undergraduate graduate	53	74,43 ± 8,33		
Marital Status				
Married	102	72,81 ± 8,29		
Single	36	72,66 ± 9,11	0,929	0,089*
Presence of Own Children				
Yes	94	72,52 ± 7,95		
No	44	73,31 ± 9,59	0,609	-,513*
Place of residence				
With parents	111	72,55 ± 8,49		
Single	15	71,13 ± 8,94	0,185	1,707**
With friends	12	76,83 ± 7,09		

* t test   ** One-Way ANOVA

being informed about the project orally all the nursing provided the researchers with their written consents to participate in the study. This study was conducted in accordance with the ethical principles of the Declaration of Helsinki (revised October 2000).

2.5. Data Analysis

The SPSS Statistics Packet Program was used in the data analysis for the descriptive statistics (mean, percentage, standard deviation, minimum and maximum values) such as Student t test, Kruskall Wallis and One-way ANOVA. Normality was examined using the Shapiro-Wilk method. The significance level was set at $p < 0.05$ for all statistical tests.

2.6. Research Limitations

The research sample was limited to working in intensive care nurses of A and B Hospitals in located in Konya and Isparta in Turkey.

3. Results

70.3% (97) of the nurses within the scope of the study were between the ages of 29-39, 80.4% (111) women, 38.4% (53) undergraduate graduates and 73.9% (102) were married, 68.1% (94) had children and 80.4% (111) declared they were living with their families (Table 1). There was no statistically significant relationship determined between the descriptive characteristics of the nurses and the mean scores of the Empathic Tendency Scale (ETS) of nurses included in the study (p> 0.05).

16,7% (23) of the nurses participated to study declared they were working in reanimation intensive care unit, 49,3% (68) were working in the occupational period 1-10 years, 80,4% (111) were working 1-5 years in intensive care unit, % 89.9 (124) were working as intensive care nurses, 86.2% (119) were working in shifts, 88.4% (122) were working 40-45 hours per week (Table 2).

52.9% (73) of the nurses in study stated they selected intensive care voluntarily, 73.2% (101) chose their profession intentionally, 58.0% (80) said they found their job appropriate for themselves, %37.0 (51) wanted to change their jobs, 16.7% (23) had chronic diseases, 50.7% (70) were satisfied with the working environment, and 40.6% (56) were appreciated by their superiors, 83.3% (115) stated that the intensive care unit increased the level of anxiety they had (Table 2).

There was a statistically significant correlation determined between the variables of considering the work appropriate and thoughts on changing occupational self-esteem and professional change of the nurses and ETS average point within the scope of study (p <0.05) while no statistically significant relation was determined (p> 0.05) between other variables and ETS average point (Table 2).

When Table 3 was examined, it was found that 67,4% (93) of the nurses included in the study placed themselves in the shoe of the patient, 83,3% (115) considered themselves adequate for understanding patients, 44,2% (61) said they took training on empathy

Table 2: The Distribution of Empathic Tendency Scale Scores of Intensive Care Nurses' in Terms of Their Professional Characteristics

Professional Characteristics	N	ETS (Mean+SD)	p	Test
Work Area				
General intensive care	18	72,50 + 8,70		
Internal intensive care	22	70,31 + 8,85		
Cardiology intensive care	8	80,00 + 10,39		
Coroner intensive care	18	73,55 + 7,95		
Reanimation intensive care	23	72,30 + 8,08	0,270	11,091***
Chest intensive care	9	72,00 + 8,29		
Neurology intensive care	7	74,57 + 7,67		
Surgical intensive care	17	71,17 + 7,16		
Newborn intensive care	7	78,42 + 7,54		
Emergency intensive care	9	70,55 + 9,26		
Total of working time				
1-10 years	68	73,22 + 8,48		
11-20 years	63	72,23 + 8,76	0,795	0,230**
21 year and over	7	73,28 + 6,29		
Working time in intensive care				
1-5 years	111	73,36 + 8,25		
6-10 years	23	69,39 + 8,88	0,092	2,432**
11 year and over	4	76,00 + 9,83		
Working position				
Responsible nurse	14	71,35 + 8,07		
Intensive care nurse	124	72,93 + 8,54	0,511	-,658*
Working shift				
Only day shift	16	75,06 + 9,43		
Shift	119	72,40 + 8,17	0,438	0,830**
Only night shift	3	75,33 + 16,28		
Weekly working hours				
40-45 hours	122	72,79 + 8,37		
46 hour and over	16	72,62 + 9,56	0,940	0,075*
Preference of department				
Voluntarily	73	73,15 + 8,64		
Assignment	65	72,35 + 8,34	0,584	0,549*
Voluntary choice in job				
Yes	101	73,31 + 8,55		
No	37	71,29 + 8,23	0,217	1,241*
Appropriate for themselves in job				
Yes	80	74,51 + 7,79		
Partially	49	70,53 + 8,75	**0,017**	**4,230****
No	9	69,55 + 9,98		
Thinking about changing job				
Yes	51	70,37 + 8,57		
No	87	74,18 + 8,15	**0,010**	**-2,600***
Presence of chronic illness				
Yes	23	72,08 + 7,40		
No	115	72,91 + 8,70	0,672	-,425*
Satisfy with the working environment				
Yes	70	73,75 + 7,97		
Partially	56	71,78 + 8,98	0,389	0,951**
No	12	71,66 + 9,04		
Appreciate by their superiors				
Yes	35	74,82 + 6,84		
Sometimes	56	72,39 + 8,52	0,234	1,468**
No	47	71,70 + 9,40		
Intensive care to increase the level of anxiety				
Yes	115	72,78 + 8,68		
No	23	72,73 + 7,56	0,982	0,022*

* t test   ** One-Way ANOVA   ***Kruskal-Wallis

and 38.4% (53) stated that they needed information about empathy. While there was meaningful relation (p< 0.05) determined between variables on being in the shoe of patient and taking necessary training and ETS score average, there was no statistically meaningful relation was determined (p>0.05) for the cases of considering themselves adequate to understand patients and information need on empathy and ETS score average (Table 3).

4. Discussion

In our study where empathic tendency levels of intensive care nurses in terms of various variables are examined, empathic tendency score average of the nurses is 72.77 $\pm$ 8.48 and it is possible to say that empathic tendencies are above the average.

When compared with other studies on nurses and nursing students, the results are determined by Dizer and İyigün (2) as 70.5 $\pm$ 8.6, Bekmezci, Yurttaş, Özkan (11) as 68.98 $\pm$ 8.99, Karaman Özlü et al. (13) as 71.11 $\pm$ 8.00, Tunç et al. (14) as 69.03 $\pm$ 8.48, Özcan (17) as 65.95 $\pm$ 10.66, Uncu et al (19) as 69.9 $\pm$ 9.3 and Karaca, Açıkgöz, Akkuş (20) as 70.64 $\pm$ 8.38.

According to the results of the presented study, the mean score of empathic tendency was found high which is a pleasing result. Even intensive care nurses have a score above the scale average, considering that the highest score to be obtained from the scale is 100 and the basic philosophy of health services is help, it is estimated that empathic tendencies of nurses shall be developed to the desired level.

There was no statistically significant relationship determined between age group, gender, educational status, marital status, having children, place of residence and Empathic Tendency Scale (ETS) scores of the nurses participated to study (p>0.05). Similarly, in other studies conducted among nurses, it was stated that there was no significant relationship between introductory features and empathic tendency score averages (2,13,14). In his study, Özcan (17) states that, other individual and family characteristics other than marital status and having children have no influence on other empathic tendency scores of the nurses.

When the distribution of nurses according to empathic tendency scores according to the clinics they are employed is examined, the highest tendency scores were determined in cardiology intensive care unit (80.00 $\pm$ 10.39), newborn intensive care unit (78.42 $\pm$ 7.54) and neurology intensive care unit (74.57 $\pm$ 7.67) and the lowest score was obtained by (70.31 $\pm$ 8.85) nurses in internal diseases intensive care unit. Despite the high empathic tendency scores in the clinics where nurses were working, there was no statistically significant relationship was determined between ETS score average (p>0.05). Unlike our study results, Dizer and İyigün (2) found a statistically significant difference (p <0.05) between the clinics where intensive care nurses worked and the ETS average score and indicated that this result was derived from difference between brain surgery and

Table 3: The Distribution of Empathic Tendency Scale Scores of Intensive Care Nurses' in Terms of Their Empathic Characteristics

Empathic Characteristics	N	ETS (Mean±SD)	p	Test
Place themselves in the shoe of the patient				
Yes	93	74,17 $\pm$ 8,54		
Sometimes	42	70,26 $\pm$ 7,74	**0,010**	**4,716*** *
No	3	64,66 $\pm$ 4,72		
Consider themselves adequate for understanding patients				
Always	115	73,29 $\pm$ 8,63		
Sometimes	17	69,94 $\pm$ 7,20	0,242	1,432**
Rarely	6	71,66 $\pm$ 8,18		
Take training on empathy				
Yes	61	74,63 $\pm$ 7,91		
No	77	71,29 $\pm$ 8,67	**0,021**	**2,334***
Need information about empathy				
Yes	53	72,39 $\pm$ 8,75		
No	85	73,01 $\pm$ 8,35	0,680	-,413*

* t test   ** One-Way ANOVA

general surgery, neurosurgery and cardiovascular surgery intensive care units.

There was a statistically significant relationship determined between the variables of considering the job appropriate and thinking about job change and ETS average score (p>0.05). It was determined that nurses who thought job was appropriate for them had higher potential to empathize than those who thought the opposite. Similar results were achieved in the study of Dizer and İyigün (2). In line with these results, it may be expected that those who considered their jobs appropriate would have higher satisfaction and would not consider changing their profession, so that interpersonal communication would be better.

No statistically significant relationship was determined among the occupational characteristics of the nurses included in the study such as the unit they were working, the duration of work in the intensive care unit, the working time in the intensive care unit, the type of work, weekly working hours, preferring the work voluntarily, the existence of chronical disease, satisfaction from working environment, being appreciated by the superiors and increase of anxiety level due to intensive care and ETS average score (p> 0.05). These findings are parallel to the results of Dizer and İyigün (2), Karaman Özlü et al (13) and Özcan (17).

Within the scope of study, while there is statistically significant relation (p<0.05) between nurses putting themselves in shoe of patients and ETS average score (p<0.05), statistically meaningful relation was not determined between variable of feeling sufficient to understanding the patients and ETS average score (p <0.05). In the study of Dizer and İyigün (2), a statistically significant correlation was found between being in the patient's shoe and ETS average point (p <0.05). Empathy, which means putting yourself in the place of other, is a useful tool in relation to the patient-health worker in terms of enabling the nurse to approach the patient with a more personal perspective. Also, establishing empathy will cause the patient to feel close to the nurse, so that the patient can express himself more easily and achieve more successful outcomes from the attempts undertaken. According to this result, it can be said that the empathy levels of the nurses are at the desired level.

There was no statistically significant relationship determined between the need for information about empathy and the ETS average score (p> 0.05) while a statistically significant correlation was determined between variable of taking training on empathy ETS average score (p <0.05). In the study of Dizer and İyigün (2), there was no statistically significant relationship between the ETS average score and variable of participating conference/lectures on empathy (p> 0.05). In the study of Özcan (17), 45.8% of the nurses stated that they would like to receive such training if empathy training would be given. This was interpreted as a significant majority of the nurses were willing to receive empathy training.

5. Conclusions

In our study where empathic tendencies of intensive care nurses have been examined, it was determined that nurses' empathic tendency scores were at a good level. It can be suggested that the empathic approach is an important factor in increasing the quality of nursing care and therefore it is suggested that empathy and communication issues should be included in the in-service training programs of the nurses.

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