

Is There a Correlation Between Nurses' Empathy Skills and Spiritual Care Therapeutics? A Correlational and Descriptive Study

Hemşirelerin Empati Becerileri ile Manevi Bakım Terapötikleri Arasında Bir İlişki Var Mıdır? İlişkisel ve Tanımlayıcı Bir Çalışma

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ABSTRACT Objective: It has been noted that an empathic approach toward patients is a way to meet the needs of patients and can affect spiritual care. The current study was conducted to determine whether there is a correlation between nurses' empathy skills and the spiritual care therapeutic. **Material and Methods:** The sample of this correlational and descriptive study comprised of 100 nurses. The Empathy Skill Scale (ESS) Form B and the Nurse Spiritual Care Therapeutic Scale (NSCTS) were used to collect data. **Results:** The total mean score of the nurses were 145.01±24.21 on the ESS, and 43.24±15.77 on the NSCTS. There was a statistically positive and weak correlation between ESS and NSCTS ($r=0.174$, $p<0.05$). Differences were observed with respect to the importance the nurses attributed to meeting the spiritual care needs of patients and the degree to which they liked the nursing profession according to the ESS ($p<0.05$). Differences were observed with respect to the training in spiritual care, or the degree to which nurses met the spiritual care needs of patients, importance the nurses attributed to meeting the spiritual care needs of patients and the degree to which they liked the nursing profession according to the NSCTS. **Conclusion:** Improving the empathy skills of nurses could improve their spiritual care therapeutics.

Keywords: Empathy; nurse; spiritual care; therapeutic approach

ÖZET Amaç: Hastalara empatik yaklaşımın hastaların ihtiyaçlarını karşılamanın bir yolu olduğu ve manevi bakımı etkileyebileceği belirtilmektedir. Bu çalışma, hemşirelerin empati becerileri ile manevi bakım terapötikleri arasında bir ilişki olup olmadığını belirlemek için gerçekleştirildi. **Gereç ve Yöntemler:** Tanımlayıcı ve ilişkisel türdeki mevcut çalışmanın örneklemini 100 hemşire oluşturmuştur. Verilerin toplanmasında Tanımlayıcı Özellikler Formu, Empati Beceri Ölçeği (EBÖ) Form B ve Hemşire Manevi Bakım Terapötik Ölçeği (HMBTÖ) kullanıldı. **Bulgular:** Hemşirelerin toplam puan ortalaması EBÖ'den 145,01±24,21, HMBTÖ'den 43,24±15,77 olarak belirlendi. EBÖ ile HMBTÖ arasında istatistiksel olarak pozitif yönde zayıf düzey bir ilişki olduğu belirlendi ($r=0,174$, $p<0,05$). Hemşirelerin, hastaların manevi bakım ihtiyaçlarının karşılanmasına verdikleri önem ve hemşirelik mesleğini sevmeye dereceleri açısından EBÖ'ye göre farklılık görüldü ($p<0,05$). Manevi bakım konusunda eğitim alma veya hemşirelerin hastaların manevi bakım ihtiyaçlarını karşılama düzeyi, hemşirelerin hastaların manevi bakım ihtiyaçlarının karşılanmasına atfettikleri önem ve hemşirelik mesleğini sevmeye dereceleri arasında HMBTÖ göre farklılıklar gözlemlenmiştir. **Sonuç:** Hemşirelerin empati becerilerinin geliştirilmesi manevi bakım tedavilerini geliştirebilir.

Anahtar Kelimeler: Empati; hemşire; manevi bakım; terapötik yaklaşım

Nurses are health professionals who interact with and provide care to patients more frequently than other health professionals. In addition, it has been noted that nurses are responsible for providing holistic and quality care to patients of different reli-

gions, cultures and beliefs, who are affected by various emotional and psychological difficulties.^{1,2} For this reason, nurses should assure spiritual care as well as physical and psychosocial care to patients in the context of holistic care. It is important for nurses to be

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sensitive to the values and beliefs of patients, to identify their moral distress and needs correctly and to provide spiritual care at the right time.¹

Satisfying the spiritual care needs of all hospitalized patients is important. It has been noted when patients' spiritual needs are fulfilled, their quality of life and general well-being can increase, they can cope with health problems more effectively and their satisfaction with nursing can be enhanced.¹ It has also been reported that spiritual care is a necessary factor of nursing practice, but nurses rarely include spiritual care in daily nursing care or even completely neglect it.³⁻⁵ The major reasons why nurses cannot assure spiritual care include the fact that nurses have not received spiritual care training, have insufficient time to provide spiritual care, and find it difficult to fulfill the spiritual care needs of patients.^{2,3} It has also been suggested that nurses who have recently graduated are unprepared to meet the spiritual care needs of their patients and are often uncomfortable assuring spiritual care.⁶

One factor that may influence nurses' provision of spiritual care to patients is empathy. It has been noted that an empathic approach toward patients is a way to meet the needs of patients and can affect spiritual care.⁷ A study conducted in Australia showed that the adoption of an empathetic approach and spirituality in care had a positive effect on women giving birth.⁸ Health care professionals with high levels of empathy have been reported to exhibit more positive views of providing spiritual care to patients and to be more accepting of patients' feelings.⁹ Previous studies have also shown a correlation between spiritual care and empathy.^{7,10} However, studies examining the correlation between empathy skill and spiritual care in Türkiye have been limited, and this study aims to investigate this issue.

The current study searches for answers to the lower questions:

- What is the nurses' empathy skills level?
- What is the nurses' spiritual care therapeutic level?
- Is there a correlation between nurses' empathy skills and the spiritual care therapeutic?

MATERIAL AND METHODS

STUDY DESIGN AND SETTING

The current study was a correlational and descriptive design. The current study was carried out with nurses at a State Hospital in eastern Türkiye between May-July 2023.

SAMPLE AND POPULATION OF THE STUDY

The current study's population comprised of all nurses (n=132) who worked in the a state hospital between May-July 2023. In the current study, a venture was made to achieve the whole population without using any sample choice method. A total of 14 nurses did not volunteer to take part in the study and 18 nurses were on leave/sick leave. After these exclusions, the study was finished with 100 nurses.

Inclusion Criteria

- Being 18 years or older
- Agreeing to participate in the study
- Working as a nurse for at least 6 months

Exclusion Criteria

- Having any psychiatric diagnosis (according to the Diagnostic and Statistical Manual of Mental)

MEASURES

Descriptive Characteristics Form: This form is based on nurses' age, gender, education level, marital status, working type, working duration, and unit as well as whether nurses have received training in spiritual care, their need for training in spiritual care, their ability to meet patients' spiritual care needs, the degree to which they liked nursing profession, and their importance with regard to meeting patients' spiritual care needs.^{11,12}

Empathy Skill Scale (ESS) Form B: The validity and reliability of this scale in the Turkish context were tested by Dökmen (Cronbach's α 0.91).¹³ The scale occurs of 6 separate psychological problems related to daily life, which are stated in short paragraphs. Each problem paragraph includes 12 different potential reactions to the source of such a problem. The scale asks participants to indicate 4 out of these 12 reactions (one reaction is unrelated to the psychological problem described and was included

to identify participants who respond randomly). The minimum and maximum points that can be acquired from the scale are 62-219. Cronbach's α coefficient for the current study was determined as 0.68.

Nurse Spiritual Care Therapeutics Scale (NSCTS): It was evolved by Mamier and Taylor (Cronbach's α 0.93-0.94).¹⁴ The validity and reliability of this scale in the Turkish context were tested by Aslan et al. (Cronbach's α 0.86).¹⁵ The purpose of the scale is to measure the frequency of nursing care or practices intended at supporting patient spirituality. The scale allows full-time nurses to measure the frequency with which they provided spiritual care at work during the last 2 weeks: "During the last 72 (or 80) hours of fulfilling patient care, how often did you do this?" The frequency with which spiritual care was provided is thus evaluated. This measure is scored on a 5-point Likert scale and includes 17 items within a single subscale. High points define that the provision of spiritual care support by nurses is frequent. Cronbach's α coefficient for this study was determined as 0.85.

DATA ANALYSIS

Statistical Package for SPSS 25.0 (SPSS Inc., Chicago, IL, USA) program was utilized in the analysis of the data. $p < 0.05$ was kept in view significant for the study. Cronbach's α coefficient was utilized in the internal consistency analysis of the scales. Percentage distribution was utilized to identify the descriptive characteristics, and arithmetic mean was utilized to identify the total mean score of the scales. Shapiro-Wilks test were utilized along with a histogram, P-P plot, Q-Q plot, and an assessment of Skewness and Kurtosis to appraise the conformity with normal distribution. The results of the analysis showed that the data had a normal distribution. Independent t-test and an analysis of variance were utilized to compare descriptive characteristics and scales. Pearson's correlation analyses were utilized to compare the 2 scales.

ETHICAL CONSIDERATION

Before starting the study, approval (date: November 15, 2022, no: 2022/20) from Ethics Committee of Health Sciences Scientific Research and Publication

of the Bingöl University and official permit from the hospital where the study was carried out were acquired. Nurses were informed about the aim of the study and that their knowledge would be kept private and that they could retreat from the study at any time. In addition, the study was carried out in line with the Principles of the Declaration of Helsinki and by getting written consent from the nurses with an "Informed Voluntary Consent Form".

RESULTS

A total of 51% of the nurses who took part in this study were aged between 29-39 years, 55% had a bachelor's degree, 69% were female, 62% were married, 43% worked day shifts, 55% had 10 years or more of work experience at their respective clinic, 46% worked in other clinics (emergency, intensive care, etc.), 64% had not got training in spiritual care, 62% needed training in spiritual care, 55% did not meet the spiritual care needs of patients, 46% liked the nursing profession, and 89% viewed meeting the spiritual care needs of patients as important (Table 1).

Comparison of the nurses' mean ESS total scores in accordance with their descriptive characteristics revealed no differences associated with age group, gender, education level, marital status, working type, working duration, unit, training in spiritual care, the need for training in spiritual care, or the degree to which nurses met the spiritual care needs of patients according to the ESS ($p > 0.05$). However, differences were observed with respect to the importance the nurses attributed to meeting the spiritual care needs of patients and the degree to which they liked the nursing profession according to the ESS ($p < 0.05$) (Table 1).

Comparison of the nurses' mean NSCTS total scores in accordance with their descriptive characteristics revealed no differences associated with age group, gender, education level, marital status, working type, working duration, unit, the need for training in spiritual care according to the NSCTS ($p > 0.05$). However, differences were observed with respect to the training in spiritual care, or the degree to which nurses met the spiritual care needs of pa-

TABLE 1: Comparison of ESS and NSCTS total mean scores of the nurses in terms of their descriptive characteristics (n=100)

Descriptive characteristics	Groups	n	%	ESS	NSCTS
Age groups	18-28	33	33.0	144.69±24.72	44.33±15.82
	29-39	51	51.0	146.58±24.53	43.58±16.89
	40-50	16	16.0	140.62±23.02	39.87±11.90
	Test value			F=0.369	F=0.450
	Significance			p=0.693	p=0.639
Gender	Female	60	60.0	148.33±24.66	42.66±16.02
	Male	40	40.0	140.02±22.92	44.10±15.55
	Test value			t=-1.697	t=0.443
	Significance			p=0.093	p=0.659
Education status	High School	4	4.0	148.75±24.77	36.50±7.50
	Associate	17	17.0	134.05±17.01	43.41±17.64
	Bachelor	55	55.0	146.03±24.65	43.92±15.62
	Master or Doctoral	24	24.0	149.79±26.41	42.66±16.28
	Test value			F=1.562	F=0.283
Significance			p=0.204	p=0.838	
Marital status	Married	62	62.0	147.37±22.30	42.20±15.02
	Single	38	38.0	141.15±26.90	44.92±17.01
	Test Value			t=1.249	t=-0.833
	Significance			p=0.215	p=0.407
Working type	Day	43	43.0	146.65±26.54	42.30±15.89
	Day and shift	33	33.0	142.70±20.10	46.45±19.63
	Shift	24	24.0	144.54±24.30	42.12±12.30
	Test value			F=0.210	F=0.654
	Significance			p=0.811	p=0.522
Duration of working in clinic	0-1 years	12	12.0	146.91±32.76	41.08±13.58
	2-5 years	17	17.0	149.17±26.02	45.41±17.93
	6-9 years	16	16.0	144.81±23.63	37.12±9.53
	10 years and more	55	55.0	143.36±22.16	44.81±16.79
	Test value			F=0.272	F=1.173
Significance			p=0.846	p=0.324	
The unit of working	Internal	23	23.0	153.82±29.51	44.47±18.86
	Surgical	31	31.0	139.09±20.94	42.70±14.73
	Other	46	46.0	144.58±22.52	42.97±15.09
	(Emergency, Intensive care unit, etc.)				
	Test value			F=2.532	F=0.093
Significance			p=0.085	p=0.911	
The status of nurses' received training in spiritual care	Yes	36	36.0	149.02±24.32	52.22±18.68
	No	64	64.0	142.75±24.04	38.18±11.19
	Test value			t=1.248	t=4.703
	Significance			p=0.215	p=0.000
The status of nurses' needed for training on spiritual care	Yes	62	62.0	145.82±24.61	45.25±17.37
	No	38	38.0	143.68±23.81	39.94±12.25
	Test value			t=0.427	t=1.648
	Significance			p=0.670	p=0.103
The status of nurses' ability to meet patients' spiritual care needs	Yes	45	45.0	148.22±20.61	49.82±18.36
	No	55	55.0	142.38±26.70	37.85±10.76
	Test value			t=1.203	t=4.058
	Significance			p=0.232	p=0.000
The status of liked nursing profession	Yes	46	46.0	145.23±24.18	45.45±14.66
	No	16	16.0	132.43±16.76	34.31±10.09
	n/A	38	38.0	150.02±25.47	44.31±17.93
	Test value			F=3.101	F=3.244
	Significance			p=0.050	p=0.043
The status of nurses' importance with regard to meeting patients' spiritual care needs	Yes	89	89.0	147.15±23.21	44.37±15.78
	No	11	11.0	127.63±26.23	34.09±12.92
	Test value			t=2.595	t=2.072
	Significance			p=0.001	p=0.041

F: Analysis of variance test; t: independent t-test; p<0.05

TABLE 2: ESS total mean score and NSCTS total mean score and results of correlation analysis

Correlation**		
ESS $\bar{X} \pm SD$ (145.01 \pm 24.21)	r	0.174
NSCTS $\bar{X} \pm SD$ (43.24 \pm 15.77)	p*	0.044

*p<0.05; **Pearson correlation analyze. ESS: Empathy Skill Scale; SD: Standard deviation; NSCTS: Nurse Spiritual Care Therapeutic Scale

tients, importance the nurses attributed to meeting the spiritual care needs of patients and the degree to which they liked the nursing profession according to the NSCTS (p<0.05) (Table 1).

total mean score of the nurses were 145.01 \pm 24.21 on the ESS, and 43.24 \pm 15.77 on the NSCTS (Table 2). It can be said that the empathy skills and spiritual care therapeutic of nurses were at a moderate level (The minimum-maximum point that can be acquired from the scale are 62-219 for empathy scale, the minimum-maximum point that can be acquired from the scale are 17-85 for nurse spiritual care therapeutic scale).

There was a statistically positive and weak correlation between ESS and NSCTS (r=0.174, p<0.05) (Table 2). In line with these results, it can be said that as nurses' empathy skill levels increase, spiritual care therapeutics levels also increase.

DISCUSSION

This study found that nurses' empathy skill and spiritual care therapeutics was at a moderate level. In the Turkish context, Dündar and Arslan found that nurses' spiritual care therapeutics was at a moderate level.¹¹ In the context of New York, Gallison et al. reported that 61% of the nurses who took part in their study received below-average scores on the Spiritual Care Therapeutics Scale.¹⁶ In previous studies conducted in Taiwan and the United States, nurses' spiritual care therapeutics has been reported to be low.^{4,14,17} This difference may be due to cultural and educational differences.

In this study, nurses were found to have moderate empathy skills. Ghaedi et al. in their study of nurses working in different clinics in Iran, found that

nurses' empathy skills were above average.¹⁸ Şahin et al. found that nurses had moderate level empathy skills.¹⁹ In their study of nurses working in a psychiatric clinic in Türkiye, Yıldırım Üşenmez and Gümüş found that nurses had moderate level empathy skills.¹² The fact that the empathetic approaches adopted by nurses have a place in the tasks of determining the needs of patients and providing adequate nursing care is undeniable. The empathic approaches toward patients adopted by nurses can facilitate more effective planning and improve the implementation of the nursing care needed by patients.

This study revealed that the mean scores of the spiritual care therapeutics scale were significantly higher among nurses who had got training in spiritual care than among nurses who did not get such training. The results of the current study were parallel to the results of former studies.^{3,4,20,21} A study of nurses in Taiwan found a significant relationship between getting spiritual care training and efficacy with regard to providing spiritual care.⁴ A study of psychiatric nurses in Türkiye reported that more than half of the nurses (64.8%) could not meet the spiritual care needs of patients, and the majority of these nurses had not got special training in spiritual care during their nursing education.²¹ Accordingly, receiving spiritual care training improves nurses' spiritual care therapeutics.

The current study disclosed that the mean empathy skill and spiritual care therapeutic scale scores of nurses who attach importance to the task of meeting the spiritual care needs of patients are significantly higher than those of nurses who do not. A study reported a statistically significant positive correlation between empathy and the quality of nursing care.²² In addition, the mean score on the spiritual care therapeutics scale of nurses who met patients' spiritual care needs was significantly higher than that of nurses who did not. This result may be due to nurses' internalization of spiritual care, in which context they attribute importance to the spiritual dimension of patients as well as their physical, social and cultural characteristics, as well as nurses' development and application of empathy in the provision of care with the goal of meeting the spiritual needs of patients.^{1,23}

This study disclosed that the mean empathy and spiritual care therapeutics scale scores of nurses who like the nursing profession were significantly higher than those of nurses who do not. This result suggests that the quality of care provided is directly related to job satisfaction.²² According to this study, as nurses' empathy skills levels increase, their spiritual care therapeutics also increase. Improving the empathy skills of nurses could improve their spiritual care therapeutics. It has been reported that if health care professionals do not adopt an empathetic approach and provide spiritual care to a sufficient degree when providing care to women giving birth in Australia, birth trauma occurs among such women, and they have difficulty bonding with their babies.⁸ It has been suggested that a therapeutic relationship based on spiritual care contributes to the planning and implementation of the nurse's actions. Therefore, improving nurses' empathy levels may be a good strategy to improve their skill at spiritual care therapeutics.² This result may be due to the fact that as nurses' empathy levels increase, their understanding of the spiritual care needs of patients similarly improves.

LIMITATIONS

This study had a few limitations. Since this study was conducted in only one hospital, this sample may not be representative of the overall population of nurses in Türkiye. Additionally, the causality cannot be efficiently investigated due to the correlational and descriptive nature of the study.

CONCLUSION

The results of this study, which examined the correlation between nurses' empathy skills and spiritual

care therapeutics, are as follows. Nurses' empathy skills and spiritual care therapeutics are at a moderate level, and as their empathy skills levels increase, their spiritual care therapeutics also increase. To improve nurses' empathy skills and increase their knowledge of spiritual care practices, it is recommended to add relevant training to the nursing undergraduate education curriculum and in-service training programs for nurses working in hospitals.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Pervin Şahiner, Tülay Yıldırım Üşenmez, Rukiye Demir Dikmen; **Design:** Pervin Şahiner, Tülay Yıldırım Üşenmez, Rukiye Demir Dikmen; **Control/Supervision:** Pervin Şahiner, Tülay Yıldırım Üşenmez, Rukiye Demir Dikmen; **Data Collection and/or Processing:** Rukiye Demir Dikmen, Tülay Yıldırım Üşenmez; **Analysis and/or Interpretation:** Tülay Yıldırım Üşenmez; **Literature Review:** Pervin Şahiner, Tülay Yıldırım Üşenmez; **Writing the Article:** Pervin Şahiner, Tülay Yıldırım Üşenmez, Rukiye Demir Dikmen; **Critical Review:** Pervin Şahiner, Tülay Yıldırım Üşenmez, Rukiye Demir Dikmen; **References and Fundings:** Pervin Şahiner, Tülay Yıldırım Üşenmez, Rukiye Demir Dikmen; **Materials:** Pervin Şahiner, Tülay Yıldırım Üşenmez, Rukiye Demir Dikmen.

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