

Understanding the concept of empathy in relation to nursing

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ABSTRACT

Purpose: To understand the concept of empathy by nurses, get to know the importance of empathy in performance the work of a nurse and to determine the ability of empathy among nurses.

Materials and methods: The study group consisted of 100 nurses (females and males) working in hospitals and clinics in Mazovia province. The control group consisted of 100 persons engaged in office work. A diagnostic survey method was used in the research. The research tools were: Davis' Interpersonal Reactivity Index, Emotional Control Scale and a questionnaire prepared by the team concerning the concept of empathy in the opinion of nurses and presenting their opinion on the importance of empathy in personal contact with the patient.

Results: The level of knowledge on empathy among nurses is on the average level. The average score on this scale was 17.35 (SD=3.40). Almost 85% of the respondents claimed that empathy is equal with compassion shown to the other person - the patient. Empathy was often confused with the

show of compassion. There are significant differences between the level of empathy of nurses and the control group. The differences relate to the results in the scale of perspective-taking and the scale of empathic concern. Nurses often are able to feel the experience of others, and appear to concern the other ($p<0.05$). Understanding empathy is associated with more frequent displaying the feeling of anger. This is a positive feature, because those people had a better self-awareness and their experiences, including anger. They could express it on the outside, usually in the socially acceptable way. It was similar with those who were convinced of the positive impact of experiencing emotions during the healing process.

Conclusions: Empathy is a positive factor influencing the quality of conducted nursing work. Steps should be taken to introduce workshops of interpersonal skills as a module in the nurses' training course.

Key words: Understanding, concept empathy, nurses

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INTRODUCTION

Empathy in psychology is defined as the identification of own experiences with the object's feelings or participation in the experiences of other people [1]. Psychoanalysis emphasizes the importance of the emotional components of empathy: the emotional sensitivity and ability to co-feel the other person's feelings. Those enable to create mature human relationships without a concern for the keeping and maintaining own self-identity. These skills are the basis for understanding the other person's feelings, her life situation and allow the prediction of his or her future behaviour [2]. Empathy requires recognizing that what is happening in the brain of another person, imagining what it means to be in this state of mind, experiencing the emotional consequences of such an understanding and empathy for the feelings of others [2,3]. The cognitive character of empathy is associated with the ability to perceive and understand the other person as well as taking the other's perspective. It also determines the effective communication as it allows the modification of language expressions used in accordance with a partner's language skills and perception together with his/her needs of information. Empathy is sometimes defined as the ability to understand and perceiving the meaning of communication [4].

On the other hand, the behavioural component of empathy is the skill and ability to communicate and understand from the point of view of another person. It relies on a repertoire of programs of communication (verbal and nonverbal). People who are deprived of the empathy ability are aggressive, with strong personality, imposing their will and vision of the world. They cannot stand the opposition and do not allow their consciousness to accept the fact or possibility of making a mistake. Empathy is often confused with sympathy [1,5]. It is also a complex process which involves at least two ways of neuronal processing - "bottom-up" and "top-down". The acting of the first is probably based on the mirror neuron system [6].

Among the determinants of empathy, there can be distinguished individual characteristics of the person being our scientific object. Those include: gender, age, personality and education. The empathic sensitivity is a sign of the general level of sensitivity of the individual person, and this sensitivity depends on a person's innate characteristics [6]. Women's higher emotional sensitivity favours their higher empathy. Empathy develops throughout a person's life and an important factor in stimulating this kind of sensitivity is considered to be the family environment. Sullivan emphasizes the role of contact between a mother and her child who forms emotional empathy [2]. The positive attitude of

mothers to daughters affects the growth of empathy. The empathic communication that occurs between a child, and a group leads to the internalization of values and attitudes. It also affects the development of a healthy personality. The level of empathy is also related to features of a person who is the source of the emotional response. One of the variables is the similarity to the person who is the receiver and the transmitter of empathy [2]. The level of closeness between the linked people also determines the intensity of empathy. It depends on the direct effect of emotional stimuli. The effect of empathy depends not only on the degree of physical intimacy but also on mental link and frequency of contact with another person [1].

The communication component of empathy is manifested in communicating people's own experiences, being goal oriented with experience of the other person's needs as well as the pro-social behaviour [1,4]. Conditions such as silence, soft lighting, and the lack of perceptual pressure from other people help emotional contact [5]. Among the internal predispositions, leading to going through the empathic feeling is: motivation, interest, having the experience of being treated in an empathetic way. In terms of the relationship between a nurse and a patient, empathy is sometimes understood as the ability to enter another person's life in order to perceive his/her or her feelings and their meanings. Empathy is therefore, of the greatest value at the time of a nurse's contact with the patient [7]. However, another feature of empathy is the accurate perception of the patient's feelings by a nurse and her/his clear formulation of thoughts. The empathic agreement must be expressed in the patient's language [1,4].

The ability to feel empathy is of particular importance in professions in which contact with another human plays a fundamental role [8]. The relation of help is a meeting of two separate persons who create a common field of activity [1,9]. This meeting needs to go beyond ourselves. One has to turn to another man, help him reveal his own weakness. While the situation of a person who is helping to create the feeling that engaging in other people's affairs could disturb the peace of those who are helped.

On the other hand, they are driven by feelings like the duty and responsibility. The helper is never quite sure what is really expected by the assisted [9]. Empathy is an important feature that helps the therapeutic results. When it lacks it is likely that the burnout syndrome will appear [10, 11]. Empathy requires commitment, a high level of energy, and it is an affective process [12].

The aim of the study was to understand the concept of empathy by nurses, get to know the importance of empathy in performance the work of a nurse and to determine the ability of empathy among nurses.

MATERIALS AND METHODS

The study group consisted of 100 people – nurses (females and males) working in hospitals and clinics in Mazovia province. They were students and graduates of bridging nursing studies (studies for working nurses leading to achieving BA Degree in Nursing). Among the nurses, were 93 women (93%) and seven men (7%) aged 30 to 57 years. The average age was $44.6 \pm (SD) 6.56$ years. Among the respondents, 78% were working in hospitals; the remaining 22% were working in clinics. The average length of professional experience in nursing was 22.67 ± 8.15 years. The study was conducted in 2014 at the State Higher Vocational School in Ciechanów and in Provincial Specialist Hospital in Ciechanów. The control group consisted of 100 persons engaged in office work. The average age in the control group was 41.2 years. Members of the control group performed only IRI questionnaire (because their work was not associated with a hospital). All subjects gave informed consent to participate in research.

A diagnostic survey method was used in the research. The research tools were: Davis' Interpersonal Reactivity Index (IRI), Emotional Control Scale (CECS) by M. Watson and S. Greer adapted by Juczyński and a questionnaire prepared by the team concerning the concept of empathy in the opinion of nurses and presenting their opinion on the importance of empathy in personal contact with the patient.

The Interpersonal Reactivity Index (IRI) consists of 28 statements. The respondents indicate the degree which describes them best on the five-point scale. The questionnaire consists of four sub scales: a fantasy scale measuring propensity to be transferred in the imagination of the respondent into fictional situations, the scale of perspective-taking (adopting the point of view of others in everyday life), the scale of empathic concern (assessing the ability to co-feeling with people affected by the failure) and a personal distress scale (the tendency to feel a discomfort while being faced with other people's suffering). The inner reliability indicator is in the range of 0.70 - 0.78 and is acceptable.

The Emotional Control Scale contains 21 statements concerning the revealing of three basic emotions: anger, depression and anxiety. The respondents' task is to determine how often in situations of experiencing these emotions they are revealed or suppressed. The reliability indicator of the test is measured with the method of alpha Cronbach. It is high, and for the total indicator of the emotion control equals 0.87.

The questionnaire prepared by the research team consisted of 21 questions. Respondents provided answers on the Likert's scale. The questions were focused on nurses' perception and

understanding of the concept of empathy and supporting one of the two attitudes towards the patient. One of them was keeping distance and cutting off the feelings while working with the patient. The second was showing emotions (such as kindness, understanding, interest) which a factor is aiming to speed up the patient's recovery. The questionnaire was characterized by acceptable reliability.

The results were subjected to statistical analysis and the statistical hypotheses' verification. To compare the average results, the *t*-student test was used for independent groups. The Pearson's *r* correlation was used as well. Statistical significance was defined as $p=0.05$. For the calculations, the SPSS statistical package was used. As a result of the test procedure, 100 complete and correctly filled tests were collected.

RESULTS

The normality of the distribution of all the included variables was tested using the non-parametric test of Kolmogorov-Smirnov. In the case of the variables, there were no grounds to reject the hypothesis of normal distribution; therefore, it was assumed that the distribution of variables is a normal distribution.

Table 1. Understanding empathy by nurses – descriptive statistics.

	N	Min.	Max.	Mean	SD
Understanding the concept of empathy	100	10.0	25.0	17.35	3.40
Perceiving emotions as a threat	100	5.0	24.0	15.05	4.53
Perceiving emotions as a favourable factor	100	14.0	28.0	23.13	2.80

The level of knowledge on empathy among nurses is on the average level. The average score on this scale was 17.35 (SD=3.40) - a minimum score 10.0, the maximum score 25.00.

There are large uncertainties concerning the terminology among the respondents. As many as 85% of the respondents claimed that empathy was equal with compassion shown to the other person - the patient. Only 7% of the nurses responding presented a different opinion. Another 8% of respondents declared their lack of knowledge on the subject. Empathy was often confused with the show of compassion. Some problems were also caused by the term of co-feeling of the patient's emotional states. 69% of the respondents understood empathy as co-feeling, 14% were of the

opposite opinion and 17% of the nurses were not able to answer this question.

The vast majority of respondents (83%) correctly recognized empathy as one of the components of emotional intelligence and one of the psychological skills.

The average score achieved by nurses on a scale of their perception of experiencing emotions at work as a threat to the health and well-being of a nurse was 15.05 (SD=4.53) - a minimum score 5.0; the maximum result was 24.00. The greater polarization of groups was noticed here. Questions here related to the opinion of nurses about their experiences and emotions at work (Tab. 1).

According to most respondents (52%) their experienced emotions interfere with daily work with a patient. The opposite view was shared by 21% of the respondents. The remaining group - 27% did not have a definite opinion on the subject. However, only 13% of respondents felt that their feelings were evidence of weakness. The opposite view was shared by 62% of the respondents.

According to 24% of the respondents, the cool professional attitude at work is better than experiencing the feelings. The opposite view was shared by 38% of the respondents. The remaining group of 38% could not give a definite answer to this question.

The average score on a scale of nurses' perception of experiencing emotions at work as a factor contributing to the well-being of staff and the process of patients' recovery was 23.13 (SD=2.80). The minimum score was 14.0, the maximum score 28.00. The questions on a scale related to nurses' opinions concerning the impact of positive emotions on the atmosphere in the hospital ward as well as its influence on patients (Tab.1).

According to 90% of the respondents, a good nurse is one who takes into account the feelings and emotions experienced by patients. The opposite view was shared by only 3% of respondents, while 41% of respondents said that showing affection in relation to a patient demonstrates the nurse's professionalism. The opposite view was shared by 25% of the respondents. The others could not clearly answer the question.

The vast majority of respondents (90%) also believed that thanks to the nurse's emotional support, patients' recovery process is faster. The nurses were convinced of the feelings' positive impact on patients' well-being, although they were afraid of negative feelings as well.

There are significant differences between the level of empathy of nurses and the control group. The differences relate to the results in the scale of perspective-taking are the scale of empathic concern. Nurses often are able to feel the experience of others, and appear to concern the other (p<0.05). In the IRI questionnaire, the average

score of nurses on a scale of fantasy was 13.34 (SD=4.61). On a scale of adoption of taking other people's perspective; the average score was 18.25 (SD=3.38). On a scale of empathic concern, which is the main indicator of empathy, the average score of nurses surveyed was 19.27 (SD=4.12), and the scale of personal distress - 14.34 (SD=4.37).

In the scales of the CECS questionnaire, higher scores indicated a more frequent tendency to experience and express emotion on the outside. The highest scores were in the area of showing the feeling of anxiety on the outside (mean/average=18.10, SD=4.61).

Experiencing grief and depression was less frequently shown by respondents (mean=17.28, SD=4.10), displaying the feeling of anger was the least admitted experience (mean/average=16.13, SD= 4.51). Relatively it was the feeling of anger, which was suppressed most often.

Table 2. Understanding the concept of empathy (EMP1) and examined variables.

Variable	Mean/average		t	P value
	L _{EMP1}	H _{EMP1}		
IRI-F	12.8571	13.8000	0.952	0.344
IRI-TP	17.1190	19.3111	3.175	0.002*
IRI-EC	18.6905	19.8222	1.284	0.202
IRI-OD	14.1905	14.4889	0.317	0.752
ANGER	15.3333	16.8889	1.623	0.108
GRIEF	17.3095	17.2667	-0.048	0.962
FEAR	17.8333	18.3556	0.525	0.601

*p<0.05

IRIF – fantasy, IRI-TP – taking the perspective, IRI-EC – empathic care, IRI-OD – own distress, ANGER – proneness to display anger, GRIEF – proneness to display grief and sadness, FEAR – proneness to display fear, L_{EMP1} – low level understanding the concept of empathy, H_{EMP1} – high level understanding the concept of empathy

In the study group, there are statically significant relationships between the understanding of the concept of empathy and empathy in nurses' work. Individuals with higher results on a scale of empathy understanding had a higher level of skills and tendency to adopt the perspective of other people. Nurses who could take the perspective of a patient could understand better the phenomenon of empathy. Details are shown in Table 2.

Table 3. Perception of emotion as a threat (EMP2) and examined variables.

Variable	Mean		t	P value
	L _{EMP2}	H _{EMP2}		
IRI-F	13.1429	13.6053	0.462	0.646
IRI-TP	18.6531	17.7368	-1.257	0.212
IRI-EC	19.7143	18.7105	-1.128	0.262
IRI-PD	14.5714	14.0526	-0.547	0.586
ANGER	15.8980	16.4474	0.561	0.576
GRIEF	16.5102	18.2895	2.043	0.044*
FEAR	17.7755	18.5263	0.751	0.455

*p<0.05

IRIF – fantasy, IRI-TP – taking the perspective, IRI-EC – empathic care, IRI-PD – own distress, ANGER – proneness to display anger, GRIEF – proneness to display grief and sadness, FEAR – proneness to display fear, L_{EMP2} – low level perception of emotion as a threat, H_{EMP2} – high level perception of emotion as a threat.

Nurses who tend to perceive emotions which are met while working with a patient as threatening, experienced and displayed the feelings of sadness and depression more often. Perhaps depressive tendencies were perceived as threatening, hence the results (Tab. 3).

Table 4. Perception of emotion as a favourable factor (EMP3) and examined variables.

Variable	Mean		t	P value
	L _{EMP3}	H _{EMP3}		
IRI-F	12.3261	14.4878	2.232	0.028*
IRI-TP	17.0000	19.6585	3.958	<0.001*
IRI-EC	17.4565	21.3171	4.912	<0.001*
IRI-PD	13.8261	14.9268	1.176	0.243
ANGER	15.1957	17.1951	2.106	0.038*
GRIEF	16.8478	17.7805	1.059	0.293
FEAR	17.4348	18.8537	1.441	0.153

*p<0.05

IRIF – fantasy, IRI-TP – taking the perspective, IRI-EC – empathic care, IRI-PD – own distress, ANGER – proneness to display anger, GRIEF – proneness to display grief and sadness, FEAR – proneness to display fear, L_{EMP3} – low level perception of emotion as a favourable factor, H_{EMP3} – high level perception of emotion as a favourable factor.

Nurses who were perceiving emotions in the work environment as favourable obtained higher scores on a scale of fantasy, a scale of perceiving the perspective and the empathic concern. They were more often prone to co-feeling towards the sick and those being in need. The nurses were more aware of their emotions; they also experienced negative emotions more often including anger. They coped with their emotions more often than suppressing them and keeping inside (Tab. 4).

Table 5. Understanding the importance of empathy and emotions at work and empathy and seniority (Pearson's r).

Variable	EMP1	EMP2	EMP3	IRI-F	IRI-TP	IRI-EC	IRI-PD	Seniority
EMP1	1							
EMP2	-0.186	1						
EMP3	0.472*	-.0223*	1					
IRI-F	0.224*	0.074	0.290*	1				
IRI-TP	0.365*	-0.262*	0.471*	0.185	1			
IRI-EC	0.150	-0.210	0.455*	0.277*	0.522*	1		
IRI-PD	-0.015	0.016	0.140	0.247*	0.068	0.159	1	
Seniority	0.104	-0.041	0.144	0.018	0.062	0.142	0.245*	1

Correlation coefficients. The significance r is determined with asterisk * - p < 0.05, IRI-F - fantasy, IRI-TP - reception of perspective, IRI-EC - empathic care, IRI-PD - personal distress.

A higher level of knowledge on the concept of empathy has been significantly associated with a higher perception of the positive impact on the patient's functioning. Understanding the empathy is associated with more frequent

tendency to fantasize and skills of transferring into fictional situations.

These people more often could accept the psychological point of view of other people – the patients in the daily functioning of the hospital ward. People perceiving the displaying of emotions

and feelings as threatening were less often convinced of their positive effects on the healing process. These people had a lower level of skill of co-feeling/empathy the adoption of the psycho-

logical perspective of others. The perception of emotions at work as beneficial is associated with a greater tendency to fantasize, perspective-taking and showing the empathic concern (Tab. 5).

Table 6. Understanding the empathy and the meaning of emotions at work and the control of emotions (Pearson's r).

Variable	EMP1	EMP2	EMP3	ANGER	GRIEF	FEAR	Seniority
EMP1	1						
EMP2	-0.0186	1					
EMP3	0.472*	-0.223*	1				
ANGER	0.226*	0.116	0.216*	1			
GRIEF	-0.019	0.274*	0.138	0.526*	1		
FEAR	0.032	0.125	0.100	0.529*	0.484*	1	
Seniority	0.104	-0.041	0.144	0.135	0.014	-0.028	1

Correlation coefficients. The significance r is determined with asterisk * - $p < 0.05$. ANGER - proneness to display anger, GRIEF - proneness to display sadness and dejection, FEAR - proneness to showing fear.

Understanding empathy is associated with more frequent displaying the feeling of anger. This is a positive feature, because those people had a better self-awareness and their experiences, including anger. They could express it on the outside, usually in the socially acceptable way. It was similar with those who were convinced of the positive impact of experiencing emotions during the healing process. The perception of emotions as threatening is associated with more frequent disclosure of sadness and depression as well as broadly meaning of depressiveness (Tab. 6).

DISCUSSION

Despite numerous studies on empathy, there are relatively few publications about the topics which are covered in this work. In our study, the nurses have shown an average understanding of the concept of empathy. Those who represented a higher level of knowledge on the subject perceived the impact of empathy on the patients' functioning in a more positive way.

The empathic ability to understand other people by nursing students was in the interest of studies conducted by Krajewska-Kułak and her collaborators [13]. The study group consisted of 237 undergraduates of nursing studies. The research tool was a Questionnaire of Empathic Understanding of Other People by Węgliński. The highest level of empathy was shown by third-year students, and it was on average 70.5 ± 8.3 . These relationships and similarities were of statistical significance when comparing different years of studies. In terms of statistics, yet other differences were important and those concerned the level of empathy between the female students who independently decided on the choice of their studies and those who decided to study nursing because they were not accepted to other universities and faculties ($p < 0.01$).

Wilczek - Rużyczka examined the attitudes of nurses and doctors towards suffering [9]. The results show the relationship between the own nurses' experience of suffering and their subsequent attitudes in relation to the suffering patients. If the person taking care of the suffering patient demonstrates the acceptance of suffering, it will help the patient come to terms with his life situation. In addition, based on research conducted with the Questionnaire of Attitudes towards Suffering by Makselon showed positive attitudes of nurses towards suffering, indicating the existence of advantage of components of cognitive-emotional attitude over the behavioural one.

Motyka [8] studied the level of empathy in a group of 40 graduates of three-year nursing degree programs which were continuing their education towards a master's degree. The study used the Empathy Scale of Mehrebian and Epstein and the Questionnaire of Empathic Reaction. The results of this research confirm the positive influence of nursing studies on verbal ability to show empathy. In addition, the results indicate a greater tendency to be mental strengthening those who were helped or assisted and much lower proneness to small works of consoling among the students who have completed the undergraduate nursing studies.

Our studies and research confirm the results which were obtained in the study presented here.

Dal Santo [14] tries to answer the question: if emotional interaction with patients is positive for nurses too? The results show that empathy is composed by two factors: a cognitive dimension (perspective taking) and an affective one (compassion). Perspective taking Enhances job satisfaction, work engagement and Reduces turnover intention. Compassion does not. These findings confirm that perspective taking, and

compassion has the different impact on nurses' well-being.

CONCLUSIONS

1. Empathy is a positive factor influencing the quality of conducted nursing work.
2. Steps should be taken to introduce workshops of interpersonal skills as a module in the nurses' training course.

Conflicts of interest

The authors declare that there are no conflicts of interest of this paper.

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