

**ORIGINAL PAPER****Evaluation of Empathetic Skills of Nurses Working in Oncology Units in Samsun, Turkey****Esra Tural Buyuk, RN, PhD**

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**Correspondence:** E. Tural Buyuk, Ondokuz Mayıs University Samsun Health School, Department of Nursing, Kurupelit Kampusu 55200 Samsun, Turkey E-mail: esratural55@gmail.com**Abstract****Background:** Oncology clinics are special areas in terms of interaction and communication with the patient. In order to improve patient care, nurses working in these clinics need to develop their empathy skills. Nurses with enhanced empathic abilities can understand the patient and provide the necessary assistance.**Aim :** This study aims to measure and evaluate the empathic skills of nurses working in oncology units.**Methods:** The sample of the study consisted of 50 nurses working in the oncology clinics of two hospitals in a Turkish city. The research data were collected through demographic information form and Empathic Ability Scale. The data obtained were evaluated using the SPSS 15.0 package program.**Results :** Of the nurses participating in the study, 82% were married, 50% had a bachelor's degree, and 42% had chosen the profession through their own decisions. The research revealed that 50% of the nurses worked in pediatric oncology and 40% had professional experience less than five years. The mean score for Empathic Ability Scale in these oncology nurses was calculated as  $147.7 \pm 19$ . We found no statistically significant correlation between the empathy scores and their socio-demographic characteristics, working units, tasks, and duration of work in oncology ( $p > 0.05$ ). However, there was a significant relationship between the empathy scores and choosing the profession through their own decisions ( $p < 0.05$ ).**Conclusion:** In conclusion, we found that nurses with a bachelor's degree, those who chose the profession of their own accord, and those reported having difficulties in communication with patients had better empathetic skills.**Key words:** Empathy, nurse, oncology**Introduction**

Empathy is a process in which a person puts himself in another person's place, understands his thoughts and feelings correctly and conveys it to that person. It makes the communication process of higher quality when the person knows how the message he tries to convey will be understood and perceived and when he tries to communicate taking that into consideration (Dökmen 1988, Rogers 1983). In this sense, the empathetic skill levels of people have a very important place in

the quality of the communication process. Empathetic skill, which helps people understand the other person's thoughts and feelings, is considered as an important part of general communication skills. It is in question that the people without empathetic skill will misunderstand or hurt each other in their communications.

Empathetic skills are one of the basic skills in nursing and all nurses are required to have these skills effectively. The nurses with empathetic

skills can understand the patient and carry out a supportive relation (Brunero et al 2010; Özcan 2012, Öz, 2008). Although studies assessing empathetic skills in nursing are limited, according to the results of the research done on health workers it is stated that not enough empathy is shown or not enough patients were helped as expected. (Tiryakiler et al, 2012).

Oncology clinics are special areas in terms of working and communicating with the patients. Cancer is a disease which causes high stress on patients and their families. Cancer patients are extremely sensitive and they have to struggle with reduced quality of life and deterioration in their overall health due to severe effects and side effects of their treatments. Therefore, working and communicating with cancer patients is a more different challenge than the other patient groups. The nurse who deals with the cancer patient all the time is one of the medical staff having the most serious stress because the challenges of the disease reflects mostly on the treatment team. It is stated in the studies done with patients that the patients' emotional needs are not met enough, that the patients need more communication with the nurses and that the nurses work business-centric. The working conditions' being always severe and having a close relation with the patients place a burden on the nurses working in oncology in those clinics where nursing requirements are high (Dizer, and İyigün2009). It was seen that the empathetic skills of the nurses increased and that they used empathetic expressions at the end of the training program on conversation techniques in the studies made to improve the communication skills of oncology nurses (Fallowfield, Saul, Güllön2001, Demir Ünal 2005). La Monica et al (1987) found that the patients looked after by the nurses with high empathy level had less feelings of anxiety, depression and enmity. There are studies showing the effectiveness of using empathy in health care. Reynoldsandscott (2000) reported the positive relation between pain relief, improving pulse and respiration, sorrow and distress cease and the patients' statements. It is especially necessary for the nurse to understand the effects of empathetic skills on the patient care and have the ability to practice these in the efforts of using empathetic skills.

**Study Aim:** In the literature in our country, the studies evaluating empathetic skill are mostly done with nurses and student groups and the

studies evaluating empathetic skills of the nurses working in oncology units are not done. This study is done in order to determine the empathetic skills of the nurses working in oncology units.

### Research Questions and Hypothesis

The evaluation was achieved by considering the following research questions:

1. What is the empathy level of the nurses working in oncology units?
2. Do the socio demographic and Professional qualities of the nurses working in oncology units affect their empathy level?

### Methods

#### Design and setting

The research, planned as cross-sectional and depictive, was conducted between 2nd-26th February 2010, in 19 Mayıs University and Mehmet Aydın Research and Application Hospital in Samsun where oncology patients are treated.

#### Participants

The target population of the study was 82 nurses working in two different oncology hospitals in the city center, who has worked in oncology at least for one year in oncology. The sample was not selected in the study but it was aimed to reach all oncology nurses constituting the target population. However, the sample of the study was 50 nurses except the nurses who were not at work at the time of the survey, who did not accept to participate in the survey and who did not fill out the form completely.

#### Data Collection Form

Information asking the age, marital status, educational status, working areas, working time, working units, type of work, the state of preferring the job and being satisfied with the job, the state of training on empathy and having difficulty with communication with the patients is given in demographic information form.

Demographic information form and Empathetic Skill Scale were used in collecting data. Empathetic Skill Scale (ESS), which was developed to evaluate the empathetic skill of an individual by Dökmen, consists of two forms as scale "A" and "B". There are 6 different problems about daily life and 12 one-sentence

empathetic reactions below each problem that can be said to the person with the problem. People are asked to choose 4 of the empathetic reactions below the problems. The point corresponding to each chosen reaction is given based on ESS-A form to the individuals who choose 24 reactions in total, four reactions for each 6 problems. The minimum point is 62 and the maximum point is 219 to be taken from ESS and when the point is high it means the empathy level is high and when the point is low it means the empathy level is low. ESS is grouped as very low (62-92), low (93-124), medium (125-156), high (157-188) and very high (189-219) (Dökmen 1988)

### Statistical Analysis

The data collected from the studies was evaluated by using SPSS 15.0 packaged software and number and percentage were given with descriptive statistics on all variables. Since the data showed a normal distribution, T test and One-way ANOVA test were used in independent groups in intergroup comparisons. Statistical significance level was accepted as  $p < 0.05$  for all tests.

### Research Ethics

Oral permission was taken from the health staff by explaining the aims of the study after taking a written permission from both of the hospitals.

### Results

The average age of the nurses participated in the research was  $31.3 \pm 6.2$  and 54% of them were between 26-30 years old. 82% of the nurses were married, 54% had children and 42% were university graduates. It was seen that 50% of the nurses worked in pediatric oncology and 40% had less professional experience than five-year working time. It was found that 68% of the nurses working in oncology unit worked less than five years in these units and worked in oncology services. It was seen that 62% of the nurses worked in shifts considering the way of work (Table 1). A 50% of the nurses indicated that they chose the job willingly, 34% chose the job by family's request and 78% of the nurses indicated that they were happy working in oncology. 18% of the nurses said that they had communication problems with the patients in oncology unit and 84% said that they did not

have any in-service training in communication or empathy. All of the nurses reported that they agreed that communication skills and empathetic skills were necessary for working with oncology patients (Table 2). In our study, empathetic skill scale (ESS) total point average of the nurses was found as  $147.70 \pm 19.02$  and seen as medium-level. The minimum point taken from the scale was 92 and the maximum point was 197. Considering the relation between the socio demographic qualities and the empathetic skill point average of the nurses, it was determined that the empathetic point average of the nurses between 20-25 years old was higher than the older ones but it was also seen that this difference was not statistically significant ( $p > 0.05$ ). A statistically significant relation between the marital status and the state of having children variables and empathetic skill point averages was not found ( $p > 0.05$ ). It was seen that the university graduate nurses had more empathetic skill point than the associate degree and high school graduates and it was seen that this difference is statistically significant ( $p < 0.05$ ). A statistically significant difference was not found between the nurses' total working time and working in oncology areas and empathetic skill point averages ( $p > 0.05$ ). A statistically significant difference was not also found between the area they work (pediatrics / adult), unit (services / polyclinics) and the way of work (daytime / in shifts) in oncology and empathetic skill point averages ( $p > 0.05$ ) (Table 3). It was stated that the nurses who chose the job willingly had more empathetic skill point average than the ones who chose the job by family's request or not to be unemployed and this difference was proved to be statistically significant ( $p < 0.05$ ). It was determined that there was not a statistically significant difference between the state of being satisfied with the job and empathetic skill point average ( $p > 0.05$ ). It was found that the empathetic skill point average of the nurses having difficulty in communicating with the patients was significantly higher than the ones having no difficulty in communicating with the patients ( $p < 0.05$ ). In the study, a statistically significant relation was not seen between the state of having training in communication or empathy and empathetic skill point average ( $p > 0.05$ ) (Table 4).

**Table 1. Socio-Demographic Characteristics of Nurses**

		<b>n</b>	<b>%</b>
Age group	20- 25 age	18	36.0
	26- 30 age	27	54.0
	31 age and over	5	10.0
Marital status	Married	41	82.0
	Single	9	18.0
Presence of Own Children	Yes	27	54.0
	No	23	46.0
Educational Status	High school graduate	10	20.0
	Associate degree	19	38.0
	University graduates	21	42.0
Work area	Pediatric oncology	25	50.0
	Adult oncology	25	50.0
Total of working time	1-5 years	20	40.0
	6- 10 years	11	22.0
	11 years and over	19	38.0
Working time in oncology	1-5 years	34	68.0
	6- 10 years	8	16.0
	11 years and over	8	16.0
Work units	Service	34	68.0
	Polyclinic	16	32.0
Work shift	Night shift	31	62.0
	Day shift	19	38.0
<b>Total</b>		<b>50</b>	<b>100.00</b>

**Table 2. Distribution of Professional characteristics and Patient Communication related to Variables at Nurses**

		<b>n</b>	<b>%</b>
Reasons for choosing the profession	Chose the job willingly	25	50
	Chose the job by family's request	17	34
	To be unemployed	8	16
Happy working status in oncology	Yes	39	78.0
	No	11	22.0
Communication problems status with the patients in oncology unit	Yes	9	18.0
	No	41	82.0
In-service training status in communication or empathy	Yes	8	16.0
	No	42	84.0
Communication skills and empathetic skills were necessary for working with oncology patients	Yes	50	100.0
	No	-	-
<b>Total</b>		<b>50</b>	<b>100.00</b>

**Table 3. The relation between the socio demographic qualities and the empathetic skill point average of the nurses**

Empathetic Skill scale total point average (ESS) : <b>147.70 ± 19.02 ( 92-197)</b>		<b>n</b>	<b>ESS</b>	<b>F</b>	<b>p</b>
Age group	20- 25 age	18	154.27±15.5	1.943*	0.155
	26- 30 age	27	144.88±21.0		
	31 age and over	5	139.20±13.6		
Marital status	Married	41	145,78±19.5	1.074**	0.305
	Single	9	156,44±14.0		
Presence of Own Children	Yes	27	148,28±23.5	1.159**	0.288
	No	23	144,44±17.4		
Educational Status	High school graduate	10	136.10±20.5	3.420*	<b>0.041</b>
	Associate degree	19	146.63±15.6		
	University graduates	21	154.19±19.0		
Total of working time	1-5 years	20	151.35±15.5	1.655*	0.202
	6- 10 years	11	138.81±22.8		
	11 years and over	19	149.00±19.3		
Working time in oncology	1-5 years	34	146.82±15.5	1.492*	0.235
	6- 10 years	8	141.75±24.9		
	11 years and over	8	157.37±24.8		
Work area	Pediatric oncology	25	144,16±14.7	2.087**	0.155
	Adult oncology	25	151,24±22.5		
Work units	Service	34	146,82±15.5	2.545**	0.117
	Polyclinic	16	149,56±25.3		
Work shift	Night shift	31	146.90±19.0	0.000**	0.991
	Day shift	19	149.00±19.3		

\* One-Way Anova \*\* t test

**Table 4. The relation between the Professional characteristics and the empathetic skill point average of the nurses**

		n	ESS	F	p
Reasons for choosing the profession	Chose the job willingly	25	156.96±41.0	3.010*	0.049
	Chose the job by family's request	17	143.96±16.4		
	To be unemployed	8	140.87±15.9		
Happy working status in oncology	Yes	39	146.63±16.4	0.142**	0.708
	No	11	148.00±19.8		
Communication problems status with the patients in oncology unit	Yes	9	159.33±7.7	8.235**	0.006
	No	41	145.84±19.8		
In-service training status in communication or empathy	Yes	8	149,87±19.07	0.049**	0.825
	No	42	151,09±17.21		

\* One-Way Anova \*\* t test

## Discussion

It is important having high level of empathy for the oncology nurses as it affects their performance positively and to make it easier for the cancer patients to express their feelings and understand them. In our study, it was seen that empathetic skill level of the nurses is medium-level. When empathetic skill level is evaluated according to the age group of the nurses, the difference was not found as significant. It was found in many studies that the age group of the nurses did not affect the empathetic skill (Ergin et al.; 2009, İşcen; 2006, Ünal and Öz, 2008, Özcan; 2012). According to the literature gained it was stated in only Uygun's (2006) study that as the age increased the empathetic skill points decreased.

It was determined in our study that the marital status did not affect empathetic skill level. Considering the other studies done in our country it is seen that the marital status of the nurses does

not affect the empathetic skill level (Ergin veak;2009, İşcen;2006, Özcan;2012). In this study, it was found that the state of having children did not affect the empathetic skill level. It was seen in the studies of Özcan (2012) and İşcen (2006) the state of having children did not affect empathetic skill. It was stated in another study that the health staff with children had lower empathetic skill than the ones without children (Tiryaki; 2012).

It was stated that the university graduate nurses had higher level of empathetic skills when compared to the associate degree and high school graduates. It was thought that the effective training of empathetic skills in communication classes in university education of nursing affected this situation. It was determined in the study of Tiryaki et al. (2012) that the graduate and postgraduate nurses had higher level of empathetic skill level. It was stated in some studies that the education level of the nurses did

not affect the empathetic skills (Özcan; 2012, Ergin et al; 2009).

It is known that education is important in developing empathetic skills (Arifoğlu and Sala; 2011). It was seen considering the studies that empathetic skill and empathetic tendency levels increased in the nurses who had training either in communication or empathy. It was seen in the study of Ünal and Öz (2008) that at the end of the training given to the nurses on communication skills empathetic tendency and empathetic skill levels increased. It was determined in the study Kara (2007) did with the nurses working with hemodialyses patients that the empathetic tendency level of the nurses who had training on empathy increased. It was found in our research that the state of having in-service training on empathy did not affect empathetic skills. It is considered that the nurses were less in number who had training on empathy was the reason why in-service training was ineffective on empathy in our study.

It was stated in our study that professional working time and the time working in oncology area did not affect empathetic skill level. It was seen in many studies that professional working time did not affect empathetic skill (Dizer and İyigün;2009, Özcan;2012, Ergin ve ark;2009, Tiryaki ve ark;2012). That the empathetic skills increased as professional working time and working time in the unit increased is desired situation and our finding is coherent with the literature. This finding can be clarified as providing service to cancer patients wears down the staff. Thus, it is seen that Uygun's (2006) study supports that idea, it was stated that the empathetic response points decreased as the working time of the nurses working with the cancer patients increased.

It was seen in our study that the state of working in pediatric and adult oncology units did not affect empathetic skill level. Dizer and İyigün (2009) stated that the empathetic tendency did not change according to the clinics they worked in the study that they analyzed the empathetic tendency level of the nurses working in different intensive care units.

It was found in this study that the nurses working in neurosurgery and coronary intensive care units had the highest empathetic tendency level point and the nurses working in general surgery intensive care unit had the lowest point.

It was seen in our study that the empathetic skill points of the oncology nurses were medium. Empathetic skills of the nurses working in different areas were searched in the studies. Ergin et al. (2009) found that the empathetic skill point averages of the nurses working in internal diseases clinics was medium ( $132.41 \pm 21.77$ ) and Tiryaki et al. (2012) found that the empathetic skill level of the nurses working in primary healthcare foundations was medium ( $135.58 \pm 20.66$ ). In the study Uygun (2006) searched the empathy levels of the nurses working in psychiatric clinics, total empathy point average was  $143.05 \pm 26.20$  and it was considered high. Kaya et al. (2013) determined that two out of three nurses had medium and high level of communication and empathetic skill.

Empathy is indispensable considering the nature of nursing. It was found that the nurses who chose the job willingly had more empathetic skill point. That the nurses who chose the job willingly are aware of the role and responsibilities of nursing may have caused that result. Çil et al (2011) determined in the studies they did with nursing students that the empathy tendency of the students who chose the job willingly and were happy with that choice was higher. It was found in Dizer and İyigün's (2009) study that the nurses who thought the job was suitable for them had a higher potential of empathy. It was found in Uygun's (2006) study that the empathetic skill levels of the nurses who chose to work in psychiatric service themselves were high. It was stated in İşcen's (2006) study that the state of being satisfied with the area of the physicians' who worked in oncology area did not affect empathetic skill level. It was found in this study that being satisfied with the working area did not affect empathetic skill level. It was also reported in Özcan' (2012) study that satisfaction with the working area did not affect the empathetic tendency and skill of the nurses.

It was found in our study that the empathetic skill level of the nurses who said that they had difficulty in communication with the oncology patients was high when compared to the others. It is an unexpected finding.

Because, the idea that the nurses with low level of empathetic skill may have difficulty in communication with the patients and those with high level may not is common. This finding that the nurses with high level of empathetic skills

have difficulty in communication with the patients can be interpreted as they treat the cancer patients hypersensitive, they show ultimate effort yet they have difficulty.

### Conclusions

It was determined at the end of the study that the nurses working in oncology who were university graduates, who chose the job willingly and who thought they had difficulty in communication with the patients had more empathetic skills.

**Implementation to nursing:** Although empathy is an innate quality it can be developed through training. It is vital to give importance to give importance to communication in the professions worked with human beings and to develop/proceed empathy which is among the key elements of communication. It can be advised to give a place to the subject in theories and practices before graduation, support with continuous and adequate in-service trainings in professional life, to give priority to the ones working in hospitals with patients with special needs such as cancer patients in order to develop empathetic skill of the nurses.

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### References

- Arifoğlu, B. & Sala Razi, G.(2011). Management Course Academic Achievement Averages of First Class Nursing Students. *Journal of Dokuz Eylül University school of Nursing*, 4(1): 7-11.
- Brunero S, Lamont S, Coates M. (2010). A Review of Empathy Education in Nursing. *Nursing Inquiry*,17(1):65-74.
- Çil Akıncı, A. & Akgün, G.(2011). Empathic Tendency and Empathic Skill of Nursing Students in Health College of Kırklareli University. *Firat University Medical Journal of Health Sciences*, 6(17): 53-65.
- Demir, S. (2005). Oncology Patients with Employee Assistance. Communication Skills and the Impact on Nurses' Education. Institute of Health Sciences Ph.D. in Nursing Program, Hacettepe University, Ankara, Turkey. [Doctoral dissertation], (Original text in Turkish)
- Dizer, B. & İyigün, E. (2009). The Empathic Tendency in the Critical Care Nurses and the Factors Affecting. *Journal of Anatolia Nursing and Health Sciences*, 12: (1), 9-19.
- Dökmen, Ü. (1988). A New Model of Empathy Based on Measuring and Improving the Psychodrama. Ankara University Journal of Faculty of Educational Sciences, 21: 155-190. (Original text in Turkish)
- Ergin, D., Celasin Şen, N., Akış, Ş., Altan, Ö., Bakırloğlu, Ö. & Bozkurt, S.(2009) In Internal Medicine Working Nurses Burnout and Empathic Skill Levels and Factors Affecting Them. *Firat University Medical Journal of Health Sciences*, 4 (11):49- 64.
- Fallowfield, L., Saul, J., & Gilligan, B.(2001). Teaching Senior Nurses How to Teach Communication Skills In Oncology. *Cancer Nursing*, 24(3):185- 191.
- İşcen, P.(2006). Conflict Trends of Oncologists Empathy Skills: Investigation of Job Satisfaction and Stress Coping Styles.Institute of Health Sciences Ph.D. in Nursing Program, İstanbul University, İstanbul, Turkey. [Masters dissertation], (Original text in Turkish)
- Kara, B. (2007) Empathic Tendency and Job Satisfaction Relationship Between Hemodialysis NurseS. *Journal of Health and Society*, 17(2): 84-90. (Original text in Turkish)
- Kaya, F., Özcan, A., &Yılmaz, M.(2013). Comparing communication and empathic ability levels of nurses with patients' perception of nursing care *Journal of Public Health and Management*, 1 (1): 1-8.
- La MonicaER Wolf, A Madea and M Oberst (1987). Empathy and Nursing Care Outcomes. *Scholarly Inquiry for Nursing Practice*. 1:197-213.
- Öz, F.(1998). The relations between empathic tendency, empathic skills and academic performance of senior students of nursing. *Journal of Cumhuriyet University School of Nursing*, 2 (2): 32-38.
- Özcan, H.(2012) Empathic disposition and empathic skills of nurses: Example Gümüşhane. *Gümüşhane University Journal of Health Sciences*, 1(2): 60-68.
- ReynoldsW and B Scott (2000). Do Nurses and Other Professional Helpers Normally Display much Empathy. *Journal of Advanced Nursing*. 31:226-34.
- Akkoyun F. (1983). Being Empathetic: Value is understood, Existence is a Shape. *Ankara University Journal of Faculty of Educational Sciences*, 16(1):103–124.
- Taşdemir, G.(1999). Ege University Practice and Research: An Analysis of the Relationship Between Job Satisfaction Levels and Empathic Tendency Levels ofHospital Nurses.Institute of Health Sciences Ph.D. in Nursing Program, Ege University, İzmir, Turkey. [Masters dissertation], (Original text in Turkish)
- Tiryaki Şen, H., Taşkın Yılmaz, F., Pekşen Ünüvar, Ö., & Demirkaya F.(2012). Empathic Skill Levels of Primary Health Care Workers. *Journal of Pshychiatric Nursing*, 3(1): 6-12.

Uygun, E. Determination of the Psychiatric Nurses in Service Empathy Skill Levels. Institute of Health Sciences Ph.D. in Nursing Program, İstanbul University, İstanbul, Turkey. [Masters dissertation], (Original text in Turkish)

Ünal, S., & Öz, F. (2008). Communication Skills Training Programme to Improve Oncology Nurses' Relationships with Patients: An Observational Study. Hacettepe University Faculty of Health Sciences Nursing Journal, 15(2): 52-67.