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FACTORS INFLUENCING NURSE'S EMPATHY

IDENTYFIKACJA CZYNNIKÓW WPŁYWAJĄCYCH NA EMPATIE PIELĘGNIAREK

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A – Koncepcja i projekt badania, B – Gromadzenie i/lub zestawianie danych, C – Analiza i interpretacja danych, D – Napisanie artykułu, E – Krytyczne zrecenzowanie artykułu, F – Zatwierdzenie ostatecznej wersji artykułu

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Abstract (in Polish):

Cel pracy

Zawód pielęgniarki charakteryzuje się złożonością w aspekcie sprawowania profesjonalnej opieki nad podopiecznym. Od wykwalifikowanego zespołu pielęgniarskiego oczekuje się zarówno bieżąco aktualizowanej wiedzy medycznej, jak i konkretnych zdolności manualnych. Empatia jest jedną z powszechnie cenionych cech pielęgniarki. Korzyści z tego zjawiska obserwuje się nie tylko w bezpośredniej relacji z pacjentem, ale

także w wielu innych relacjach pielęgniarki, czy to z rodziną pacjenta, członkami zespołu interdyscyplinarnego czy przełożonymi. Celem pracy była analiza czynników wpływających na empatię pielęgniarek.

Materiał i metody

Badania przeprowadzono wśród 199 pielęgniarek i pielęgniarzy pracujących na terenie powiatu gryfickiego w województwie zachodniopomorskim. Do badań zastosowano metodę sondażu diagnostycznego z wykorzystaniem standaryzowanego Kwestionariusza Rozumienia Empatycznego Innych Ludzi (KRE) oraz ankiety własnej.

Wyniki

Badania wykazały, że tylko nieliczna grupa pielęgniarek miała wysoki poziom empatii (14,0%). Wykazano istotną statystycznie zależność między poziomem empatii wśród pielęgniarek, a zmiennymi socjodemograficznymi (wiek, miejsce zamieszkania) a także czynnikami wyboru zawodu.

Wnioski

W badanej grupie pielęgniarki cechowały się głównie niskim poziomem empatii, aczkolwiek utożsamiają swoją postawę ze współczuciem dla innych pacjentów. Według badań własnych największą empatią wykazują się pielęgniarki z dłuższym stażem pracy oraz te, które mieszkają w małych miastach i wsiach. Ponadto istotnymi determinantami wpływającymi na poziom empatii jest wybór zawodu z uwagi na jego atrakcyjność oraz ideę chęci niesienia pomocy.

Abstract (in English):

Aim

Empathy is one of the widely appreciated qualities of a nurse. The benefit of this phenomenon is not only observed in the direct relationship with a patient but also in many other nurse's relationships including the patient's family, staff members, and superiors. The aim of this study was to analyze factors influencing nurse's empathy.

Material and methods

The study was conducted in a group of 199 nurses working within the district of Gryfice in the Western Pomeranian Voivodeship. The study was carried out using a diagnostic poll method with the standardized Questionnaire of the Emphatic Understanding of Other People (KRE) and an own questionnaire.

Results

Studies have shown that only a small group of nurses had a high level of empathy (14.0%). There was a statistically significant correlation between the level of empathy among nurses and sociodemographic variables (age, place of residence) as well as reasons for the choice of the profession.

Conclusions

In the study group, nurses were mainly characterized by a low level of empathy even though they identified their attitude with sympathy for patients. According to my own research, nurses with longer work experience and the ones who live in small towns and villages show the greatest empathy. In addition, the important factors affecting the level of empathy are the choice of the profession because of its attractiveness and because of the willingness to help others.

Keywords (in Polish):

empatia, pielęgniarstwo, czynniki emocjonalne.

Keywords (in English):

empathy, nursing, emotional factors.

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Short title

Empatia w pielęgniarstwie

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Authors (short)

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Introduction

Every nurses' primary task is acting for the sake of patients' wellbeing and simultaneously considering a number of standards, procedures and competence of individual workers and institutions. In order to work effectively with a patient, one does not only need manual skills and up-to-date knowledge but also daily kindness, an ability to understand other's perspective and respect for patients' or patients' family dignity and rights. Showing compassion and interest to suffering patients might be identified as a holistic approach towards working with another human being and, in consequence, as professional nursing which is based on empathy [1,2,3,4,5].

The phenomenon of empathy is described as the capacity to understand and place oneself in another person's position which stems from self-awareness. It means that the better one understands one's feelings, the more accurately is one able to understand other's feelings [6]. Empathy consists of emotional component, which is and readiness to participate in another's emotions, temporary identification with another's position, and cognitive component which stands for recognition and acceptance of other's reference points and their social role. Empathy is frequently associated with terms such as: sympathy, kindness, intuition, sentimentality [7,8]. Moreover, empathy plays various roles in everyday life. It is a determining factor for altruistic behaviours, motivates an individual to cooperate, has a positive influence on the process of controlling aggressive behaviours, fosters pro-social attitudes, tendencies to constructively deal with conflicts and sense of responsibility for oneself and others [9].

Furthermore, empathy allows to communicate information with ease during people-to-people contacts, it positively correlates with following moral principles, may motivate to develop one's self-image and guide efforts to improve one's personality. Its beneficial impact is especially noticeable in professions that consist in providing help to others (doctors, nurses, educators). The development of empathy is of the utmost importance in establishing competence, relations and social behaviours. There is a variety of different ways to interactively increase empathy including learning to adequately validate emotions and emotional expression [2, 10, 11].

The Aim

The aim of this study is to assess the level of empathy among nurses and the influence of sociodemographic variables (age, education, place of residence) and other factors associated with nurse's work on the level of empathy.

Materials and methods

The study was conducted on a group of 199 nurses working within district of Gryfice in the Western Pomeranian Voivodeship. The inclusion criteria were current job as a nurse and informed consent to participate in the study. The survey was conducted in accordance with the Declaration of Helsinki. Each respondent has been informed about the aim of the study and the use of the results for research purposes. Participation was voluntary and anonymous. A favourable opinion of the Bioethical Commission of Pomeranian Medical University has been obtained.

The study was conducted by the diagnostic poll method with author's own questionnaire and standardised Questionnaire of Emphatic Understanding of Other People (KRE) which is based on a conception of empathy understood as an emotional and cognitive unit consisting mainly of susceptibility to other people's feelings, ability to partake in other's emotions, temporary identification with other's situation. The KRE questionnaire names five empathetic tendencies [12]:

- I syndrome – sympathising with other's pleasant and unpleasant experiences (range from 0 to 27 points);
- II syndrome – feeling compassion for other's pleasant and unpleasant experiences (range from 0 to 15 points);
- III syndrome – sensitivity to other's feelings (range from 0 to 21 points);
- IV syndrome – readiness to sacrifice for others (range from 0 to 18 points);
- V syndrome – empathising with other's experiences (range from 0 to 9 points).

Standards for the syndromes do not exist. The results range between 0 and 99 points. High scores indicate high levels of empathy.

The obtained results were subjected to statistical analysis. Analysis of quantitative variables (i.e. expressed with a number) was performed by calculating the average, standard deviation, median, quartiles, minimum and maximum. The analysis of qualitative variables (i.e. not expressed with a number) was carried with calculations of a number and percentage of each value. Correlations between qualitative variables were assessed with Pearson or Spearman correlation coefficients. Comparison of quantitative variables in both groups was conducted with Student's t-test or Mann-Whitney test. During analysis 0.05 was adopted as a significance level. All calculations were performed using programme R, version 3.5.1.

Results

Data analysis showed that among 199 respondents 96% were female. Respondent's average age was 42. The majority of surveyed were married (62%), with bachelor's degree in nursing (46%), living in cities with number of residents ranging between 10 and 100 thousand (36%), without specialisation (65%) who had more than 20 years of work experience (50%).

Nurse's empathetic tendencies

The analysis of Questionnaire of Emphatic Understanding of Other People (KRE) showed that majority of nurses had low level of empathy (54.2%). Behaviours associated with I – 'sympathising with other's pleasant and unpleasant experiences' (18.57 ± 3.29) and III syndrome – 'sensitivity to other's feelings' (13.34 ± 3.08) were the most noticeable. II – 'feeling compassion for other's pleasant and unpleasant experiences' (8.89 ± 2.24) and V – 'empathising with other's experiences' (5.28 ± 1.61) syndromes seemed to be the least expressed (Table 1.)

Table 1. Subscales of the nurse's empathy level.

KRE Syndromes	N	M	SD	Me	Min	Max	Q1	Q3
I syndrome – sympathising with other's pleasant and unpleasant experiences	199	18.57	3.29	19	9	27	16	21
II syndrome – feeling compassion for other's pleasant and unpleasant experiences	199	8.98	2.24	9	2	15	8	10
III syndrome – sensitivity to other's feelings	199	13.34	3.08	13	6	20	11	15
IV syndrome – readiness to sacrifice for others	199	10.96	2.66	11	3	18	9	13
V syndrome – empathising with other's experiences	199	5.28	1.61	5	1	9	4	6

Key: KRE - Questionnaire of Emphatic Understanding of Other People; N - number of respondents; M - mean; SD - standard deviation; Me - median; Min - minimum; Max - maximum; Q1 - first quartile; Q3 - third quartile

The influence of sociodemographic variables (age, education, place of residence) on the level of nurse's empathy

The study analysed the influence of chosen sociodemographic variables on the level of nurse's empathy according to KRE Questionnaire. A statistically significant positive correlation between age and empathy has been observed. Additionally, the same relationship has been observed in II – 'feeling compassion for other's pleasant and unpleasant experiences', IV – 'readiness to sacrifice for others' and V – 'empathising with other's experiences' syndromes ($p < 0.05$). It has been established that the older nurses are, the higher the level of empathy. Analysis showed a statistically relevant differences between the level of empathy of surveyed nurses and place of residence in terms of V syndrome – 'empathising with other's experiences' ($p < 0.05$). A test performed post-hoc indicated that nurses living in cities with less than 10 thousand residents had higher level of syndrome V in comparison with the ones living in cities with the number of residents ranging between 10 and 100 thousand or reaching over 100 thousand. Moreover, empathy was markedly increased in nurses living in living in the countryside comparing to the ones living in cities with more than 100 thousand residents ($p < 0.05$). In the case of other variables, no statistically significant differences have been observed ($p < 0.05$) (Table 2).

Table 2. Nurses empathy acc. KRE Questionnaire in comparison with sociodemographic variables.

Variables		Total result KRE	I syndrome – sympathising with other’s pleasant and unpleasant experiences	II syndrome – feeling compassion for other’s pleasant and unpleasant experiences	III syndrome – sensitivity to other’s feelings	IV syndrome – readiness to sacrifice for others	V syndrome – empathising with other’s experiences
	r	0.223	0.075	0.265	0.131	0.175	0.334
	p	0.002 NP	0.292 NP	0.001 NP	0.065 NP	0.013 NP	<0.001 NP
Education	p	0.592 NP	0.966 P	0.366 NP	0.865 P	0.562 NP	0.882 NP
	Secondary	M±SD 4.46±1.77	18.46±3.2	9.29±2.2	13.48±2.96	11.25±2.04	5.33±1.6
	Higher - bachelor’s degree	M±SD 4.24±2.39	8.6±3.31	8.94±2.28	13.21±3.15	10.91±2.81	5.2±1.7
	Wyższe- master’s degree	M±SD 4.29±2.04	18.6±3.37	8.8±2.21	13.42±3.09	10.8±2.88	5.37±1.51
Place of residence	p	0.332 NP	0.411 P	0.671 NP	0.521 P	0.328 P	0.002 NP
	Cities under 10 thousand	M±SD 4.29±1.86	18.06±3.56	8.84±2.3	13.68±2.19	10.86±2.42	6.03±1.42
	Cities ranging between 10 and 100 thousand	M±SD 4.38±2.05	18.64±3.27	9.1±2.2	13.54±2.68	11.07±2.42	5.19±1.35
	Cities above 100 thousand	M±SD 3.88±2.02	18.27±3.21	8.67±2.24	12.8±3.2	10.44±3.1	4.69±1.79
	Rural population	M±SD 4.7±2.6	19.2±3.16	9.26±2.28	13.34±4.04	11.44±2.68	5.49±1.72

Key: KRE - Questionnaire of Emphatic Understanding of Other People; r – correlation coefficient; p – significance level; M – mean; SD – standard deviation; P – normal distribution of both correlated variables, Pearson correlation coefficient; NP – lack of normal distribution of at least one correlated variable, Spearman correlation coefficient.

The study evaluated the influence of variables related to nurse's work (work experience, job satisfaction, reason for the career choice) on their empathy level. A statistically significant relationship between work experience and overall KRE score and II – 'feeling compassion for other's pleasant and unpleasant experiences', IV – 'readiness to sacrifice for others' and V – 'empathising with other's experiences' syndromes has been observed ($p < 0.05$). It has been established that nurses with longer job experience had higher level of empathy.

In the case of the reason for the career choice (attractiveness of this profession, willingness to help others, following points of interest, influence of others and randomness) and the level of empathy a statistically significant correlation ($p < 0.05$) has been observed in all syndromes but the III – 'sensitivity to other's feelings'. A test performed post-hoc indicated that nurses who had chosen the profession because of the willingness to help others had higher empathy level than the ones who decided based on their interests or ended up choosing their profession randomly. What is more, a prevalence of empathetic behaviours related to I syndrome – 'sympathising with other's pleasant and unpleasant experiences' was notably higher in the nurses who wanted to help others than others who decided base on profession attractiveness or ended up choosing their profession randomly. Additionally, persons who chose their profession under influence of others had significantly higher level of empathy than the ones who prioritised the attractiveness of the profession. A statistically significant difference has been established regarding the prevalence of behaviours related to II syndrome – 'feeling compassion for other's pleasant and unpleasant experiences'. It has been demonstrated that the nurses who chose the profession because of its attractiveness had a higher level of empathy than the ones who were guided by the need to help others. Furthermore, prevalence of behaviours related to IV syndrome – 'readiness to sacrifice for others' was notably higher among persons who decided based on the influence of others, readiness to help people and randomness. In contrast, the prevalence of empathetic behaviours related to V syndrome – 'empathising with other's experiences' was considerably higher among nurses who were motivated by profession's attractiveness in comparison with persons who chose based on their interests, willingness to help others or randomness. No statistically relevant relationship has been observed between job satisfaction and level of empathy ($p > 0.05$) (Table 3).

Table 3. Impact of the factors related to the job on the empathy level by KRE among the nurses.

Variables		Overall KRE score	I syndrome – sympathising with other’s pleasant and unpleasant experiences	II syndrome – feeling compassion for other’s pleasant and unpleasant experiences	III syndrome – sensitivity to other’s feelings	IV syndrome – readiness to sacrifice for others	V syndrome – empathising with other’s experiences
Work experience	r	0.19	0.065	0.226	0.093	0.178	0.302
	p	0.007 NP	0.36 NP	0.001 NP	0.19 NP	0.012 NP	<0.001 NP
Job satisfaction	p	0.708 NP	0.947 P	0.544 NP	0.907 P	0.563 NP	0.213 NP
	Yes	4.37±2.16	18.55±3.16	8.86±2.31	13.31±3	11.15±2.51	5.44±1.55
	No	4.25±2.14	18.58±3.4	9.08±2.18	13.36±3.15	10.81±2.78	5.15±1.66
Reasons for the career choice	p	0.007 NP	0.005 P	0.022 NP	0.205 P	0.032 NP	0.044 NP
	Attractiveness	4.29±2	16.92±2.88	9.54±1.95	13.48±3.25	11.05±2.71	5.86±1.74
	Willingness to help others	4.95±2.05	19.58±3.23	9.47±2.28	13.97±2.94	11.56±2.21	5.53±1.5
	Following points of interest	3.88±1.88	18.61±3.34	8.62±2.03	12.69±2.88	11±2.33	5.09±1.23
	Influence of others	4.58±2.51	18.85±3.21	9.15±2.14	13.51±3.33	11.33±2.39	5.39±1.68
	Coincidence	3.57±2	17.73±3.17	8.22±2.32	12.77±3.06	9.86±3.25	4.76±1.77

Key: KRE - Questionnaire of Empathic Understanding of Other People; r - correlation coefficient; p - statistical significance; M - median; SD - standard deviation.

Discussion

Feeling empathy is a useful ability in nurse's profession. It makes it possible to create a stronger relationship with a patient, provides a sense respect and being understood by the medical staff which may appear as a chance to improve the quality of care. Empathetic behaviours contribute to an increased job satisfaction and a limitation of potential conflicts and disagreements. Consequently, reaching high levels of empathetic understanding may contribute to improvement of professional approach of every healthcare professional.

The study was about a conception of empathy, based on the standardized Questionnaire of Empathic Understanding of Other People (KRE) by Węgliński [12], which is understood as an emotional and cognitive syndrome. Studies showed that very few nurses had high level of empathy (14%). Empathetic behaviours related to sympathising with other's pleasant and unpleasant experiences and empathising with other's conditions and experiences were the most notable. It may be therefore concluded that even though nurses mostly presented low level of empathy, they were more likely to sympathise with patient's pleasant and unpleasant experiences and empathise with patient's experiences. Additionally, Rozwadowska and others [13] used the Questionnaire of Emphatic Understanding of Other People (KRE) in a study in order to assess the level of empathy of medical volunteers working in a hospital. The authors established that only 13.8% of surveyed had high level of empathy.

The nurse's level of empathy might be conditioned by sociodemographic factors. Our own studies confirmed a statistically significant relationship between age and level of empathetic understanding of other people. What is more, age of surveyed positively influenced sympathising with other's pleasant and unpleasant experiences, readiness to sacrifice for others and empathising with experiences and conditions of other people. It might therefore be concluded that older nurses were more likely to feel empathy because they had a greater understanding of patient's experiences and were better prepared to participate in patient's emotions. Studies of Ravazi and others [14] measured level of nurse's empathy. The results obtained by the authors did not confirm results from own studies while they have established that younger nurses, even though were not characterised with high level of empathy, developed empathetic tendencies by taking part in courses which improved their communication skills which enabled them to establish an emotional relationship with patients more easily which turned out to be decisive.

Our own studies also showed that work experience influences empathetic understanding of other people. Work experience strongly promoted high level of empathy and behaviours associated with influenced sympathising with other's pleasant and unpleasant experiences, readiness to sacrifice for others and empathising with experiences and conditions of other people. It may thus be concluded that longer employment, herefore greater work experience, may indicate an increased empathy for patients. Wilczek-Różycka [15] demonstrated that nurse's empathy also stems from their personality. Empathetic resources are acquired throughout the years of professional career by abilities to consider and understand their own emotions which allows them to gain experience connected with feeling. Consequently, it enhances their sensitivity towards others.

Furthermore, place of residence corresponds with scores of the Questionnaire of Emphatic Understanding of Other People, however, the overall results do not correlate significantly with this variable. The prevalence of nurse's empathetic behaviour related to empathising with other's conditions and experiences was higher among surveyed living in cities with number of residents under 10 thousand than among nurses from cities with population between 10 and 100 thousand and above 100 thousand. This syndrome also proved to be higher in nurses from the country in comparison with the residents of cities with population greater than 100 thousand. On the other hand, studies of Rachubińska and others [16] did not demonstrate any correlation between place of residence and nurse's empathy factor. Nevertheless, one might speculate

that nurses hired in sparsely populated cities are more likely to feel empathy which results from rather emotional than cognitive approach towards their patients.

Our own studies showed that education level does not influence the level of empathy of the nurses hence any of the syndromes did not decide about empathetic behaviours of the surveyed. Nevertheless, Buyuk and others [17] indicated that nurse's education is a vital factor affecting the level of empathy while the empathetic abilities increase with one's educational attainment. Moreover, Motyka [18] has proven in his studies that nurses with master's degree showed greater empathy and sympathised more with patient's experiences than nurses with bachelor's degree.

Marciniak and others [19] have found that nurses characterised with better ability to feel compassion for other's pleasant and unpleasant experiences had difficulties with dealing with patient's fear. Better results were obtained by the nurses who empathised with patient's conditions and experiences. As a result, they had fewer difficulties with handling patient's anger and communicating the patient and their family. Furthermore, they reported greater job satisfaction because they found themselves easily in difficult situations by concentrating on a current issue.

The studies showed a statistically significant correlation between the reasons underlying career choice and empathetic understanding of other people acc. the Questionnaire of Emphatic Understanding of Other People. An overall score was higher among nurses who decided based on the willingness to help others than others who decided based on their points of interest or coincidence. Additionally, the empathic tendencies defined as sympathising with other's pleasant and unpleasant experiences showed statistically significant differences. The empathy factor was higher among surveyed who chose based on the attractiveness of profession or coincidence and it was greater among those who chose this profession based on other's judgement than those who picked it because of its attractiveness. The reasons for career choice affected the feeling of compassion for other's pleasant and unpleasant experiences. The empathy level was higher among those chose to be a nurse because of job attractiveness or willingness to help others than those chose their profession randomly. The justification for the decision also influenced willingness to sacrifice for others because the empathy was higher among nurses who decided based on the opinion of others or the need to help others than among people who made a decision based on a coincidence. The grounds for the choice also influenced the empathetic behaviours manifested by empathising with other's conditions and experiences while the level of empathy was significantly greater among nurses who chose the profession because of its attractiveness than among people who decided based on their point of interests or willingness to help others. Krajewska-Kułak and others [2] researched the ability of empathetic understanding of other people by nursing students. Their studies confirmed that III-year students had the highest level of empathy. A statistically significant differences in the level of empathy between persons who decided about their career on their own and those who chose the course of study randomly or were persuaded by others. Additionally, Rachubińska and others [5] showed that students who picked nursing course at the Pomeranian Medical University in Szczecin and took the KRE survey had higher level of empathy if they chose the course autonomously and consciously. The scores of empathetic understanding in terms of feeling compassion for other's pleasant and unpleasant experiences, sensitivity to other's feelings and empathising with other's conditions and experiences were higher among students who were satisfied with their choice. It may be concluded that future medical staff will characterise with high level of empathetic understanding.

Conclusions

The surveyed nurses were characterised with a low level of empathy. Empathetic behaviours related to sympathising with other's pleasant and unpleasant experiences and sensitivity to other's experiences were dominating and behaviours such as feeling compassion to pleasant and unpleasant experiences of other people and empathising with other's conditions and experiences were the least notable.

In the group of surveyed nurses, the older ones with greater work experience and the ones living in smaller cities had higher level of empathy.

Variables related with the work did not affect the level of empathy of surveyed nurses, however, the reasons for the career choice turned out to be relevant. The need to help others and profession attractiveness are the main two factors influencing the level of empathy of surveyed nurses.

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