

Assessment of Levels of Empathic Skills and Autonomy of Nurses Working in Medical and Surgical Units

İç Hastalıkları ve Cerrahi Servislerinde Çalışan Hemşirelerin Empatik Becerileri ve Otonomi Düzeylerinin Değerlendirilmesi

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ABSTRACT Objective: This study evaluated the empathic skills and autonomy levels of nurses working in medical and surgery wards, and the factors associated with those skills. **Material and Methods:** This was descriptive research. A random sample of nurses working in the medical and surgery wards, intensive care unit, and emergency clinics of a private hospital in İstanbul (n= 202) voluntarily completed the survey form. The data were collected using Empathic Skill Scale and Sociotropy-Autonomy Scale. **Results:** The mean age of sample was 26.78±5.27, and most were graduates from vocational high school of health sciences. The sample had 0-3 years' experience in the profession and worked in surgery wards. Empathic communication skills, and autonomous and sociotropic personality traits of nurses working in medical and surgery wards, intensive care unit, and emergency clinics were moderate. The empathic skill levels of nurses were higher for nurses who are female, who had high education levels, who worked as responsible nurses, who worked in surgery wards, who followed professional publications, and who attended empathy trainings. **Conclusion:** It is recommended that specialist nurses be preferred as unit manager nurses and plan the empathy training courses for nurses after graduation.

Key Words: Nurses; communication; empathy

ÖZET Amaç: Araştırma, iç hastalıkları ve cerrahi servislerinde çalışan hemşirelerin empatik beceri düzeyleri ile otonomi düzeylerinin değerlendirilmesi ve bunlarla ilişkili faktörlerin belirlenmesi amacıyla gerçekleştirildi. **Gereç ve Yöntemler:** Tanımlayıcı tipte bir araştırmadır. İstanbul ilinde bir özel hastanenin iç hastalıkları ve cerrahi servisleri, yoğun bakım ünitesi ve acil kliniklerde çalışan ve araştırmaya katılmaya gönüllü, anket formunu eksiksiz dolduran 202 hemşire ile yürütüldü. Örneklem rastgele örnekleme yöntemi ile oluşturuldu. Veriler Empatik Beceri Ölçeği ve Sosyotropi-Otonomi Ölçeği kullanılarak elde edildi. **Bulgular:** Yaş ortalaması 26,78±5,27 olan hemşire örneklemin çoğu sağlık meslek lisesi mezunudur. Örneklemin meslekte 0-3 yıllık deneyimi olduğu ve cerrahi servislerinde çalıştığı saptandı. İç hastalıkları, cerrahi, yoğun bakım ve acil kliniklerinde çalışan hemşirelerin empatik iletişim becerileri, otonomik ve sosyotropik kişilik özellikleri orta düzeyde bulundu. Kadın hemşirelerin, eğitim düzeyi yüksek, sorumlu hemşire olarak çalışan, cerrahi birimlerinde çalışan, mesleki yayınları takip eden hemşirelerin ve empati eğitimi alan hemşirelerin empatik beceri düzeyleri daha yüksek bulundu. **Sonuç:** Birim yöneticisi hemşirelerin seçiminde uzman hemşirelerin tercih edilmesi, mezuniyet sonrası dönemde hemşirelere yönelik empati eğitimlerinin planlanması önerilmektedir.

Anahtar Kelimeler: Hemşireler; iletişim; empati

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Nursing is a dynamic process that serves to develop, maintain, and improve individuals and communities' health. A therapeutic nurse-client relationship is a critical part of providing patient-centred

care. Empathy is considered a critical component to building the therapeutic nurse-client relationship. A systematic review reported that clinicians' empathy was related to higher patient satisfaction and lower distress.¹ Nursing is based on caring and helping through interpersonal relationships with sick or healthy individuals. Nursing is a significant therapeutic interpersonal process, focused on the relationship between the individual who is sick or in need of healthcare and the nurse who has been specially trained to know and meet these needs.² Nurses use various communication methods to understand the feelings that the patient has been experiencing and find it hard to understand and to determine his/her needs. Empathy is the ability to understand feelings and experiences of another, and to communicate that understanding to the other person.^{3,4} Empathy includes the skill to understand the feelings and thoughts of others. It reflects the ability to put one's self into someone else's place by perceiving events from others' perspectives, trying to understand and feel others' emotions and thoughts, and informing the other about what one has understood. Building a therapeutic nurse-client relationship is based on trust, respect, empathy, and professional intimacy.⁴

Empathy plays an important role in providing high quality nursing care. A nurse who applies good empathic skills may collect more information about the person for whom he/she is responsible. It may be easier to then determine the needs of the patient and plan care better, and thus achieve positive treatment results.⁵ Improving empathy skills affect the patient satisfaction with nursing care and general health status of the patient, leading to early discharge and positive patient outcomes. This in turn results in a happier individual with higher income.⁶⁻⁸ A study conducted on nurses and cancer patients reported a significant correlation between nurses' empathy skill and patient distress.⁹

Effective communication and emphatic listening abilities facilitate the assessment of patients' needs, and solving care and communication problems improve patients' satisfaction with nursing care.¹⁰ Assessment of empathy skills has been the subject of several studies with varied outcomes.

The study results emphasized that there is still need of measures for promoting empathy in nurses.¹¹ Empathy was reported to be a positive factor influencing the quality of nursing care.¹² Studies show that education or courses about empathic skill improvement programs can contribute to improving nurses' empathic skills.¹³⁻¹⁵ The number of qualitative and quantitative research and systematic reviews has been increasing and the study results reveal the need for improvement of nurses' empathic skills and variables (gender, cultural values and clinical specialty experience) that affect empathy skill and nursing education that need to be accounted in future studies.^{14,16}

Individualized care starts with the interpersonal communication between nurse and patient. Quality of the service given and nurse autonomy are two important elements that are significant for professionalism in the nursing occupation. Autonomy is defined as self-government, individual freedom, and self-determination in desires.^{17,18} Autonomy in nursing is defined as an ability to make nursing decisions for care independently but it does not mean limitless authority. The concept of autonomy in nursing has gained importance recently. However, concept of autonomy has been addressed in the theoretical literature, but not yet being used in practice.¹⁷

Nurses who make autonomous decisions may exhibit their knowledge and talents more easily. Nurse autonomy contributes to independent establishment of care standards and reaching practice goals. It is very important that a nurse make decisions about practices beneficial for the patient and within his/her talents; in other words, it is important that the nurse has the autonomy to practice.^{17,19}

The level of autonomy influences nurses both in personal level and professional level. The autonomy level in nurses may influence positively the coping skills among nurses.²⁰ Professional autonomy can also contribute to better decision-makings in professional practice and the freedom to act in accordance with professional knowledge and empower nurses to develop holistic and individu-

alized care.^{18,21} The high level of autonomy increases among the nurses, the bigger the job satisfaction and the satisfaction of the patients.¹⁹ Improving autonomy help nurses strengthen commitment to the nursing profession, and develop positive relationship with patients and health professionals.¹⁸ Personal characteristics, baccalaureate educational experiences, work environment and work experiences after basic nursing education, and organizational constraints influence the nurses' professional autonomy. Assessment of level of nurses' autonomy will help nurses' managers and nursing educators to develop new strategies to promote and encourage nurses' decision making skills and actions, and expansion of specialist nursing roles.

OBJECTIVE

This study was performed to (1) explore the empathic skill levels and autonomy levels of the nurses working in medical and surgery wards, and to (2) determine the factors associated with empathic skill and autonomy levels of nurses.

RESEARCH QUESTIONS

1. What are the nurses' empathic skill levels?
2. What are the nurses' autonomy skill levels?
3. What are the factors associated with empathic and autonomy skills of the nurses?

MATERIAL AND METHODS

DESIGN

This is a descriptive study.

STUDY POPULATION AND SAMPLE

The research population consisted of 270 nurses who were working in medical and surgery wards, intensive care unit, and emergency clinics of a private hospital in Istanbul. A total of 270 nurses who were working in a private hospital and who volunteered to participate into the research were added to the random sample. Nurses who worked in the operating room were not included in the sample because their relations with the patients were more limited. The return ratio of the surveys was 74%

after incomplete and defective forms were excluded from the sample. The study was completed with 202 nurses.

DATA COLLECTION AND ETHICAL CONSIDERATIONS

Data were gathered over two months. The objective of the research was explained to the nurses. The nurses filled in surveys. Required permissions were received from the institution. Permission to use the scales and informed verbal consent of the nurses were obtained. Nurses were reassured about data privacy.

MEASURES

Personal characteristics, empathic skill levels, and autonomy levels of the nurses were obtained through the Information Form, Empathic Skill Scale, and Sociotropy-Autonomy Scale, respectively.

Information Form: It included questions to specify personal traits (age, gender, marital status, perceived income level, education level), professional features (length of working period, unit, position) and empathy-autonomy perception-related features (empathy training status and status for following the professional publications) of the nurses.

Empathic Skill Scale (ESS): This comprises six individual problems related to daily life. It was developed by Dökmen (1988). In the scale, single brief case examples are given related to a homemaker, a friend, a best friend, an adolescent, a girl friend, and a student. Under each problem, there are 12 one-sentence empathic responses to tell the problem owner. The participant is asked to choose four of the empathic responses under each problem. The test-retest reliability score was found to be 0.91. The lowest score of the scale is 62, and the highest score of the scale is 219.²²

Sociotropy-Autonomy Scale: This is a scale developed to evaluate dependent and autonomous personality traits, consisting of Autonomy and Sociotropy sub-dimensions. A 5-point Likert scale is used from 0 (*not defining*) to 4 (*defining very well*). A total of two points are attained from two sub-tests. The maximum score that may be scored from

each sub-scale is 120, whereas the minimum score is 0. Higher scores indicate higher autonomy levels. Response time for the scale is 15 minutes on average. This scale was developed by Beck, Epstein, Horrison, and Emery in 1983. Internal consistency of the Turkish version of the scale was reported quite high (0.83–0.95 for Autonomy dimension and 0.89–0.94 for Sociotropy dimension).²³ Cronbach’s Alpha coefficient was 0.87 for Autonomy dimension and 0.86 for Sociotropy dimension in the current study.

DATA ANALYSIS

Data were evaluated using SPSS (Statistical Package for Social Science for Windows 16.0). Personal traits, average of scale score distribution, and standard deviations of nurses were calculated in the statistical analysis. The relationship between empathic skill score and Sociotropy-Autonomy sub-dimensions was analysed by means of Pearson correlation analysis. Average scores were compared using parametric (one-way ANOVA) and nonparametric (Mann-Whitney U, Kruskal-Wallis H) tests. Significance level for all tests was set at 0.05. The scale reliability internal consistency coefficient was analysed with Cronbach’s alpha.

RESULTS

SAMPLE CHARACTERISTICS

The majority of the sample (88.6%) was female and the average age was 26.78 ±5.27 years. Nurses were mostly graduates of vocational high school of health sciences (43.1%) and bachelor’s degree from nursing high school (21.3%). The professional experience duration for most (37.6%) of the group was 0–3 years. Most of the participants were working in surgery and medical wards (Table 1).

Most of the nurses had received any training, course or lesson about empathy. Most of the sample reported that their institutions did not support autonomic behaviours. The most important factor negatively affecting their independent decision-making in professional practice was their work position (38.6%) (Table 1).

TABLE 1: Personal characteristics of nurses (n=202).

	n	%
Gender		
Female	179	88.6
Male	23	11.4
Age Mean ± SD 26.78 ± 5.27 (range: 18-46)		
18-25	93	46
26-30	65	32.2
31-35	29	14.4
36 and over	15	7.4
Marital status		
Single	119	58.9
Married	83	41.1
Perceived income level		
Low (income is less than the expenses)	38	18.8
Moderate (equal income-expense)	154	76.2
Good (income is more than the expenses)	10	5
Education level		
Vocational high school of health sciences	87	43.1
Associate degree	30	14.9
Bachelor's degree: nursing high school	43	21.3
Bachelor's degree: health school	24	11.9
Master's degree	18	8.9
Working experience as a nurse		
0-3 years	76	37.6
4-7 years	62	30.7
8-11 years	28	13.9
12 years and over	36	17.8
Working unit		
Surgery wards	83	41.1
Medical wards	56	27.7
Intensive care unit	39	19.3
Emergency unit	24	11.9
Working time in the unit		
0-3 years	128	63.4
4-7 years	49	24.3
8 years and over	25	12.4
Position at the unit		
Ward nurse	175	86.6
Chief nurse	27	13.4
In-service training specific to the unit worked		
Yes	159	78.7
No	43	21.3
Following the professional publications		
Yes	137	67.8
No	65	32.2
Empathy training, course or lesson before graduation		
Yes	121	59.9
No	81	40.1

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	n	%
Empathy training, course or lesson after graduation		
Yes	121	59.9
No	81	40.1
Support of the institution to autonomous behaviour		
Yes	81	40.1
No	121	59.9
Personal views about factors influencing the nurses' independent decision-making in professional practice.		
Nurses' education level	25	12.4
Nurse' position at the work	78	38.6
Personal characteristics	8	4.0
Other factors (pressures from physicians etc.)	91	45.0

EMPATHIC SKILL SCALE AND SOCIOTROPY-AUTONOMY SCALE SCORE AVERAGES

Empathic Skill Scale score averages suggested nurse empathic skill levels are moderate (mean±SD: 135.56±28.48). Nurses scored highest on the empathic case section about a friend (24.77± 6.73) and lowest on the empathic case section about a best friend (19.01±6.60). Autonomous (74.91±16.61) and Sociotropic (66.99±15.92) personality traits of the nurses were moderate (Table 2).

COMPARISON OF EMPATHIC SKILL SCALE TOTAL SCORE AVERAGES TO PERSONAL CHARACTERISTICS

A statistically significant difference for gender was detected in ESS score averages ($p < 0.05$). ESS score averages of female nurses were higher than that of male nurses (Table 3). A statistically significant difference for education level was also detected in ESS

score averages ($p < 0.05$). ESS score averages of nurses with master's degrees were higher in comparison with the score averages of nurses from vocational high school of health sciences, associate degrees, and bachelor's degrees.

No statistically significant difference was found in ESS score averages of nurses by age group, marital status, economical status perception, and years of experience in nursing ($p > 0.05$) (Table 3).

Statistically significant differences were detected in the ESS score averages of nurses by unit and position ($p < 0.05$). ESS score averages of the nurses working in surgery wards were higher than those of the nurses working in intensive care units and medical wards. Empathic skills of nurses who worked in management positions were higher than those of ward nurses (Table 3).

A statistically significant difference was found in ESS score averages of nurses with empathy training and professional publication reading ($p < 0.05$). ESS score averages of the nurses who reported that they followed the professional publications were higher than nurses who reported that they did not follow the publications. ESS score averages of nurses who had empathy training obtained higher ESS scores than nurses who did not receive any empathy training (Table 3).

COMPARISON OF SOCIOTROPY-AUTONOMY SCALE TOTAL SCORE AVERAGES BY PERSONAL CHARACTERISTICS

The study did not find statistically significant different scores on the Sociotropy-Autonomy Scale

	Mean±SD	Range
Empathic Skill Scale total score	135.56±28.48	72-218
Empathy Problems		
Problem 1: Empathic skill related to a housewife	23.96±6.21	12-39
Problem 2: Empathic skill related to a friend	24.77±6.73	9-45
Problem 3: Empathic skill related to a best friend	19.01±6.60	9-35
Problem 4: Empathic skill related to an adolescent	20.90±6.51	10-35
Problem 5: Empathic skill related to a girl friend	24.19±6.65	12-38
Problem 6: Empathic skill related to a student case	22.72±7.00	10-37
Sociotropy Scale total score	66.99±15.92	23-108
Autonomy Scale total score	74.91±16.61	17-111

TABLE 3: Comparison of personal characteristics with Empathic Skill Scale and Sociotropy Autonomy Scale scores (n=202).

	Empathic Skill Scale Mean±SD	Sociotropy Autonomy Scale	
		Sociotropy subscale Mean±SD	Autonomy subscale Mean±SD
Gender			
Female	137.13±28.93	66.82±15.61	75.18±17.73
Male	123.30±21.42	68.30±18.49	72.78±17.60
	Z _{mwu} [†] =-2.166 p=0.03*	Z _{mwu} [†] =-0.371 p=0.71	Z _{mwu} [†] =-0.842 p=0.40
Education level			
Vocational high school of health sciences	123.23±22.54	68.31±16.33	72.03±17.56
Associate degree	134.70±20.07	64.40±17.28	72.03±18.42
Bachelor's degree: nursing high school	142.33±25.37	66.02±15.02	78.56±13.52
Bachelor's degree: health school	150.62±34.22	70.46±14.49	77.71±13.51
Master's degree	160.33±35.95	62.56±15.32	81.11±17.80
	χ _{kw} [§] =33.420 p=0.000*	χ _{kw} [§] =3.911 p=0.42	χ _{kw} [§] =6.368 p=0.17
Working unit			
Surgery wards	142.18±29.49	66.89±17.63	75.87±17.92
Medical wards	131.46±28.15	65.34±13.96	72.89±14.87
Intensive care unit	128.67±26.29	67.95±13.79	77.77±14.88
Emergency unit	133.42±25.82	69.58±17.59	71.62±18.23
	F [†] =2.759 p=0.043*	χ _{kw} [§] =2.535 p=0.47	χ _{kw} [§] =4.109 p=0.25
Position at the unit			
Ward nurse	132.73±27.26	67.50±15.58	74.66±16.36
Chief nurse	153.93±29.84	63.63±17.87	76.48±18.37
	Z _{mwu} [†] =-3.323 p=0.001*	Z _{mwu} [†] =-0.536 p=0.59	Z _{mwu} [†] =-1.037 p=0.30
Following the professional publications			
Yes	138.32±27.26	67.20±14.72	75.74±15.19
No	129.74±30.28	66.52±18.30	73.14±19.28
	t [§] =-2.016 p=0.045*	Z _{mwu} [†] =-0.251 p=0.80	Z _{mwu} [†] =-0.647 p=0.52
Empathy training, course or lesson before graduation			
Yes	139.29±28.86	67.45±15.01	75.10±15.35
No	129.99±27.12	66.30±17.25	74.62±18.43
	t [§] =-2.299 p=0.023*	Z _{mwu} [†] =-0.376 p=0.71	Z _{mwu} [†] =-0.192 p=0.85
Empathy training, course or lesson after graduation			
Yes	141.78±30.01	66.30±17.09	74.95±17.58
No	131.40±26.73	67.45±15.13	74.88±16.00
	t [§] =-2.575 p=0.011*	Z _{mwu} [†] =-0.405 p=0.69	Z _{mwu} [†] =-0.160 p=0.87

†: Mann-Whitney U test; ‡: t test; †: One-Way Analysis of Variance; §: Kruskal-Wallis H test; *p<0.05.

in terms of personal (gender, age group, marital status, economical status perception, and education level) or professional characteristics (professional time, in-service training, empathy training) ($p > 0.05$). No statistically significant difference was detected between mean scores of Empathic

Skill Scale and Sociotropy-Autonomy Scale ($p > 0.05$).

There was not any statistically significant relationship between mean scores of the Sociotropy-Autonomy Scale and Empathic Skill Scale ($r = -0.46$, $p < 0.05$).

DISCUSSION

Empathy enables the nurses to fulfil key tasks more accurately and enhances patient health outcomes.²⁴ The effect of empathic skill is very important for the nursing profession within its holistic human approach to care. The nursing profession is based on caring and helping through interpersonal relationships with sick or healthy individuals.²⁵ Identifying nurse compassion and empathy will help improve nursing practice.²⁶ Empathic communication helps adoption of attitudes and positive behaviors, such as helping and cooperation.²⁷ Öz (1998) emphasizes that it is possible for nurses to help individuals by having empathic tendencies and developing their empathic levels sufficiently.²⁸ Empathic Skill Scale score averages in this study showed that empathic communication skill levels of the nurses were moderate. The empathic skill levels of nurses in this study were found to be better in comparison with studies conducted on nurses.^{5,29} The difference might be due to sociodemographic characteristics and professional characteristics of study populations.

While number of male nurses has been recently increasing, nursing is still a profession that is performed more commonly by females. In a systematic review, empathy scores were higher in female nurses or female student nurses versus male nurses and male student nurses.³⁰ In this study, female nurses had higher empathic skills in comparison to male nurses. However, due to the low number of male nurses in this study, it is important to study sexually homogenous groups in order to clarify the relationship between gender and empathic skill.

There are some other personal characteristics may influence the nurses' empathy skills. Reid-Ponte (1992) reported that nurses' age was significantly correlated with some empathy skills.⁹ However, other studies did not report any significant relationship between age and empathic skill.^{8,31-33} Similarly, no significant difference was found in empathic skill levels of nurses by age groups in this study.

In contrast to some study findings^{30,32}, Reid-Ponte (1992) reported that nurses' education was significantly correlated with some empathy skills. Similarly, the current study found that ESS scores increased as levels of nurses' education increased.⁹

Personal life experiences, professional experiences, and professional training may have positive effects on empathy skills. Approximately 60% of the nurses in the current study had received any training, course or lesson for empathy and those who received this training had better empathy skills. It was reported that empathic tendency did not change with education but empathy skills might improve.¹⁴ Results of this study confirm that training may improve empathy skills.

The other variable that influences the development of empathy is the nurses' clinical area of work. The current study found that empathic skill scores of the nurses working in surgery wards were the highest and empathic skill scores of the nurses working in intensive care units were the lowest. Similar to a study²⁹, no statistically significant difference was found between the ESS scores by professional experience as a nurse.

In order to promote interpersonal relationships and cooperation, empathy is a concept that managing nurses should pay particular attention. Specialist nurses are preferred as unit managers in terms of professionalism and they become role models with high empathic communication skills for nurses working in wards. In this study, ESS score averages of chief nurses are higher than that of nurses working in wards.

In this study, the ESS scores of those who stated that they had received training about empathy were higher. It is remarkable in this study that the ESS scores of the nurses who read professional publications and who stated that they had received empathy training are higher.

Autonomy for nurses influences job satisfaction, retention and quality of care.³⁴ Autonomy is an important value that helps the professionalization of nursing. There are many factors that affect the development of autonomy in nursing, including the female majority in nursing, dependent

functions at the forefront, the healthcare system, lack of standardization in the education system, and personality traits of the nurses.³⁵ A study conducted by Karagözoğlu and Kangallı reported the level of autonomy for nurses to be moderate.³⁴ The current study found that the level of autonomy and sociotropic personality traits of the nurses were moderate, and that level of autonomy was better than sociotropic characteristics. In comparison to one study conducted on nurses and nursing students³⁶, the autonomic personality traits of nurses were found to be moderate.

Nurses who use autonomy may exhibit their knowledge and talents more easily and improve the quality of nursing care given to patients. Implementing new strategies that improve the empathic and autonomic decision-making skills of nurses in their post-graduate trainings and planning for developing nurses' empathy skills during in-service training programs of the institution for which they work may be recommended.

CONCLUSION AND RECOMMENDATION

Empathic communication skills, autonomic, and sociotropic personality traits of nurses working in medical and surgery wards, intensive care unit, and emergency clinics were moderate. Empathic skill levels of nurses who were female, had high education levels, worked as responsible nurses and in

surgery wards, read professional publications, and received empathy training were higher. These findings suggest that education level, received in-service training, unit, and position worked affect the empathic skills of nurses in a positive manner. Assessment and understanding of patients' point of views and expectations will help nurses improve their empathy skills.

Adoption a collaborative approach and respect of team decision, organizing in-service trainings and providing access to professional publications may support nurses' empathic skill and level of professional autonomy.

STUDY LIMITATIONS

This study was performed at the hospital on nurses who worked in medical and surgery wards, intensive care units, and emergency clinics. Excluding the nurses who were working in an operating room was one of the limitations of this study. The research was limited to the nurses who worked in the hospital where these data were collected.

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