

Developing and Sustaining Empathy among Nurses in Kenya

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ABSTRACT

Background: Empathy is a cognitive-affective response to human need for affection. Empathy is also a universal value that is acceptable across human diversity. Ability, inability or inconsistency in showing empathy is associated with a variety of factors. Nurses have occasionally been blamed of not consistently showing empathy to patients.

Aim: The study aimed at analysing the factors that influence development and sustainability of empathy among nurses in Kenya.

Methodology: A mixed method study approach was applied in this study. The area of study included Kenyatta National Hospital, Embu Level Five Hospital, Meru Teaching and Referral Hospital, and Tenwek mission hospital in Kenya. The target population was nurses. Quantitative study involved a stratified random sample of 386 nurses. A researcher developed self-administered questionnaire was used for data collection. Data was analysed using descriptive statistics.

Results: The study showed a positive relationship between developing and sustaining empathy. Self-concept and self-assessment empathy correlations were significant ($p=0.01$; $\infty=0.05$). Gender was significantly correlated to empathy ($p=0.000$). Empathy quotient in the study sample correlated significantly to social awareness ($r=0.419$, $p=0.00$). Average empathetic self-rating obtained through self-assessment was 8.3 ($SD=1.281$). Benefits of empathy were identified; better patient outcomes and improved working environment for nurses. Factors favouring development of empathy included consistent compassion in the training environment professional support to mentees and novice nurses' availability of compassionate mentors, willingness to empathise, cultivating empathy in social circles, personal socialisation styles and taking opportunities to show empathy. Professional support, quality of mentor-mentee interactions; the self-determination and willingness to show empathy were considered essential in cultivating empathy among peers and groups in nursing practice. Sustaining empathy in nursing practice included positive emotionality, cultivating compassion in the hospitals, continued professional development, rewarding nurses who demonstrate empathy.

Conclusion: Empathy is a life skill that enables nurses to understand the perspectives of a patient and communicate that understanding in a style and fashion that patient can recognise with. Empathy is the quality and value that is increasingly responsible for cultivating altruistic qualities that enable nurses to develop and sustain professional attributes of caring, establish effective therapeutic and professional relationships.

Keywords

Empathy, Altruism, Compassion, Nurses, Caring, Healthcare

Introduction

Empathy is a cognitive-affective response that stems from the

apprehension of another person's emotional state [1]. Empathy typically has both emotional and cognitive components; however, these components can be experienced and demonstrated separately [2]. Emotional empathy is the vicarious experiencing of another's emotional state which children may experience in some form as

early as infancy and toddlerhood. Cognitive empathy, which is also sometimes referred to as theory of mind or perspective taking, is the ability to accurately imagine another's experience. Daily interactions with patients play a significant role in the emotional workload [3]. Emotional and cognitive empathetic components may not have an effect unless the person decides to take action; this is known as empathetic concern [4]. The activity is in lieu with degree of distress and connectedness with emotional precision. The ability to empathize is an important part of social and emotional development; it affects an individual's behaviour toward others and the quality of their relationships [2].

Nurses are, according to Jazierski [5] selfless, empathetic, spontaneous and friendly to all persons in an equal measure. It is therefore imperative as a professional responsibility that nurses understand the duties and obligations of nursing practice and show that understanding across human diversity. Further insights indicate that the promise of a profession is signified in a set of values, behaviours, and relationships that underpin the trust of the public. Public trust is established and sustained through consistently showing empathy.

Empathy in nursing practice helps in remaining loyal and committed to professional code of conduct for individual, societal and national development [6]. To maintain loyalty, the nurses as individuals or groups are expected to be able and willing to listen, hear, understand and respond to healthcare needs of their colleagues and clients. Nurses have faced a variety of social challenges regarding how they relate with clients while on their nursing duties. Nurses have been accused of inconsistency in showing empathy [7] and there have been concerns about developing empathy in nursing. Training empathy has also been a challenge because of lack of empathy champions. In the current world of caring for the sick, choice of technology and machines over humans have threatened to greatly reduce opportunities to show empathy [8]. The notion that nurses have showed no empathy over a long period of time has caused strained public trust for nurses in Kenya. Empathy has a lifelong endeavour and humans have a responsibility to keep improving. While providing additional training for nurses, it should be recognized that training materials, guides and mentors are not for mere transfer of knowledge, but are organized to provide caring experiences and capabilities that help achieve outstanding empathy in performance of professional roles [9]. Nurses develop and sustain empathy competencies if they are empowered but not micromanaged, sponsored to serve as role models, allowed to manage their own scale of innovation, trusted without being prejudiced, and be positively challenged rather than being marginalized [10].

Kenya has experienced several incidents of nurses going on strike and leaving their patients unattended. The oath that nurses take and the candle lighting convocation is a sign of true and honest dedication to care for the sick during the day and in the night. This imagery has scaled down into the members of public and the concern is so alarming that the public trust for nurses is at risk.

Study Aim

The study aim was to analyse the factors that influence development and sustainability of empathy among nurses in Kenya

Research Objectives

The objectives of this study were to: describe the relationship between developing and sustaining empathy in nursing practice in Kenya, analyse factors that promote development of empathy in nursing practice, analyse factors that promote sustainability of empathy in nursing practice

Review of Related Literature

Research has indicated that self-awareness and affective social competence determines development and sustainability of empathy [11]. The context, content, and conditions of the social effort to prepare caring, listening and committed professionals, are rapidly changing across time and space [13]. The effort to train those who can listen and feel another's emotions is changing. It is important to know whether the trainees have the ability to accurately identify self and another person's emotions and respond professionally and accurately to health needs that demand such responses. Empathy is highly related to emotional intelligence of the person showing empathetic concern. Emotional intelligence has been the topic of research in areas such as leadership, performance, workforce issues, health care industry, gender differences, and nursing [13]. Emotional intelligence helps develop empathy. Empathy is a powerful communication skill that is often misunderstood and underused. Initially, empathy was referred to as "bedside manner"; now, however, authors and educators consider empathetic communication a teachable, learnable skill that has tangible benefits for both clinician and patient [14].

Research evidence suggests that all learning; either social or scientific, has an emotional base [15]. Actually, all learning has a social and emotional influence on the learner. Social skills involve the ability to inspire individual and organizational excellence, create a shared vision and successfully manage emotions to attain the professional strategic ends and successful nursing practice and performance [10]. Emotional basis of learning involves a certain level of intelligence. Emotional intelligence and social competence are better understood as indicators of emotional management; involves communication and understanding. Social relationships rely on emotional communication of needs, care and ability to thrive in a peaceful environment. Emotional intelligence is defined as someone's ability to: (a) understand own feelings, (b) listen to others and to feel them, and (c) express own emotions in a productive manner [9]. Emotional intelligence has been an area of interest over the last two decades with many authors and scholars arguing whether it is different from Intelligence Quotient (IQ). The difference according to Davies et al. [16], is Emotional Intelligence provides the ability to control someone's wishes and to delay their fulfilment, to regulate others' mood, to isolate feeling from thinking, to place self into another's shoes and to hope in another person's perspective. Also, it includes a range of skills such as self-control, persistence, zeal and ability to motivate others According to Goleman [9], emotional intelligence involves

the elements of self-awareness, empathy, effective handling of emotions, relationships, managing feelings, and finding stable sources of individual and social group motivation.

Emotional support is not an easy task to do. Although it is easier said than done, we are scared by emotions and unwilling to acknowledge the difficulty of assuming another person's situation temporarily. No matter how temporarily it may seem, it leaves some untoward sub-conscious after taste. Several encounters and prolonged performance in the emotionally demanding environments like hospitals predisposes to emotional fatigue. It is possible that sometimes painful feelings that are often part of caring for patients cross over to the healthcare provider [17]. The main challenge in emotional support for persons in patient care is that emotions are professionalized to present an impersonal approach of medicine to staff, colleagues, patients and wider society. This professionalization is certainly one strategy to cope with: difficult professional experiences, particularly death and dying [18]. In some occasions, empathy exhaustion can progress to emotional guarding or emotional numbness. This status of numbness is associated with continual hurt, loss and frustration acquired from investing into other people's situations without the adequate skill for maintaining a professional distance from the situation. However, some situation is so contagious that we have little option but to delve completely into them.

Methodology

The authors used a variety of perspectives to describe the factors which affected development and sustainability of empathy. A mixed method study design using explanatory sequential approach was applied in this study. Ethical approval was granted before the study was conducted. The area of study included Kenyatta National Hospital, Embu Level Five Hospital, Meru Teaching and Referral Hospital, and Tenwek mission hospital in Kenya. The target population was nurses. This study involved a stratified random sample of three hundred and eighty-six [386] nurses. Six research assistants were trained in data collection and data safety. A researcher developed self-administered questionnaire was used for data collection. Data was organised and analysed using SPSS version 23 descriptive statistics.

Findings

Demographic analysis

Demographic Variables (N=386)		
Age (yrs)	Frequency	Percent
21-25	58	15.0
26-30	67	17.4
31-35	81	21.0
36-40	93	24.1
41-45	41	10.6
46-50	29	7.5
>50	17	4.4
Gender		
Female	304	78.8

Male	82	21.2
Marital status		
Single	78	20.2
Engaged	39	10.1
Married	265	68.7
Separated/widowed/divorced	4	1.0
Religion		
Christian	386	100
Emotional attachment to nursing duties		
Minimal	34	8.8
Below average	18	4.7
Average	158	40.9
Above average	176	45.6

Table 1: Demographic distribution.

Table 1 presents multiple demographic variables. Analysis indicated that there was normal distribution across the sample. Age categories however, showed a positive skew. The positive skew indicates that there are more nurses under the age of forty years (78%; n=301) in the nursing practice and less professionals at an older age of above forty years. That is a positive sign to progression of a profession like nursing. The sample had more females than males. This gender proportion is an improvement from previous studies where nursing was overly considered as a female dominated profession [19].

	SS	df		Mean Square	F	Sig.
Self-regard	BG	116.821	6	19.470	2.964	.008
	WG	2489.458	379	6.568		
	T	2606.280	385			
Basic empathy ability	BG	51.728	6	8.621	7.664	.000
	WG	426.344	379	1.125		
	T	478.073	385			
Workload tolerance and adaptation	BG	96.035	6	16.006	85.472	.000
	WG	70.973	379	.187		
	T	167.008	385			

Table 2: Gender and socialization. ONE-WAY ANOVA [n=386 $\alpha= 0.05$]. Key: BG = Between groups; WG = Within groups; T = Total; SS = Sum of squares; Sig = p-Value [calculated].

In this study the relationship between gender, self-concept and the role that gender plays in socialisation is a socially was a vital role. Gender had a significance in the relationship that was cited between self-regard (p=008), basic empathetic abilities (p=0.000) and workload tolerance (p=0.00). Gender provides the social basis of forming empathy as a self-concept.

Research evidence suggests that there are differences between males and females in empathy and systemizing skills and emotional recognition [20]. The relationships between empathic concern and self-concept were similar for men and women, as was the relationship between empathic concern and avoidance. However,

the relationship between perspective-taking and avoidance was stronger among men than women [21].

Self-Concept and Empathy

The respondents were requested to identify components of self-concept and perform a self-assessment on personal level of empathy. Self-concept relates to empathy insofar as it exists as a personal value. The correlation between measures of self-concept and empathy in nurses are presented in table 3.

Components of self-concept	E. Q.	Empathy (self-assessment)
Public image	0.358**	0.0321*
Social awareness	0.419*	0.0270*
Self-esteem	0.288*	0.0234*
Rationality	0.361**	0.022**

** : Significant at the level 0.01; * : Significant at the level 0.05; EQ = Empathy Quotient.

Table 3: Correlations between empathy quotient and empathy self - concept.

The results in table 3 show that the respondents had a positive self-concept about empathy. Empathy quotient correlated significantly with all the self-assessment variables. These variables were considered components of self-concept. Empathy quotient in the study sample correlated significantly as indicated by social awareness ($r=0.419$, $p=0.027$). boosting self-esteem ($r=0.421$, $p=0.023$) while Average empathetic self-rating obtained through self-assessment was 8.3 (SD = 1.281).

Previously studiesj suggested that, in professions where caring forms the core competence and reference, such high self-concept is expected from the professionals [20]. Furthermore, self-concept is more basic part of personality that it is a part of emotionality. In the self-concept perspectives, this study suggests that self-concept can be converted into self-awareness and empathetic concern.

Awareness of benefits of Empathy

N = 386 Benefits of empathy	Frequency [F]	Percent [%]
Patients recover faster	347	90
Team spirit is enhanced	340	88
Promotes social awareness	320	83
Improved nurse-patient relationships	386	100
Improves hospital environments	363	94

Table 4: Benefits of Empathy.

The study revealed that subjects were aware of benefits of empathy and therefore gave multiple responses for each identified benefit. They identified benefits of empathy as follows; patients recover faster (90%; $n=347$), team spirit among nurses is enhanced (88%; $n=340$), promotion of social awareness among colleagues (83%; $n=320$), improved nature nurse-patient (therapeutic) relationships (100%; $n=386$) and improves hospital environments for nurses, medical team and other staff members (94%; $n=363$). These results show that although some nurses have been accused of not showing

adequate levels of empathy to patients, they have the awareness of the benefits which practicing empathy can yield.

Research evidence suggests that benefits of empathy in nursing include better therapeutic relationships stemming from nurses' awareness and practice to ensure that; empathy connects people together [1]. Empathy encourages understanding of self-worth and worth for others. Gehres [22] found out that when nurses show empathy to patients and colleagues, they achieve benefits of being more competent in offering nursing care, have better therapeutic relationships with patients, achieve higher patient satisfaction and have a lower risk to experience malpractice lawsuit. Empathy heals, helps build trust among members of a team and closes the communication loop.

Factors favouring development of empathy

The respondents were requested to identify the factors that favoured development of empathy among nurses in Kenya. The favouring factors are shown in table 5.

Factor	Freq [F]	Percent [%]
Compassion in the training environment	378	98
Professional support to mentees	355	92
Availability of compassionate mentors	347	90
Willingness to empathise (self-determinism)	332	86
Cultivating empathy in social circles	328	85
Taking initiative to develop empathy competences	301	78
Taking opportunities to show empathy	216	56

Table 5: Development of empathy.

The results in table 5 show the factors which positively influences development of empathy among nurses. The factors that were identified to positively influence development of empathy included; compassion in the training environment (98%; $n=378$), professional support to mentees and novice nurses (92%; $n=355$), availability of compassionate mentors (90%; $n=347$), willingness to empathise (86%; $n=332$), cultivating empathy in social circles (85%; $n=328$), personal socialisation styles (78%; $n=301$) and taking opportunities to show empathy (56%; $n=216$). Qualitative study findings revealed similar sets of factors. Hospital policy on fair distribution of workload and having correct nurse to patient ratio were considered the main factors which affected professional support. Quality of mentor-mentee interactions; the self-determination and willingness to show empathy to colleagues and patients were considered essential in cultivating empathy and compassion among peers and groups in nursing practice.

Cultivating compassion among nurses, colleagues and patients was considered a pre-requisite factor in developing social skills and empathy. Research evidence suggest that empathy is a major component of therapeutic relationship between patients and nurses. Empathy is an observable and teachable skill that nurses are requested to possess [23]. In other words, empathy has been accepted as an ability or skilled behaviour that can be learned and developed through education and practice. Many nurse scholars

have argued that empathy provides nurses with the capacity to improve the health of their patients. Therefore, empathy should ideally be taught to make nurses more responsive to patient needs [24].

Factors favouring sustainability of empathy

The respondents were requested to identify the factors that were favourable to promote sustainability of empathy in nursing practice. The characters were then loaded as factors. The factors had not been decided in priori for this study. The favourable factors are presented in table 6.

Factor	Freq [F]	Percent [%]
Positive emotionality [people appreciate]	355	92
Cultivating compassion in hospitals	386	100
Continued professional development	340	88
Rewards and recognition for showing empathy	278	72
Compassion from patients and significant others	247	64

Table 6: Sustainability of empathy.

The results in table 6 show that there are favourable factors to sustaining empathy in nursing practice. These factors include; positive emotionality (92%; n=355) whereby the nurse feels that what they do is being helpful and s/he is being appreciated for it. Cultivating compassion in the hospitals (100%; n=386) is also an essential factor in sustaining empathy. Continued professional development and support (88%; n=340) was also recognised as a key contributing factor favouring sustainability of empathy among nurses. Rewarding and recognising nurses who demonstrate empathy (72%; n=278) and compassion from patients and patient relatives and significant others towards nurses can also act as a motivation force to encourage sustainable empathy among nurses. Research evidence suggest that positive emotionality of attitude towards what people do gives them longevity in maintaining the call of duty for the profession [25]. Continued professional development equips the nurse with most current skills and competences to meet the evolving healthcare need of a diversified population. Compassion from patients to the nurses can also play a role in sustainability of empathy [26].

Conclusion

Empathy is a life skill that enables nurses to understand the perspectives of a patient and communicate that understanding in a style and fashion that that patient can understand. The quality and value of empathy is increasingly responsible for cultivating altruistic qualities and empower nurses to maintain the professional tenets of caring, establish understanding for social and professional relationships, while delivering high quality care and sustain human wellness. Empathy skills and competences to the general public will help in creating an environment in the society that accepts nurses without prejudice, misconstrued judgement and various social and professional victimisations. Therefore, socialisation styles play a great role in determining the final character of an individual nurse in terms of developing empathy, showing empathetic concerns and sustaining empathy.

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