



Original Article

Associated Factors of Empathy Level Among Nurses in Tertiary Care Hospital Lahore

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ABSTRACT

It is well acknowledged that a high level of empathy among nurses is critical to their nursing care. For successful and efficient nursing care, empathy is a fundamental component of the nurse-patient relationship. Nurses are responsible to deliver patient-centered, safe, and effective nursing care at all levels of the health-care system. Nurses' sympathetic role in the therapeutic setting begins with a thorough assessment of their patients' bodily, psychological, and spiritual needs. Nurses' capacity to listen empathetically to their patients and deliver empathic nursing care successfully leads to proper patient care, which increases patient satisfaction with nursing care. **Objective:** To determine the association of empathy levels with demographic factors among Nurses working at Public Tertiary care Hospitals Lahore. **Methods:** A cross sectional analytical study design was used to conduct this study. The Sample size of n=180 nurses were recruited through simple random sampling technique. Jefferson Empathy scale was used for data collection from participants to assess the empathy level among nurses. Filled questionnaires were collected and processed for data analysis through SPSS version 21. **Results:** The study findings stated that empathy level among nurses was not found in association with educational institute (p-value=.623), marital status (p-value=.771), education level (p-value=.556) and job experience (p-value=.395). It simply means that the mentioned demographic factors have no influence on nurses' empathy level here in this study. **Conclusion:** It is concluded that the level of empathy among nurses was not found to be associated with the demographic factors of nurses like their age, experience and institute of graduation.

INTRODUCTION

After the 1950s, the nursing literature began to address the subject of empathy. It is possible that Rogers' study on empathic understanding in the therapeutic relationship in psychology served as an inspiration for academics in the discipline to start their own investigations. However, it wasn't until the middle of the 1970s that this idea started to be used in discussions about interactions between nurses and patients as well as in practical nursing practice. The research held that empathy was appropriate, desirable, therapeutic, and a helpful element of nurse-patient interactions up until the 1990s. Empathy subsequently became a crucial tool for raising the standard of nursing care in the 21st century educational tactics and healthcare facility programs[1]. Nursing professionals themselves see

empathy as a personal quality that is essential to the effective discharge of their professional duties. Empathy goes beyond merely recognizing another person's emotional condition and entails actually feeling it in both its affective and cognitive dimensions. The emotional aspect of empathy in the context of health and at the factor level refers to the professional's capacity to identify with and share the patient's emotions [2]. Nobody can disagree that empathy is the foundation or core of high-quality nursing care. Empathy has been regarded as the cornerstone of a successful therapeutic nurse-patient interaction for more than a century. Empathy among nurses is a complicated, multifaceted, and dynamic notion that can have a significant impact on patient outcomes. Empathy has been

defined in several ways as a theoretical discipline, including emotional, moral, cognitive, behavioral, and clinical empathy [3]. Empathy among nurses provides several advantages for patients throughout their hospital stay. Patients are more satisfied with the treatment delivered by nurses when nurses take an empathic approach. Furthermore, nurses with a high level of empathy encourage greater adherence to therapies, aid in more accurate patient diagnosis, and minimize the anguish of seriously ill patients [4]. Contemporary researchers commonly differentiate between two types of empathy, which are affective and cognitive empathy. Affective empathy refers to the sensations and feelings we get in response to other's emotions. Cognitive empathy refers to the ability to identify and understand other people's emotions. Another classification of empathy exists that lends itself as a concept that can be taught as basics and trained. Basic empathy begins developing as a maturing child and continues into adulthood. It can be viewed as an integrated empathetic emotion. Trained empathy is something that can be developed through practice and builds on the skills of empathy formed during the basic empathy timeframe [5]. A number of factors determine the amount of empathy among nurses. True identification with the patient's pain, as well as knowledge of the patient's viewpoints, are two indicators of empathy degree. Furthermore, nurses' personal drive to empathize, as well as their capacity to communicate their comprehension of their patients' feelings and views back to them, may contribute to good nursing care [6]. It has been suggested that high levels of nurses' empathy leads to positive healthcare outcomes such as patient satisfaction, therapeutic adherence among patients, and low occurrence of errors and complications [7]. Furthermore, nurses' scope of practice necessitates empathy practice, which is critical for creating therapeutic trust and relationship between competent empathetic nurses and their clients. Nurses' empathy can also be influenced by their personality and the clinical setting. Workplace variables such as a lack of time, a lack of support from coworkers, worry for patients, exposure to unfavorable attitudes among healthcare workers, and a heavy workload can all be barriers to nurses' empathy [8]. Several investigations analyze personal characteristics of nurses such as age, experience, education, gender, and field of experience in connection to empathy levels. Various characteristics among nurses are identified in correlation with empathy among nurses, according to research that looked at all such factors in relation to both trait and state empathy levels [9]. Effective empathetic conduct by nurses has been shown to improve healthcare outcomes and is thus a critical trait. Being able to transmit this knowledge of the patient to the patient is a

key part of empathy in healthcare. It's also critical for nurses to have this awareness of the patient/client without being overly emotionally involved, which is known as keeping a professional distance. Empathy is established early in the nurse-patient interaction, which leads to increased rapport, trust, and meaningful information exchange. Empathic activities aid in the development of therapeutic connections and the achievement of favorable health outcomes [10]. Three high-order elements were identified in a literature review: organizational, personal and interpersonal, and demographic characteristics. Burnout, increasing workload, lack of organizational support, training workshops, patient behavior, incorrect role modeling, and informal, experiential learning were among the seven sub variables. Empathy inhibition is highly linked to workplace culture. The empathic responses of healthcare personnel to patients are linked to a well-resourced, collegial, professional organizational environment that fosters empathy for all [11]. Kerr and Tegge conducted a cross-sectional survey at Illinois Wesleyan University in the United States in 2017. The goal of this study was to see if there was a link between empathy levels and a variety of demographic characteristics. Nurses have much greater levels of empathy than those in other occupations. Empathy levels among students of all majors with a predicted specialty were strongly impacted by gender and age [12]. Objective of this study was to determine the association of empathy levels with demographic factors among Nurses working at Public Tertiary care Hospitals Lahore. Literature suggested that if Nurses show empathy and provide empathetic nursing care to patients, there would be great improvement in patients' health outcomes. Therefore, empathy among nurses is considered as a fundamental attribute to have quality nursing care. Studies have suggested that there is strong relationship between nurses' empathy and improvements in patient outcomes. In other countries, studies have been conducted regarding the levels of empathy among nurses, nursing students and other allied health professionals. Some studies are also conducted to assess empathy among psychiatric nurses also. Looking at the prime importance and lack of research regarding nurses' empathy in our country, there is a dire need to conduct such studies which help to determine the empathy levels of nurses. That is why this topic has been selected to find the empathy level among nurses.

METHODS

A cross sectional analytical study was conducted to carry on this study. A sample of n=180 nurses were recruited through simple random sampling technique. This study was conducted at a public tertiary care hospital (Jinnah

Hospital Lahore). The registered nurses working at the selected clinical areas of the Jinnah hospital Lahore were the population for this study. All the nurses who were having age 20 to 55 years of age with at least one year of experience both male and female were included. Nurses with any specialized course in ethics were excluded. Two parts instruments were used in this study, one for demographic data and other for Nurses' empathy level. Nurses level of empathy modified Jefferson empathy scale was used. It consists of with 25 empathy related statements. A 5-point scale of Strongly Disagree to Strongly Agree is being used. The higher number on the scale indicates higher the empathy level among nurses. Quantitative data were entered and analyzed in SPSS version 21.0. For quantitative variables, mean & standard deviation were computed. Frequencies and percentages were computed. Chi square test was used to see the association of nurses' empathy level with their demographic characteristics. ANOVA test was used to assess the difference of empathy level among nurses at different clinical areas of the hospital. p -value <0.05 was considered as significant.

RESULTS

Table 1 shows the demographic findings of the participants where participants' age related information indicated that 86 (47.8%) of the nurses were in the age group 20 to 30 years, 78 (43.3%) of the nurses participated in this study were in the age group of 31-40 years, 15 (8.3%) of the participant nurses were aged 41 to 50 years and only 1(0.6%) of the participants were age above 50 years. Looking at the gender distribution of participants in this study it was revealed that all 180 (100%) study participants were female nurses who took part in this study. The findings also revealed that 115 (63.9%) of the study participants were married and remaining 65 (36.1%) were unmarried nurses who participated in this study. It was also found that among the study participants, 48 (26.7%) nurses were having General Nursing Diploma qualification, 78 (43.3%) of the nurses were having Diploma plus post basic specialization and 54 (30.4%) of the nurses had qualification BSN and above in nursing. Furthermore, it is also found in the result that 77 (42.8%) of the study participants were having working experience less than or equal to 5 years, 62 (34.4%) of the nurses had experience of 6 to 10 years of services, 27 (15%) of the nurses participated in this study had experience of 11 to 15 years and remaining 14 (7.8%) nurses had experience more than 15 years. Finding of this study also revealed that of the participants 18(10%) were from the Chemotherapy department, 44 (24.4%) of the participant nurses were from the Emergency department of the hospital, 30 (16.7%) of the nurses were from the operation

theater and rest of the 88 (48.9%) nurse participants were from the inpatient departments of the selected hospital. Finally, the information based on the type of nursing institute from where the participant nurses received their nursing education showed that 164 (91.1%) of the nurses participated in this study stated that they have received their nursing education from public institution while remaining 16 (8.9%) of the nurse participants stated that they have received their nursing education from Private Institution.

Variables	Frequency (%)
Age in (Years)	
20-30 years	86 (47.8%)
31-40 years	78 (43.3%)
41-50 years	15 (8.3%)
>50 years	01 (0.6%)
Gender	
Females	180 (100%)
Male	0 (0.0%)
Marital Status	
Married	115 (63.9%)
Unmarried	65 (36.1%)
Education	
Diploma Nursing	48 (26.7%)
Diploma Plus Specialization	78 (43.3%)
BSN and above	54 (30.4%)
Experience	
<5 years	77 (42.8%)
6-10 years	62 (34.4%)
11-15 years	27 (15%)
>15 years	14 (7.8%)
Clinical Area	
Chemotherapy Department	18 (10%)
Emergency Department	44 (24.4%)
Operation theater	30 (16.7%)
Inpatient Units	88 (48.9%)
Educational Institute	
Public Institute	164 (91.1%)
Private Institute	16 (8.9%)

Table 1: Demographic characteristics of staff nurses (n=180)

Findings presented in Table 2 reveal the association of various demographic variables such as Educational Institute, Marital status, qualification level and experience with nurses' empathy level. Results states that empathy level among nurses was not found in association with educational institute (p -value=.623), marital status (p -value=.771), education level (p -value=.556) and job experience (p -value=.395). It simply means that the mentioned demographic factors have no influence on nurses' empathy level here in this study.

Variable	Low Empathy	Moderate Empathy	High Empathy	Chi-Square Value	p-Value
Educational Institute					
Public Institute	6	119	39	.947	.623
Private Institute	0	11	5		
Marital status					
Unmarried	3	50	12	.521	.771
Married	3	90	22		
Education					
General Nursing	2	39	71	3.013	.556
Diploma+ Specialization	1	61	6		
BSN and above	3	39	12		
Experience					
< 5 years	4	62	11	4.079	.395
6-10 years	1	45	16		
> 10 years	1	32	8		

Table 2: Association of Empathy Level among Nurses with their Demographics(n=180)

Table 3 represents the comparison of empathy levels among nurses at various clinical areas of the selected hospital. The finding suggested that no significant difference in empathy level among nurses was found at different clinical areas such as chemotherapy, emergency department, operation theater and inpatient departments (p-value=.283).

Variable	Low Empathy	Moderate Empathy	High Empathy	ANOVA Test Value	p-Value
Clinical Area					
Chemotherapy	0	15	3	1.280	.283
Emergency Department	1	38	5		
Operation Theater	0	22	8		
Inpatient Units	4	65	19		

Table 3: Departmental Comparison of Empathy Level Through ANOVA(n=180)

DISCUSSION

The findings suggested that in contrast to what most other part and context think, the study's conclusions were unexpected. Positively, there was no discernible difference in empathy between the groups of nurses representing the various aspects as human services. If there are other aspects of empathy that our study may have missed, more investigation will be required. The demographic findings of the participants revealed that looking at the gender distribution of participants in this study it was revealed that all 100% study participants were female nurses. Somewhat similar findings found from a past study where 78% female participated in the study [13]. Another study found somewhat different findings where 64% were female participants. This difference might be because of the variation of male and female nurse statistics in different countries. The findings of this current study also revealed that 64% of the study participants were married. In

opposite to this study, a previous study showed different number of married where majority 75% of participants were unmarried [14]. Findings of this study revealed that empathy level among nurses was not found in association with educational institute (p-value=.623), marital status (p-value=.771), education level (p-value=.556) and job experience (p-value=.395). It simply means that the mentioned demographic factors have no influence on nurses' empathy level here in this study. A similar finding was obtained from a past study where it was claimed that no relationship of nurses' empathy was found with age of the participants, their marital status, total period of employment in nursing and current work unit¹³. In contrary to the current study findings, a previous study found that job experience of nurses was found to be significantly associated with their empathy (= 0.19, p = 0.04) [15]. Findings of a previous study revealed that Female empathy (mean 110.8, SD 11.7) was considerably greater than male empathy (mean 105.3, SD 13.5) (P,0.0001) [14]. But unfortunately, it cannot be compared with current study because all the study participants were females where no comparison is possible. A past study found opposite study to this research where they found that young nurses had a higher mean score of total empathy (p0.05). Furthermore, on the basis of the inpatients ward variable, there were significant variations in mean scores of patients' feedback and patients' expectations dimensions (p<0.05) [15]. Similarly, high-qualified nurses exhibited more empathy than low-qualified nurses [16]. The major findings of another study indicated that the mean (S.D) levels of empathy among graduated nurses from public nursing institutes was 33.47 ±11.654 and private 38.16±10.161, respectively, which suggests that graduates of private nursing institutes have higher empathy levels than those graduated from public nursing colleges [17, 18]. Similarly, another study also revealed that nurses in the public healthcare system were shown to have much less empathy than those in private hospitals when it came to nurse-related issues [19, 20]. There was no as such difference found in our context which might be because of following same educational plans by the public as well as private nursing institutes in training nursing students.

CONCLUSIONS

Findings of this study showed that empathy level among nurses was not found in association with educational institute, marital status, education level and job experience. It simply means that the mentioned demographic factors have no influence on nurses' empathy level here in this study. Moreover, the finding also suggested that no significant difference in empathy level among nurses was found at different clinical areas such as

chemotherapy, emergency department, operation theater and inpatient departments. Based on the results of this study we recommend that: Relevant university decision makers, as well as nurse educators, should take seriously the current study's finding that nurses are not very high empathetic which implies that they should engage in continuous educational activities as part of their clinical training in order to improve their empathic attitudes. Another recommendation is that in future such studies are needed to be conducted at public versus private hospital nurses to see the real comparison of empathy among them.

Conflicts of Interest

The authors declare no conflict of interest.

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