

*Full Length Research Paper*

## Comparing communication and empathic ability levels of nurses with patients' perception of nursing care

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Effective communication and emphatic listening abilities that nurses used, not only facilitate solving communication-related problems but also provide patients having more qualified care. One factor that helps us to understand quality of care is to know how patient perceive the provided nursing care. In this study, for these reasons; putting forward how nurses present communication and empathic ability levels reflects to nursing care that patients received; therefore how it reflects to patient's satisfaction is aimed. 282 patients and 126 nurses were included in this study. In collecting data, 'socio-demographic info form', 'scale for patients' perception of nursing care' for patients; 'socio-demographic info form', 'empathic ability scale' and 'communication abilities scale' for nurses were used. As a result, it was concluded that communication and emphatic ability levels of nurses working for Fatih Sultan Mehmet Education and Research Hospital and Marmara University Education and Research Hospital were in medium level.

**Key words:** Nurse, patient emphatic ability, communication ability, patient satisfaction.

### INTRODUCTION

Communication that takes place in every moment and every areas of human life has different definitions. "Making meanings common", "mutual transferring feeling, knowledge and meanings", "producing knowledge and transfer" are some of these definitions (Kalkandelen, 1996; Dökmen, 1995; Ozcan et al., 2010). These definitions show that communication is a base of the human-to-human relation and in this way human can get original tastes from life by sharing knowledge, feelings, idea and problems, and has the possibility of making himself and others happy, solves his problems, understands and controls his surrounding much better and contributes to its development (Uyer, 1996; Brunero et al., 2010).

Nursing profession which includes human-to-human relation and professional communication abilities in its base; aims to help individuals provide nurturing needs and make themselves to cope with their health problems (Travelbee, 1971). For this reason, it is observed that nursing theories are widely based on interpersonal

relations and communication processes.

Communication knowledge and ability is base area for initially medical science and nursing profession and all health and behavioral science professionals who have one-to-one interaction with patient (client). Doctor and nurse, during providing health service, inform patients and relatives by communicating with them and thus prevent them from unnecessary anxiety. As cited by Uyer, Boor's study is one of the studies that proved the contribution of communication on patient's recovery. Therein study, it is stated that the information given to the patients before operation provided significant amount of contribution to recovery, decreased the stress of patient and shortened the recovery time. Speaking with patient and sparing time for listening to him not only increase the quality of the care but also decrease the cost and provide discharging him from hospital in a short time, continuing his daily activities, turning him to his job if he is working, and making hospital to give service to more people in a short



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time (Uyer, 1998). The quality of care is improved through nurse-patient relationship (Fakhr-Movahedi et al., 2011). If benefit of effective communication on patient and communication problems affect the the patient negatively taken into consideration, it is inevitable to know nurse's levels of communication ability and developing them to uppermost level, because nurse's professional success and patient satisfaction has a direct proportion with communication abilities that nurse holds and applies (Heath, 1995; McCarthy et al., 2008).

One important item of communication is empathic ability. Empathy is a process in which a person putting himself on another, looking the events from another's point of view and understanding and telling that person's feelings and ideas correctly (Ozcan et al., 2010; Naish, 1996; Wilkinson, 1992). When a nurse approaches the patient with an empathic attitude, she can determine his needs better and can get desired results in caring. Patient can express his physical complains easier, and he can convey his psychological and emotional problems when he finds a person who is listening to him with an active empathic ear. Patient can easily express his feelings and ideas which he has difficulty in telling, only such kind of a listening occurs (Wilkinson, 1992; Naomi, 2006; Boumans et al., 2005). In order to understand the meaning behind his attitudes, nurse should be sensitive and indirect expression of patient needs to be cleared (Evans et al., 1998; Johansson, 2002; Köşgeroğlu et al., 2005). Nurses need to use effective communication skills during patient care and the delivery of biomedical as well as psychosocial information. This influences patients' satisfaction and their adherence to therapeutic regimes (Fakhr-Movahedi et al., 2011).

The aim of this study is to understand whether nurse's communication knowledge and abilities are in curatory level or not and to obtain an idea about quality of the communication between patient and quality of nursing care.

## MATERIALS AND METHODS

This study was conducted as descriptive and cross-sectional in order to investigate whether there is a parallelism between nurse's present communication and empathic ability levels and patients' perspective of nursing care.

Population of the study consists of 400 nurses and 848 patients in Medical Faculty Hospital of Marmara University and Fatih Sultan Mehmet Education and Research Hospital of Ministry of Health, and took place on 26 April to 31 May 2010. Assuming that the profile of the nurse may be different, two different hospitals were chosen; one from the University, and another from Ministry of Health.

Patient population of research consist of 228 patients

chosen by stratified sampling, which represents 1/3 of population between 18-60 ages who were admitted to take part in research and in-patient except from intensive care, pediatrics, polyclinics, emergency and psychiatry units of the hospital (Blanche et al., 2006).

133 nurses were chosen by simple random method, which are determined to represent 1/3 of population and working in clinics except from mentioned clinics and admitted to take part in research. But answers of seven nurses who marked two six 'irrelevant' sentences in empathic ability scale, are invalidated and nurse sample consisted of 126 nurse (Blanche et al., 2006). In order to evaluate interoperability of info form, it also applied to 10 patient and 10 nurses who are not included in sample. In direction with the gathered data, changes are made on info forms and last form is constituted. Data of the study collected through face-to-face interview and questionnaire method after Ethical Board approval and Institutional permissions were taken with the verbal consent of patients and nurses.

Three scale and two info forms were used in the study. These are 'socio-demographic info form' and 'scale for patients' perception of nursing care' applied to the patients and 'socio-demographic info form', 'empathic ability scale' and 'communication abilities scale' applied to the nurse.

### Patient info form

Seven questions is prepared to define socio-demographic features, the rest fourteen questions is prepared to be thought that it can effect patient satisfaction (Merkouris, et al., 1999; Özcan, 2006; Orlando, 1984; Öz, 2006)

### Scale for patients' perception of nursing care

This scale was developed in 2001 by Dozier and his friends in USA in order to measure patients' perception of nursing care and their satisfaction level of delivered care. Validity and reliability of Turkish form of the scale were conducted by Çoban (2006). Cronbach  $\alpha$  reliability coefficient of the scale was found as 0.92. In Likert form scale there were 15 questions present for quality of nursing care. Each expression is valued as; agree=5, slightly agree=4, undecided=3, disagree=2 certainly disagree=1 and unanswered=0. Thereby; minimum 15, maximum 75 point can be gotten from the scale. Increase in the total point from the scale shows that patient is satisfied with nursing care (Yılmaz, 2001).

### Nurse info form

Four questions were prepared to define socio-

demographic features, the rest eleven questions were prepared to define nurse's ideas about their professional experience (Brunero et al., 2010; Merkouris, et al., 1999; Özcan, 2006; Orlando, 1984; Öz, 2006).

### **Empathic ability scale**

This scale was developed by Dökmen (1988) in order to measure establishing empathic ability of individual, and reliability study was conducted again by Dökmen. Test over test reliability was found as 0.91 (Çoban, 2006).

### **Communication abilities scale**

This scale was a fivefold likert-form scale and developed by Korkut (1996) in order to understand how individuals evaluate their communication abilities. Validity and reliability studies were conducted by same person and alpha inner consistency coefficient was found as 0.80 (Orlando, 1984).

In evaluating data, statistical package program SPSS 15.0 was used; frequency analysis, t and F tests and Tukey test were also utilized.

## **RESULTS**

Every two of five patients that took part in research were under 39 years old (41.1%), and again two of five of them among 40-59 years old (38.7%) and rest one of five of the patients are over 60 years old (202%). Approximately half of the patients (49.3%) were male and the other half were female (50.7%). As education level, the most crowded group of the patients are primary school graduate (38.7%) and high school graduate (32.6%). Literate (14.5%) and university graduate patients constitute the minority.

Approximately 80% of the nurses in the research are among 20-35 years old and a young group. Majority of the nurses (88.9%) are female, 63.5% are married. 35.7% of nurses are vocational health school graduate and 50.8% hold bachelor's degree.

According to F test, which tests whether scores of nursing care perception of patients shows meaningful difference or not, the higher nursing care perception is observed in literate patients (average=69.53). It is observed that as the education level of the patients increased, nursing care perception decreased.

Nursing care perception of patients who have lower income-expenditure level is observed higher than other patients (average= 70.6667). Nursing care perception of patients whose income-expenditure level are high or medium level are lower (average=68.1045). It is observed that as the income-expenditure level of the patient's

increases, perception of nursing care decreases. But, according to F test in 95% reliability level, although the evaluation scores of nursing care of the patients whose incomes do not cover the expenses seemed high, the difference among them are not found statistically meaningful ( $p=0,120>0,05$ ). According to the marital status of the patients, perception related to nursing care is closed to each other and no meaningful difference is observed.

Perception of nursing care of the patients whose ages are 60 and over are higher than other patients (average=71.3509). According to F test in 95% reliability level, patients perception of nursing care show meaningful difference according to age groups ( $P=0.001<0.05$ ). According to Tukey test, showing the difference sourced from which age group, perception of nursing care is observed distinctively among 39 and under age group and 60 and over age group ( $p=0.001$ ). According to this, patients who are 60 and older evaluate the nursing care more positively.

Perception of nursing care of patients who live in village, are higher than other places of living (average=73.0). Perception of nursing care of patients who live in city centre are lower than the other patients (average=66.0). Although perception of the nursing care in the institution where patients who are living in villages receive treatment seemed higher than other places of living, there is no meaningful difference found among residence of patients and perception of nursing care ( $p=0.365>0.05$ ).

While taking decisions on patient's care, perception of nursing care of the patient whose opinions are taken on every point are higher than the patients some of whose opinions are taken and patients telling that decisions are given mostly by nurses and the difference between them statistically meaningful ( $p=0.001<0.05$ ).

Whether perception of nursing care shows difference tested according to taking care to the privacy of the patients during consulting and caring and it is seen that the perception of nursing care of the patients indicate that privacy is always taken care during caring (average = 68.41). According to the test in 95% reliability level, the difference among the nursing care scores of the patients are found statistically meaningful who indicate that their privacies are always taken care of during consulting and caring and those who indicate that their privacies are sometimes taken care of ( $p=0.000<0.05$ ).

Except for one, 126 nurses participated to the research indicated that they have not participated in a training on communication abilities (99.2%) and approximately all nurses (98.4%) expressed that they believed to the necessity of constant training on communication abilities. 77.8% of nurses indicated that they are partly satisfied with career life. Similarly 79.4% of nurses expressed that they are partly satisfied with the relations with their administrators. The number of the nurses who indicated

**Table 1.** Comparison of scores nursing care perception according to patients' socio-economic level.

Education level	Number of persons	Average	Standard deviation	F	Significance (P)
Literate	41	69.53	8.97		
Primary school	112	68.00	7.92	1.26	0.28
High School	92	67.82	5.89		
University	37	66.16	9.078		
Income-expenditure status					
Always (high)	134	68.10	6.174		
Sometimes (medium)	124	67.20	9.152	2.135	0.120
(Low)	24	70.66	6.370		
Marital status					
Married	126	68.1508	7.00864		
Single	115	67.9739	7.31912	0.127	0.939
Widowed (divorced, partner is dead)	41	67.0976	10.33877		
Age status					
39 and under	116	66.9828	7.40268		
40-59	109	67.1376	7.38927	7.451	0.001
60 and over	57	71.3509	7.92710		
Place of living					
Village	4	73.0000	0.00000		
District	37	67.6486	7.48412	1.064	0.365
City	21	66.0000	4.12311		
Metropol	220	68.0636	7.99917		

that they are satisfied with career life (14.3%) and relations with their administrators (12.7%) is seen quite low.

Communication ability score of 38.1% of the nurses is low. When looked for empathic ability scores, 34.1% of them low, 34% of them medium and 31.8% of them have high empathic ability scores. The average score of empathic ability of nurses is  $134.69 \pm 13.22$ .

It is determined that nurses' communication and empathic ability scores; nurses' education level, career life satisfactions, clinics that they work for, their marital status, their working duration at service, length of time in their career, age groups, satisfaction from relations with their administrators do not show meaningful difference.

## DISCUSSION

There is no statistically meaningful difference among

perspection of nursing care of the patients and education level of the patients participated in the research (Table 1). According to this, it can be said that education level of the patients does not affect the perception of their nursing care. In Çoban's study, by which he investigated the validation reliability status of the patients' perception of nursing care scale, it is seen that patients' education status affected the average scores of perception of nursing care scale (Çoban, 2006). In the study conducted by Geçkil and his friends, those patients satisfaction level were evaluated in Adıyaman city centre; it is defined that satisfaction level of university graduate patients was significantly lower than the other groups (Geçkil et al., 2008). However, Akın and Erdoğan (2007) stated that there were no meaningful relationship among satisfaction level and education level of the patients. Education and personal attributes affect both empathic communication skills and empathetic tendency (Ozcan et al., 2010).

**Table 2.** Average distribution of perception of nursing care score according to getting idea of patients on decisions related to nursing care.

Patients opinion on decisions related with nursing care (n=282)	Number of person	Average	Std.deviation	F	Significance (P)
My opinions are taken on every point, we give decisions together.	233	68.53	7.14		
My opinions are taken on some point, nurses generally give decisions.	25	62.36	10.49	7.64	0.001
I have no idea on nursing care; I give up decisions to them.	24	67.83	7.20		

Also in our study, it is understood that patients were generally satisfied with nursing care and education level did not affect this. Therefore, the result of this study shows similarity with our study. Different results between studies can be related with conditions of application environments and whether patient expectations were met or not.

In our study, it is seen that income-expenditure status also did not affect patient perception of nursing care (Table 1). In Çoban's study, it is indicated that patients whose incomes are more than their expenditures are 'highly satisfied' and whose incomes are less than their expenditures are 'medium level satisfied' with nursing care. That the result of this study is different from our study's result can be related with hospital conditions at which the research was done. Benefiting from advantages without paying extra fare in a private hospital conditions such as single or maximum double room, plasma TV, comfortable beds, having a cupboard for every patient, having a refrigerator, toilet and bathroom in every room can affect our result of the study like this. Hospital conditions and standards of nursing care are the same for every patient, which is thought of increasing the patient satisfaction.

In our study, it is seen that patient's marital status did not affect the perception of nursing care (Table 1). However, in Çoban's study, it is expressed that singles are more satisfied with nursing care than those who are married or divorced (Çoban, 2006). From this point of view, the result of this study also did not show resemblance with our study. It is possible to explain the result that marital status did not affect the perspective of nursing care with hospital conditions and quality of the nursing care.

When perception of nursing care was investigated according to patients' age groups, the perception of nursing care of the patients who are 60 and over, are higher and difference among them meaningful than other age groups (Table 1). In other words patients who are 60 and over evaluated nursing care more positively. In study conducted by Önsüz et al., (2008), it is expressed that patients who are 46 years old were generally satisfied with hospital. The result of this study can be said to show parallelism with our study. It can be thought that as the age of the patients rises their expectation from nursing care decreased or provided nursing care met the

expectation, in this way satisfaction increased.

It is determined in our study that patients' place of living did not affect the perception of nursing care (Table 1). No matter where the individuals live, whether it is rural or urban, their evaluations of nursing care are similar to each because human necessities are universal.

The perception of nursing care of the patients whose opinions are taken on every decision related with patient, are higher than the patients whose some of their opinions are taken and decisions are taken by nurses (Table 2). Thomas and his friends used Herzberg's theory in order to explain the patient satisfaction related to nursing service. They claimed that when the patient's individual requirements such as to be accepted as individual in interpersonal relations and participated in decision processes, their satisfaction level increased; when environmental factors or not to be taken as individual, satisfaction occurred (Mcillmurray et al., 2001). That the patients take the caring responsibility within the scope of participating in their own caring is important not from reducing the nurses work load but from patients' giving his own decisions, decreasing the dependence, solving problem and stress management. For this reason, providing the patients taking part in every decision related with patient caring is an application of nursing which affects recovery process, self confidence and coping power positively. It is explicit that such kind of an application increases the patient satisfaction. As a matter of fact, it can be counted as evidence of that perception of nursing care of the patients whose every opinions are taken while taking decision related with patient and decisions taken together is more positive.

The difference among the perspective of nursing care scores of the patients who indicated that privacy is always cared during consulting and caring process and patients who indicated that privacy is sometimes cared, is found statistically meaningful (Table 3). Geçkil et al. (2008) expressed the top priority point of their study with respect to the privacy.

From one of basic human rights, the right of protection of patient privacy which is considered in scope of private life confidentiality is one of the important points that need to be given attention by people who delivered service to the patient. Except for one, all 126 nurses that participated in the study indicated that they have not taken part in any training related with their professional

**Table 3.** Average distribution of perception of nursing care score according to taking care to the privacy of the patients during consultation and caring.

<b>Taking care to the privacy of patients during consultation and caring (n=282)</b>	<b>Number of person</b>	<b>Average</b>	<b>Std. deviation</b>	<b>Significance (P)</b>
Yes, always	258	68.41	7.21	0.000
Yes, sometimes	22	61.54	10.06	

**Table 4.** Communication ability scores of the nurses according to their career life.

<b>Participation to training on communication abilities (n:126)</b>	<b>Number (n)</b>	<b>%</b>
Participant	1	0.8
Non-participant	125	99.2
<b>Believing to the necessity of constant training for effective using of communication abilities</b>	<b>Number (n)</b>	<b>%</b>
Believers to the necessity of constat training	124	98.4
Non-believers to the necessity of constant training	2	1.6
<b>Satisfaction from career life</b>	<b>Number (n)</b>	<b>%</b>
Satisfied	18	14.3
Partly Satisfied	98	77.8
Dissatisfied	10	7.9
<b>Satisfaction from the relation with administrators</b>	<b>Number (n)</b>	<b>%</b>
Satisfied	16	12.7
Partly satisfied	100	79.4
Dissatisfied	10	7.9

life. On the contrary, almost all nurses (98.4%) believed to the necessity of the constant education on communication abilities (Table 4). Findings of some studies showed that most of the nurses have not taken training on communication abilities, generally they found patient, team, administrator, friend and in-family communication unsatisfactory, they had difficulty in handling emotional problems, they had problems in answering diagnosis, requirement and prognosis related problems (Mcillmurray et al., 2001; Taşdemir, 1999). Training demand of nurses for communication abilities; not only to be counted as an indicator of, but they have difficulty in communicating with patients, communication abilities could not be developed only by experiences in clinics and they believe to the necessity of constant trainings on these issues, it may also show an awareness at this topic (Işıkhan et al., 2004; College of Nurses Of Ontario, 2006). Empathy is an ability, which can be developed by training and education programmes (Ozcan

et al., 2010). Empathy can be learnt and uses cognitive and behavioural components to express understanding of the patient's reality (Brunero et al., 2010).

In our study, average score of nurses' empathic ability is determined as  $134.69 \pm 13.22$ . Empathic ability level of nurses was found low in about one of three nurses (34.1%), medium in one of three nurses (34%) and high in one of three nurses (31.8%) (Table 5). In Pişmişoğlu's study, average score of nurses' empathic ability scale is given as  $127.83 \pm 20.25$  (Pişmişoğlu, 1997). In Toy's study, it is determined that average score of empathic ability scale for students of faculty of law is  $128.99 \pm 18.70$ , average score of empathic ability scale for students of faculty of engineering is  $127.93 \pm 18.48$  (Toy, 2007). The result of our study is found higher than that of mentioned studies. This may be sourced from the nursery's qualification and trainings, which is a profession of having a direct relation with human and being helpful. Along with this, the result of our study shows

**Table 5.** Average score distribution of nurses' empathic and communication abilities.

Nurses' empathic and communication abilities		n	(%)
Communication ability	Low (56-73)	48	38.1
	Medium (74-78)	42	33.3
	High(79-87)	36	28.6
Empathic ability	Low (101-128)	43	34.1
	Medium (129-140)	43	34.1
	High(141-180)	40	31.8

resemblance with the result of the Uygun's study, by which he conducted in order to define the level of nurses' empathic ability in psychiatry clinic ( $143.04 \pm 26.20$ ) (Uygun, 2006). Karakaya (2001) compared the empathic ability level of nursery department students with production department students and he determined average score of empathic ability scale for students of nursery department as  $162.74 \pm 21.67$  and average score of empathic ability scale for students of production department as  $136.78 \pm 19.01$ . The result of this study is higher than the result of our study in terms of average score of empathic ability scale for students of nursery department. Higher empathy levels of nurses have often been associated with positive patient outcomes, such as reduced distress and anxiety levels and increased likelihood of identifying perceived needs of patients and carers (Yu and Kirk, 2009). When results are examined, the average score of empathic ability scale for nurses is lower than student's of nursery can be explained by the fact that the mentioned study was conducted only with undergraduate students, having not given enough attention to empathic abilities in in-service programs and nurses are not evaluated in that term in health system. That the nurses have enough ability of establishing empathy with the client, is an important criterion in terms of understanding the client accurately, recognizing their necessities and applying qualified nursing care.

## Conclusion

This study was aimed at investigating the nurses' present communication and empathic ability levels and perspective of patients' nursing care and by this way to have an idea about quality of the relation established with patient in application. Of the communication and empathic ability of the 126 nurses that participated in this study, it is determined that one of three is high, one of three is medium and one of three is low. Perspective of nursing care of the 228 patients is generally positive. In other words, it can be inferred from the result that two of three percentages of the nurses having medium and high level of communication and empathic ability, and the

relationship that they were established with the patients, were generally in therapeutic value and met the needs and expectations of the patients.

Since it not easy to directly measure the relationship and communication that the nurse established with patient, indirectly measuring the communication abilities and quality of the relationship is one of the limitations of the study. For this reason; it is advised that nurses both conduct qualitative research which they directly measure the perspective of nursing care and their interaction and communication with patient.

Furthermore, all of the nurses participated in the study agreed to the suggestion of giving them the opportunity of in-service trainings on communication abilities. It is advised that administrators of the medical institutions take this sensibility in mind and support nurses to participate activities such trainings, symposium, congress, etc. in domestic and in abroad in terms of quality of the caring.

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