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Exploring Empathy: A Perspective of Arab Nurses

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Abstract: The aim of the current study was to explore the Arab nurses' conceptualization and utilization of empathy in the psychiatric setting in United Arab Emirates (UAE). Therapeutic empathy is a well-established Western psychiatric concept identified as a quality central to establishing the nurse-patient relationship. In Arab culture, therapeutic empathy is employed in teaching without previous exploration or challenge of its cultural relevance within clinical situations. Therefore, more studies are urgently required to examine the relevance and transferability of this concept to Arab context. A self-reported scale was used to gather Arab nurses' view of therapeutic empathy. Data were collected from 137 nurses in psychiatric settings using a convenience sampling method**.** Results revealed that Arab nurses had provided different ratings on the items representing nurse's response–contradict and platitude as its viewed as reflective of empathic behavior. While, nurse's response–addresses any feeling was viewed as less empathic behavior. It was concluded that, as with many concepts, proposed critical attributes may be disputed when used outside a particular discipline enculturation or in an alternative context. Making explicit the practices of nurses from different cultures is essential not only for understanding and learning their similarities and differences, but also for comprehending the influences of culture, social structure and environmental contexts on nursing practice.

Key words: Empathy · Therapeutic relationship · Arab nurses · Culture

INTRODUCTION

There is a wide recognition that empathy is a fundamental component of the nurse-patient relationship and of quality nursing care [1, 2]. Rogers [3] defined empathy as the ability 'to sense the client's private world as if it were your own, but without ever losing the "as if" quality'. This definition stresses that an individual's feelings and wish for these feelings to be understood, are valid. Although this appears to be a core component of empathy, there is discrepancies regarding the essential attributes of empathy that arise from the complexity of the concept, its application in a number of settings and contexts and the subjectivity nature of the empathetic process [4]. As with many concepts, Paley [5] proposed critical attributes which may be disputed when used outside a particular discipline enculturation or in an alternative context.

In the West, the nurse's central task is to formulate a therapeutic one-to-one relationship and to encourage patients to discuss their feelings, experiences and preferences. These attitudes reflect Western cultural values of an individual's autonomy, self-reliance and of openness in communication. In agreement with Orlinck and Benner [6] nurses are viewed as insiders; patients expect nurses to listen to and provide care for patients' intimate physical and personal concerns. Many Western clients who seek psychiatric help probably share with the nurse these common values. By contrast, Arabs cultural values emphasize the family unit above individualism. The health professional's relationship to the patient emphasizes family and group loyalty rather than independence or self-reliance [7]. Family plays an important role in deciding the nature of the problem and the action to be taken. Furthermore, significant values are attached to the status of insiders and outsiders, with the internal world of family and close friends balanced against the external world of acquaintances and everyone else. Other crucial values of Arab culture include a hierarchical order of interpersonal relationships and a resistance to disclosing personal information [8]. In general, the concepts of individualism, self-reliance, independence and open communication with individuals outside the family are foreign to traditional Arab culture.

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Serious questions might be raised about the relevance and transferability of this concept to the Arab context, where fundamental cultural values and beliefs are different. This relevance to Arab culture has not been challenged or explored.

The aim of the current study was to explore the Arab nurses' conceptualization and utilization of empathy in the psychiatric setting in United Arab Emirates (UAE).

MATERIALS AND METHODS

Design: The study consisted of a self-reported survey given to Arab nurses in two psychiatric placements in UAE. Nurses were asked to use a scale to indicate how they conceptualized and utilized therapeutic empathy in a psychiatric setting.

Participants: A convenience sample of 137 Arab nurses was used for the purpose of this study. Participants fulfilled the following criteria: (a) they were registered nurses employed part or full time as staff nurses in psychiatric-mental health hospitals, (b) at least 75% of their time was spent in direct patient care, (c) they were able to speak and read English and (d) they agreed to participate in the study. All participants gave informed written consent and the research protocol was approved by the IRB of the University of Sharjah, College of Health Sciences.

Instrument: A modified Staff-Patient Interaction Response (SPIR) scale (Gallop, Garfinkel & Lancee, 1989) was used to measure the "expressed empathy" of the clinical nurses. It is a self-reported questionnaire consisting of 15 statements with a Visual Analogue Scale (VAS) and three descriptive questions.

In the original SPIR scale, nurse participants are presented with typical patient statements and asked to write responses to these statements. The responses are scored by trained raters according to designed categories of empathic care. Gallop [9] delineated ten categories of responses:

- Belittles, contradicts, or causes patient to be defensive
- Platitudes, cliches or rules
- Explains why of rules or process
- Express care or concerns for patient
- Addresses precipitants of feelings
- Addresses any feelings at all
- Invites exploration
- Tells patient to do something
- Offers a solution or resolution
- Directly addresses the self esteem of the patient.

In the modified questionnaire used in this study, participants were presented with typical patient statements and nurse responses (derived from previously rated nurse responses scored by at least two raters). Participants were asked to rate each response's level of empathy on a straight 10-cm horizontal line anchored by "no empathy" (having a value of zero) and "very empathic" (having a value of 100).

The conceptual framework underpinning the SPIR scale interprets nurses' responses into three possible levels of empathic care: no care, solution and affective involvement. The first and lowest level of empathic care, "no care," is exemplified by responses that belittle or contradict the patient or offer clichés. The second level of care, "solution," involves the explaining of rules or ward processes, telling the patient to do something, offering the patient a solution to his or her immediate problem or asking the patient to explain or explore his or her statement. In the third level of care, "affective involvement," responses express care or concern and address the patient's feelings, the precipitants of those feelings, or the patient's self-esteem.

Respondents were asked to assess the validity of the survey's patient/nurse exchanges. Two questions followed each scenario in which participants were asked to evaluate the frequency of patient and nurse statements in their setting. A three-category response format was used: "very often," "often," and "occasionally."

The other part of the questionnaire consisted of two descriptive questions to which nurses were asked to respond, using a yes-or-no format. These questions were added to ask about nurses' agreement with the operational definition of empathy and the importance of other concepts such as teaching patients. Responses to these questions were used to enhance the interpretability of the findings.

The SPIR scale has demonstrated face validity since the categorization of responses is similar to that obtained through content analysis scales of empathy or communication skill training programs [9]. A phi correlation of 0.78 was obtained when expert raters were compared with the investigators' rankings [9]. It also has been used in a study of the influence of diagnostic labeling on the expressed empathy of nursing staff [10]. The scale was also used to evaluate the effectiveness of alternative educational interventions designed to increase

the empathic behaviors of staff with AIDS patients [11]. The results of all these studies have supported the validity of the modified SPIR.

Procedures: In each of the two settings, a designated official was contacted, the study was explained and permission sought to conduct the study in that site. After approval, nurses were approached in large-group settings and given verbal explanations of the study and criteria for participation. If eligible and interested, they were invited to complete the modified self-report SPIR scale and the demographic data form.

Statistical Analyses: Data were analyzed using the Statistical Package for Social Sciences (SPSS) – version 19. Frequency tables including percentages were calculated for all variables. The level of empathy implied by nurses' responses were examined to determine their conceptualization of empathy.

Frequency of distributions were used to examine the responses to the two questions that required respondents to indicate categorical "yes-no" judgments. These questions were included to provide further understanding of Arab nurses' conceptualization of therapeutic empathy.

RESULTS

Demographic Characteristics: One hundred and sixty-two nurses participated in the study; however, 25 subjects did not answer one or more items on the SPIR scale and so their data was eliminated from the analyses. Table 1 shows the demographic characteristics of the sample. The ages of the participants varied with 72% in the 22 – 24 range, 22% in 35– 39 range and 6% between 40 and 44. In relation to gender, 72% were male and 28% female. The majority, 85%, were Muslim, while 15% were Christian. Approximately 47% had a university education and 53% were community graduates. The year of nursing experience varied with 55% in the 5-9 range, while about 55% had psychiatric experience in the 0-4 range.

Nurse's Responses that Represent Levels of Empathy: Frequencies of scores on categories for the SPIR scale are presented in Table 2. The majority of participants (54, 64, 50, 60 and 64%) rated the items representing nurse's response–contradictory and platitude (categories 1 and 2) as an empathic behavior. On the other hand, 36% of the nurses rated the item representing nurse's response-addresses any feeling (category 6) as reflective of empathic behavior. No contradict differences in the rating of nurse responses were reported.

Table 1: Demographic Characteristics of Sample (N = 137)

	Number	%
Age		
22-34	99	72
35-39	30	21.8
40-44	8	5.8
45 and above	0	
Gender		
Female	38	27.7
Male	99	72
Religion		
Muslim	117	85.4
Christian	20	14.5
Other	0	
Education		
Baccalaureate	64	46.7
Community College	73	53.2
Others	0	0
Years of nursing experience		
0-4	11	8
5-9	76	55.4
10-14	30	21.8
20 and above	20	14.5
Years of psychiatric experience		
0-4	76	55.4
5-9	38	27.7
10-14	23	16.7
20 and above	0	

Table 2: *Frequency of Scores on SPIR scale (N=137)*

		Nurses Response	
No. of statement	Categories	n	%
1	7	23	46
2	1	27	54
3	1	32	64
4	9	33	66
5	5	22	44
6	1	25	50
7	2	32	64
8	9	37	74
9	1	30	60
10	7	31	62
11	4	31	62
12	4	37	74
13	3	29	58
14	6	18	36
15	9	40	80

Table 3: *Frequencies of the three-category response on Patient Statement/ SPIR scale (N=137)*

	Three-category response					
	"very often"		"often"		"occasionally"	
No. Patient Statement	n	%	n	%	n	%
1	22	16	78	60	37	27
2	36	26	92	67	9	6.5
3	27	19.7	101	73.7	9	6.5
4	32	23	73	53	32	23
5	5	3.6	123	89.7	9	6.5
6	5	3.6	123	89.7	9	6.5
7	32	23	73	53	32	23
8	14	10	109	79.5	14	10
9	5	3.6	92	67	40	29
10	14	10	109	79.5	14	10
11	0	0	128	93.4	9	6.5
12	0	0	128	93.4	9	6.5
13	7	5	73	53	32	23
14	36	26	101	73.7	0	0
15	18	13	92	67	27	19.7

Table 4: *Frequencies of the three-category response on Nurse Response/ SPIR scale (N=137)*

	Three-category response					
	"very often"		"often"		"occasionally"	
No. Nurse Response	n	%	n	%	n	%
1	14	10	91	66.4	32	23.3
2	5	3.6	92	67	40	29
3	0	0	128	93.4	9	6.5
4	0	0	78	60	59	43
5	9	6.5	123	89.7	5	3.6
6	5	3.6	109	79.5	18	13
7	5	3.6	123	89.7	14	10
8	0	0	96	70	41	29.9
9	9	6.5	109	79.5	19	13.8
10	0	0	123	89.7	14	10
11	0	0	97	70.8	40	29
12	9	6.5	128	93.4	0	0
13	0	0	128	93.4	9	6.5
14	0	0	132	96.3	5	3.6
15	5	3.6	127	92.7	5	3.6

Validity of the Scale's Statements for Arab Nurses: Using frequency distribution, the validity of the patient statements and nurse responses in a nursing setting was assessed. The three-category response format consisted of "very often," "often," and "occasionally," from which respondents chose when asked to evaluate the frequency of patient's statements and nurse's responses in their own setting. Table 3 presents the frequency nurses' responses that fall into the various categories. The findings indicating that nurses agreed that patient statements are more likely representing the way their patients talk in their setting.

In addition, results on participants' responses on the occurrence of various nurse statements in their settings presents in Table 4 indicated that the nurse's responses–invite exploration or explanation, address precipitants of feelings and express care and concern had to be less likely representing the way they respond to their patients.

The frequency distribution of the two questions that required a categorical "yes-no" response was examined for differences. These questions were used to help assess the importance of empathy as a concept and if other psychiatric concepts were viewed as more important than empathy. "Do you think empathy is important?" the results showed that Arab nurses valued the concept of empathy. Responses to the second question, "Do you think other concepts such as supporting and teaching patients are more important than empathy?" showed that nurses considered other concepts such as supporting and teaching to be more important than empathy.

DISCUSSION

The purpose of this study was to investigate Arab nurses' views of the concept of empathy. The major finding was that Arab nurses valued the concept of empathy, yet they considered the nurse's response–contradict and platitude to be an empathetic behavior and the nurse's responses–invite exploration or explanation, address precipitants of feelings and express care and concern, had different occurrence. In addition, Arab nurses believed that in general this nurse's responses to be less likely representing the way they respond to their patients and teaching to be more important than empathy.

The results of this study suggested that despite western nursing teaching, other factors influence or may determine the values and constructs central to psychiatric nursing practice in UAE. Cultural values may be an important determinant of practice.

Demographic variables may contribute to the explanation of the differences in the responses to the items about contradicts and platitude. In this study, the majority of Arab nurses (72%) were male. El-Haddad [12] found that Arab male nursing students perceived themselves to be more authoritative and less facilitative in interpersonal relationships with clients. This may reflect

a greater sense of personal power in males than females, which is based on the higher status awarded to males in the Arab world.

Another interpretation is that UAE is a conservative Muslim country where religion and cultural practices may interfere with nurses' expressed and wanted behaviors, especially in interactions with a person of the opposite sex. Social interactions between men and women in UAE are not as open as they are in Western societies and are often carefully controlled [7]. Nevertheless, Arab female nurses are allowed to work with male patients and this cultural structure may restrict their behavior. Male nurses are not allowed to work with female patients.

Another difference related to the item about 'address any feeling'. Arab nurses related the nurse's response-addresses any feeling as a less empathic behavior. This finding may be attributable to the cultural reluctance or resistance in reporting emotional expressions; according to Leininger [13], Budman, Lipson and Meleis [14], western patients readily express feelings especially to their health professionals. One aspect of the present results that corroborate this finding is the other finding where Arab nurses considered the nurse's responses-invite exploration or explanation, address precipitants of feelings and express care and concern to be less likely representing the way they respond to their patients. This reflects the belief that the nurse-patient relationship is not centered on sharing and discussion of feelings with nurses in Arab culture.

The other interesting finding is the importance of other concepts such as supporting and teaching patients within the Arab psychiatric setting. This may reflect the Arab nurses' perception of the helping and professional role of the nurse.

Limitations: One of the study's limitations could be gender bias given the majority of sample was male. The small convenience sample is incapable of offering results that may be generalized to the wider population of nurses in the country.

It is also important to note that a response bias may have resulted from the cultural specificity of the concept being studied. Relying on a well-established Western instrument for research data contributes to this bias. The language in which the data were gathered is also problematic in the sense that there is a danger that Arab respondents misunderstood the concepts and questions about interaction skills. In the preliminary work, Arab respondents took 45 to 60 min to complete the questionnaires instead of the expected 30 min.

Recommendations: Despite the lack of generalizability related to the type and size of sample, the study's findings warrant further research and suggest that qualitative explanatory research is necessary to uncover the nature of psychiatric nursing practices in UAE. An in-depth descriptive study concerning psychiatric nursing practices in general, as a beginning step to identify nurses' personal values, interactions and relationship is needed. Given that there is a paucity of information available on Arab psychiatric nurses' interpersonal competence, such research may help to explain the present results. It was also apparent that the use of Western measures might conceal or confuse the findings. Greater care must also be taken to use methodologies appropriate to both the research questions and the sample being recruited.

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