

Factors Affecting the Empathic Tendency Levels and Communication Skills of the Palliative Care Nurses*

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Abstract

Aim: This study was planned as a descriptive study to determine the factors affecting the empathic tendency levels and communication skills of palliative care nurses.

Method: The study was conducted in two hospitals affiliated with Samsun Province Public Hospitals General Directorate between the dates of 01/12/2017-30/12/2017. The sample consisted of 60 nurses, including 30 nurses responsible for the care of palliative care patients, 30 nurses working in internal and surgical units. The data was collected using a questionnaire consisting of 23 questions introducing the socio-demographic and professional characteristics of the nurses and Empathic Tendency Scale and Communication Skills Assessment Scale. In the evaluation of the data, percentage calculation, Kruskal Wallis, Spearman correlation test, Mann Whitney U test were used.

Findings: The total score of the Empathic Tendency Scale of the nurses was 72.21 ± 7.22 and the mean of the Communication Assessment Scale was 80.23 ± 7.82 . The mean Empathic

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Tendency Scale score of the nurses in the palliative care units was 71.46 ± 7.53 , and their mean Communication Skills Assessment Scale score was 80.03 ± 8.42 . The mean Empathic Tendency Scale score of the nurses in internal and surgical units was 72.96 ± 9.94 , and their mean Communication Skills Assessment Scale score was 80.43 ± 11.30 . A weak positive correlation was found between the Empathic Tendency Scale scores of the nurses and the Communication Skills Assessment Scale scores ($r=0.298$ $p<0,05$).

Conclusion: No statistically significant difference was found between the Empathic Tendency Scale and Communication Skills Assessment Scale scores of the nurses working in palliative care nurses and internal and surgical units ($p>0.05$).

Keywords: Palliative care, nurse, empathy, communication.

Palyatif Bakım Hemşirelerinin Empatik Eğilim Düzeyleri ve İletişim Becerilerini Etkileyen Faktörler

Öz

Amaç: Bu çalışma palyatif bakım hemşirelerinin empatik eğilim düzeyleri ve iletişim becerilerini etkileyen faktörleri belirlemek amacıyla tanımlayıcı olarak planlandı.

Yöntem: Araştırma Samsun ili Kamu Hastaneler Genel Müdürlüğüne bağlı iki hastanede 01/12/2017 - 30/12/2017 arasında yürütüldü. Örneklemimizi Palyatif bakım hastalarının bakımından sorumlu 30 hemşire, dâhili ve cerrahi birimlerde görev yapan 30 hemşire olmak üzere toplam 60 hemşire oluşturmuştur. Veriler hemşirelerin sosyo-demografik ve mesleki özelliklerini tanıttıcı 23 sorudan oluşan bir anket formu ile Empatik Eğilim Ölçeği ve İletişim Becerileri Değerlendirme Ölçeği kullanılarak toplandı. Verilerin değerlendirilmesinde yüzdelik hesaplaması, Spearman Korelasyon testi, Kruskal Wallis ve Mann Whitney U testi kullanıldı.

Bulgular: Hemşirelerin Empatik Eğilim Ölçeği toplam puan ortalaması $72,21 \pm 7,22$ ve İletişim Becerileri Değerlendirme Ölçeği toplam puan ortalaması $80,23 \pm 7,82$ olarak belirlendi. Palyatif bakım hemşirelerinin Empatik Eğilim Ölçeği puan ortalaması 71.46 ± 7.53 ve İletişim Becerileri Değerlendirme Ölçeği puan ortalaması 80.03 ± 8.42 olarak belirlendi. Diğer kliniklerde çalışan hemşirelerin Empatik Eğilim Ölçeği puan ortalaması 72.96 ± 9.94 ve İletişim Becerileri Değerlendirme Ölçeği puan ortalaması 80.43 ± 11.30 olarak saptandı. Hemşirelerin Empatik Eğilim Ölçeği puanları ile İletişim Becerileri Değerlendirme Ölçeği puanları arasında pozitif yönde zayıf düzeyde anlamlı ilişki bulundu ($r=0.298$ $p<0,05$).

Sonuç: Palyatif bakım hemşireleri ile dâhili ve cerrahi birimlerde çalışan hemşirelerin Empatik Eğilim Ölçeği puanları ile İletişim Becerileri Değerlendirme Ölçeği puanları arasında istatistiksel olarak anlamlı fark bulunamadı ($p>0.05$).

Anahtar Sözcükler: Palyatif bakım, hemşire, empati, iletişim.

Introduction

Palliative care is an approach that aims to improve the quality of life of the individuals with a life-threatening disease and their families¹. World Health Organization defines Palliative care as "the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual, in order to improve the quality of life of patients and their families facing the problem associated with life-threatening illness"².

Approximately forty million people worldwide annually require palliative care. Cardiovascular diseases, cancer, chronic diseases of the respiratory tract, AIDS, diabetes, kidney failure, chronic liver disease, multiple sclerosis, rheumatoid arthritis, neurological diseases, dementia, congenital anomalies, and drug-resistant tuberculosis can be listed as the examples of diseases that require palliative care in adults^{3,4}. Life-threatening diseases have negative effects on both the individual and the family, as well as increasing the requirement of the individuals to physical, social, psychological and spiritual care⁵.

Based on the statistics on the chronic diseases and the causes of morbidity, circulatory system diseases and cancers are the first among the causes of morbidity, and approximately 163,500 people were diagnosed with cancer in 2014 in our county, which indicates that the requirement of palliative care services increase⁶. The aim of palliative care is to increase the quality of life of the individual and provide a dignified death⁵. Palliative care is an ongoing process, starting from the time of diagnosis and continuing even though the individual is not under treatment^{3,7}.

While there are many factors affecting the palliative care, one of these is the close communication between the healthcare professionals and patients/relatives. Communication is a process in which knowledge, idea, thought and feelings are shared among people via signed and unsigned messages⁸⁻¹⁰. There are many factors that affect and facilitate communication. Diseases, age, attention deficiency, noise and fear can be given as examples of factors preventing communication; active listening, expressing

what is understood, learning, and dealing with emotions can be given as examples of factors facilitating communication¹¹.

In the literature, it has been reported that when enough time is not allocated to the patient and relatives and when the situations that require providing them with empathic support are not discussed; healthcare professionals primarily focus on symptom control and treatment and this negatively affects the communication. On the other hand, it has been reported that nurses face various difficulties when establishing an empathic communication, such as the age, personality, cultural characteristics of the patient, anger of the patient/relative, emotional unpreparedness of the relatives and the patient to the approaching death¹², and the situations such as the preparatory period of the patient, planning the care, giving the bad news to the patient/family about the prognosis and discussing the hospice centers affect empathic communication¹³.

Nurses in particular among the healthcare professionals should establish open, understandable communication with the patient and their families based on trust. Nurses must allocate sufficient time to the patient for communication and provide a therapeutical care environment¹⁴. When communicating with the palliative care patients, nurses must actively listen, give feedback, ask open-ended questions and most importantly, use their empathy skills⁸. Empathy, which is an approach that facilitates communication; is to put oneself in the place of another person, to try to understand his/her feelings and thoughts^{8,15}. In this context, it is extremely important that the nurses use their communication and empathy skills when patients and relatives express their fears and anxieties, when evaluating the condition, and when providing the appropriate care⁹.

Empathy in nursing is when the nurse understands and shares what the patient feels and thinks without losing her own identity. It is accepted that the empathic tendency increases empathy skill; enabling the development of the skill and sensitivity and increasing the quality of the care provided by the nurse. If a nurse shows an empathic approach to his/her patient, he/she can correctly recognize the healthcare requirements of the patient. On the other hand, the patient feels that he/she is understood, cared for, trusted and valued by the nurse¹⁶.

The literature on the subject shows that the information on the empathic tendency levels and communication skills of the palliative care nurses is extremely limited¹⁵⁻²⁰. At

the end of this study, factors affecting the empathic tendency levels and communication skills of the palliative care nurses will be identified and in light of the obtained data, appropriate strategies toward improving the communication and care approach to the palliative care patients will be developed.

Objective

In this study performed to identify the empathic tendency levels and communication skills of the palliative care nurses, answers to the following questions were sought:

- What are the socio-demographic and professional characteristics of the nurses?
- At what level are the empathic tendencies and communication skills of the nurses?
- Do socio-demographic and professional characteristics of the nurses affect their empathic tendencies and communication skills?
- Is there a correlation between the empathic tendency levels and communication skills of the nurses?

Material and Methods

Place and Time of the Research

This descriptive study was conducted in two hospitals affiliated with Samsun Province Public Hospitals General Directorate between the dates of 01/12/2017-30/12/2017.

Population and Sample of the Study

At the hospitals where the study was conducted, thirty nurses responsible for the care of palliative care patients comprised and thirty nurses working at internal and surgical units comprised. Dependent variables of the study are the Empathic Tendency Scale and Communication Skills Assessment Scale scores of the nurses. Independent variables of the study are the socio-demographic (age, gender, marital status, educational status), and professional (nursing unit, duration of work, mode of work, enjoying the profession, etc.) characteristics of the nurses.

Data Collection Questionnaires

Data were collected using a questionnaire composed of 23 questions that includes information about the sociodemographic and professional characteristics of the nurses and Empathic Tendency Scale and Communication Skills Assessment Scale.

Empathic Tendency Scale: ETS is a scale prepared by Dökmen²¹ to measure the potential of an individual to empathize in daily life. Empathic Tendency Scale is a 5 point Likert-type scale consisting of 20 items. Questions 3, 6, 7, 8, 11, 12, 13 and 15 are written in the negative form and the scoring of these items should be made in reverse. The highest score that can be obtained from this scale is 100, and the lowest is 20. As the score obtained from the Empathic Tendency Scale increases, the empathic tendency scale of the individual increases, and as the score obtained from the Scale decreases, the empathic tendency scale of the individual decreases. In this study, Dökmen's permission was obtained to use the Empathic Tendency Scale. In this study, Cronbach-Alpha reliability score of the Empathic Tendency Scale was 0.67 in the palliative care units and 0.60 in the other clinics.

Communication Skills Assessment Scale: Communication Skills Assessment Scale is a scale developed by Korkut²² to determine how people evaluate their communication skills. Communication Skills Assessment Scale is a 5 point Likert-type scale composed of 25 questions. In this scale, the score assigned to each item is taken as a basis when scoring. There are no items in the scale that requires reverse scoring. The highest score that can be obtained is 100 while the lowest is 0. The increase in the overall score indicates that the individual's assessment level of communication skills is high while the decrease indicates that it is low. Korkut's permission has been obtained to use Communication Skills Assessment Scale. Cronbach Alpha reliability coefficient of the Communication Skills Assessment Scale was 0.81 in the palliative care units and 0.77 in the other clinics.

Data Collection

The questionnaire form was tested in a pre-application in a group composed of five people. Nurses included in the pilot study were not included in the sample. The nurses participating in the study were informed about the study and their consents were obtained. The nurses were told that the decision to take part in the study is only theirs,

their names will not be written in the questionnaire form, and the data collected from this study will only be used within the context of research. The nurses filled the introductory information form and scales in a quiet room during the less busy hours of work. The duration of data collection was approximately 15-20 minutes. Ethical standards of the Declaration of Helsinki were followed in this study. The study was initiated after obtaining the approval of the ethics committee (05/09/2017, no. 2017/187) and the permission of the institution where the study is conducted.

Evaluation of the Data

Statistical analysis of the data collected to identify the factors affecting empathic tendency levels and communication skills of the participating nurses was done on the computer using SPSS 24.0 statistical package. In the data analysis, frequency, percentage, mean, standard deviation, normality test (Shapiro-Wilk), and in the analysis of the data that do not have a normal distribution, Kruskal Wallis, Mann Whitney U test and Spearman correlation test were used. Cronbach Alpha method was used to identify the reliability of the scales. A p-value less than 0.05 was considered significant.

Findings

The distribution of the socio-demographic and professional characteristics of the participating nurses is given in Table 1. Based on the collected data, it was found that 35% of the nurses were in the 36 years old or older age group, 73.3% were women and 26.7% were men, 68.3% were married and 31.7% were single, and 51.7% were graduate degree holders. In terms of the professional characteristics, it was found that 58.3% of the nurses have worked for 1-10 years, 78.3% worked in shifts, 41.7% chose the outpatient clinic him/herself, 43.3% were partially satisfied with the service they were working at, 83.3% chose the profession willingly, 68.3% enjoyed the profession and 71.7% took education on empathy, and 73.3% took education on improving their communication skills (Table 1).

Table 1: Distribution of Nurses' Sociodemographic and Professional Characteristics (N=60)

	Total	
	n	%
Age Groups		
18-26 years old	19	31.7
27-35 years old	20	33.3
Aged 36 and over	21	35.0
Mean±SD	30,91± 8,59	
Gender		
Female	44	73.3
Male	16	26.7
Marital Status		
Married	41	68.3
Single	19	31.7
Educational Status		
Vocational School of Health	12	20.0
Associate degree	12	20.0
Graduate degree	31	51.7
Post-graduate	5	8.3
Nursing Unit		
Palliative care units	30	50
Internal and surgical units	30	50
The duration of working as a nurse		
1-10 years	35	58.3
11-20 years	14	23.3
21 years or longer	11	18.3
Mode of work		
Continuous diurnal	12	20.0
Shift	47	78.3
Continuous nocturnal	1	1.7
Status of preference regarding the outpatient clinic currently worked at		
Yes	25	41.7
No	35	58.3

Satisfaction of the service currently worked at		
Satisfied	25	41.7
Not satisfied	9	15.0
Partially satisfied	26	43.3
Willingly preferring the profession		
Yes	50	83.3
No	10	16.7
Status of loving the profession		
I do	41	68.3
I don't	1	1.7
Undecided	18	30.0
Receiving empathy training after graduation		
Yes	43	71.7
No	17	28.3
Receiving communication skill education after graduation		
Yes	44	73.3
No	16	26.7

Socio-demographic and professional characteristics of the nurses Empathic Tendency Scale scores and Communication Skills Assessment Scale scores are compared in Table 2. It was found that the Empathic Tendency Scale and Communication Skills Assessment Scale scores of the nurses did not have a statistically significant difference between them in terms of age groups, gender, educational status, nursing unit, duration of working as a nurse, taking education after graduation on empathy and communication skills ($p>0.05$) (Table 2).

Table 2: Comparison between the Empathic Tendency Scale and Communication Skills Assessment Scale Scores and Socio-demographic and Professional Characteristics of the Nurses (N=60)

	Empathic Tendency Scale	Communication Skills Assessment Scale
	Mean±SD	Mean±SD
Age groups		
18-26 years old	69.47±8.38	78.68±7.28
27-35 years old	72.55±7.29	80.05±8.34
Aged 36 and over	74.38±5.28	81.80±7.84
<i>Test statistics</i>	$X^2_{KW} = 2.916$	$X^2_{KW} = 1.219$
<i>p value</i>	p= 0.233	p= 0.544
Gender		
Female	72.38±8.04	80.13±7.87
Male	71.75±4.40	80.50±7.91
<i>Test statistics</i>	U= 315.500	U = 303.000
<i>p value</i>	p= 0.539	p= 0.410
Educational status		
Vocational School of Health	72.25±6.95	80.00±9.13
Associate degree	71.83±4.17	79.33±8.16
Graduate degree	73.48±11.35	80.09±12.78
Post-graduate	65.20±14.54	83.80±10.54
<i>Test statistics</i>	$X^2_{KW} = 1.413$	$X^2_{KW} = 1.430$
<i>p value</i>	p= 0.702	p= 0.699
Nursing Unit		
Palliative care units	71.46±7.53	80.03±8.42
Internal and surgical units	72.96±9.94	80.43±11.30
<i>Test statistics</i>	U= 404.500	U = 447.500
<i>p value</i>	p= 0.498	p= 0.970
The duration of working as a nurse		
1-10 years	70.97±8.16	80.40±8.38
11-20 years	75.71±4.81	82.07±5.58
21 years or longer	71.72±5.33	77.36±8.20
<i>Test statistics</i>	$X^2_{KW} = 4.437$	$X^2_{KW} = 4.836$
<i>p value</i>	p= 0.109	p= 0.089

Receiving empathy training after graduation		
Yes	72.30±8.06	80.81±7.76
No	72.00±4.62	78.76±8.00
<i>Test statistics</i>	U = 342.000	U = 323.500
<i>p value</i>	p= 0.698	p= 0.488
Receiving education on developing communication skills		
Yes	72.27±8.03	80.77±11.99
No	72.06±12.49	78.75±7.37
<i>Test statistics</i>	U = 336.000	U = 308.500
<i>p value</i>	p= 0.788	p= 0.465

In this study, it was found that weak positive correlation between the Empathic Tendency Scale and Communication Skills Scale scores of nurses ($r=0.298$ $p<0.05$) (Table 3).

Table 3: Correlation the Empathic Tendency Scale and Communication Skills Assessment Scale Scores of Nurses

	1	2
1- Empathic Tendency Scale	-----	.298*
2- Communication Skills Assessment Scale		-----

Spearman's korelasyon testi * $p<0,05$

Discussion

Palliative care units are very important units that play a role in the elimination of physical, psychosocial and spiritual symptoms of the patients, and at the same time relieving the pain of and supporting the family, friends, and caregivers. Nurses, who are important members of the health team, have critical importance, especially in the establishment of therapeutic communication with the patient and the relatives. As far as the authors are concerned, this study is the first study to discuss the factors affecting the empathic tendency levels and communication skills of the nurses working at the palliative care units of the two hospitals located at the Central Black Sea region at the North of Turkey.

In this study, it was found that as the age and educational level of the nurses increase, their Empathic Tendency Scale and Communication Skills Assessment Scale scores increase; however, the Empathic Tendency Scale and Communication Skills Assessment Scale scores do not show a statistically significant difference in terms of the sociodemographic and professional characteristics of the nurses such as age, educational background, gender, nursing unit and duration of work. In a number of studies performed on this subject to identify the empathic tendency levels of the nurses, it was reported that some characteristics of the nurses, such as the age, educational background, duration of work^{16-19,23}, mode of work¹⁶, status of being satisfied with the professional life and taking education after graduation¹⁷ do not affect their empathic tendencies, which corroborate our findings. On the other hand, in the study by Akgün Şahin et al.¹⁵ it was found that the communication and empathy skills of the nurses vary depending on their age and educational background, and in the study by Marilaf Caro et al.²³ and Alkan¹⁸, it was found that the empathic tendency level of the nurses increase as their professional experience increases. While the factors affecting the empathic tendency levels and communication skills of the nurses vary depending on the studies, it is thought that the education, work conditions and personal characteristics of nurses can affect this situation.

In our study, it was found that receiving education on empathy and developing communication skills after graduation does not affect the empathic tendency levels and communication skills of the nurses. Contrary to the finding of our study, after an observational study in which they performed an education program on communication skills, Ünal and Öz²⁰ found that the empathy and communication skills of the nurses increased after the education. Similarly, after the education project by Betcher⁹ which was performed to enable the nurses to communicate effectively with the palliative care patients and their families, the attitude and the caregiving skills of the nurses increased. As reported in the various studies performed on this subject, the communication skills of the individual can be improved by classes and education²⁴, and education and training module studies can strengthen the empathic communication of the nurses^{25,26}. In this context, exercises toward improving communication skills by performing learning by reading, role-playing, and working with the patient/relatives in small groups are recommended²⁴.

In this study, no difference was found between the nurses working at the palliative care unit and other clinic nurses in terms of their Empathic Tendency Level scores and Communication Skills Assessment Scale scores. If the nurses working in the palliative care units have good communication and empathy skills, the quality of the care given by the nurses and the patient satisfaction will increase. Palliative care nursing certificate programs can increase the communication skills and empathic tendency levels of the nurses working at these units and in this context, it is very important to support the participation of the nurses to these education programs.

Conclusion

The total score of the Empathic Tendency Scale of the nurses was 72.21 ± 7.22 and the mean of the Communication Assessment Scale was 80.23 ± 7.82 . It was found that a weak positive correlation between the Empathic Tendency Scale and Communication Skills Scale scores of nurses ($r=0.298$ $p<0.05$). Also, it was found that the Empathic Tendency Scale and Communication Skills Scale scores of the palliative care and other clinic nurses were not statistically different in terms of age, gender, educational status, duration of working as a nurse, receiving education on empathy and communication skills after the graduation. In light of the results obtained from the study, in order to increase the awareness of the palliative care nurses on improving their communication and empathy skills;

- Organizing education programs toward increasing the communication skills of the palliative care nurses and using active education methods such as role playing and drama,
- Encouraging palliative care nurses to express the communication problems they have with the patients and the relatives,
- Encouraging the palliative care nurses to use appropriate defense mechanisms to cope with the ideas and emotions they face when taking care of the patients in the terminal stage, in pain and with poor prognosis,
- Including palliative care nursing course in the graduate and postgraduate nursing education programs,
- Increasing the number of certificate programs in palliative care nursing are recommended.

Limitations of the Study

The number of palliative care units at the province where the study was conducted and the small number of nurses working at those units are the limitations of the study. Using qualitative research methods when collecting the data, and holding focus group meetings toward determining the factors affecting the empathic tendency and communication skills of the palliative care nurses are recommended.

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