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The Effects of An Active Listening Technique on The Nurses' Empathy Abilities in Giving Nursing Services in Surabaya

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ABSTRACT

Nursing service given to a patient will be excellent if the nurse shows her empathy to the patient. The objective of this present research is to analyze the effects of the active listening technique on the nurses' empathic ability in giving a nursing service in the hospital Soewandhi, Surabaya. It was a quasi-experimental type with non randomized control group, pretest-posttest design. The population were all nurses in the hospital Soewandhi and the sample was taken randomly. The data were descriptively and inferentially analyzed using the Wilcoxon and Mann-Whitney Tests with the level of significance of 0.05. The results showed that the change of the total mean score in the empathic abilities in the control group before and after the intervention was insignificant with the p-value of 0.262. The intervention group showed a change of the total mean score in the empathic abilities before and after the intervention with the p-value of 0.000. Meanwhile, among the control groups with intervention, a significant difference was shown with the p-value of 0.001. The nurses trained in the application of the active listening technique showed better empathy abilities than those who did not get any training.

Keywords: Active listening technique, Empathy ability, Nursing service

INTRODUCTION

Nursing service is a form of a professional service which is an integral part of service which is based on the science and tips of nursing in the form of a comprehensive bio-psycho-socio-spiritual service intended to individuals, families and communities that are sick or healthy, including all processes of human life. Nursing service in the form of either help or care is given because of physical and mental weaknesses, limitation of knowledge and lacking of will to make them able to do all their daily activities.⁽¹⁾ High-quality nursing service provided by nurses may be attained if they are able to show caring attitudes to their patients. In this case, the nurses should possess empathy to the patients. When a nurse gives a service to her patient, she should speak gently, give touches and hopes, and be ready anytime to serve him/her and be able to understand him/her and to work together with the patient in the healing process.⁽²⁾

Empathy is a key to success in communication and in participating in giving a support to what is being felt by a patient. As an empathetic nurse, she should try as hard as possible to really understand what a patient is thinking and experiencing. In this condition, empathy may be expressed through various ways such as saying something of what a nurse is thinking about her patient, and showing an awareness of what is being experienced by a patient. Empathy enables a nurse to take part for a while in something dealing with the patient's emotions. Nurses possessing empathy to others may avoid any judgment on the basis of conscience to someone. In general, empathetic nurses will become more sensitive to patients.⁽³⁾ But not all nurses have abilities in giving empathies to their patients.

Nurses' abilities to give empathies in their nursing services to patient still low. It is in line with the data from research results, where the population was 30 nurses, showing that 56.6% (16 nurses) had a low level of empathy under the empathy type of self- and patient-respect; 60% (18 nurses), a moderate level of empathy under the accepting empathy type; and 50% (15 nurses) under the low level under the listening empathy type, and 46.6% (14 nurses) had a low level under the open, sincere and flexible empathy type.⁽⁴⁾ Meanwhile, according to the research result, it is shown that 14.9% of nurses showed a low level of empathy ability. Patients' perception of the nurses' empathy is under a good category with the frequency of 111 persons (75.6%).⁽⁵⁾ According to the

research result, it is known that patients' perception of nurses' empathy was under low category (24.4%).⁽⁶⁾ Meanwhile, from the explanation from her survey results, it was shown that the nurses who were doing their jobs never gave any verbal or nonverbal responses to what the patients felt and the nurses never mention the causes of what the patients felt. The preliminary on 10 nurses made on May 2017 in hospital Soewandhi Surabaya it was known that 60% nurses showed empathy in low category, 30% moderate, and the rest, good category.

An effort made to improve nurses' ability in empathy through an interpersonal communication is by applying an active listening technique to any complaints felt by the patients as their responses when giving nursing services. This listening technique is intended to help patients solve their problems. It is through this active listening that the nurses are trying to grasp, know, and understand what actually the patients want to say and express.

This active listening skill plays an important role in interpersonal communication since it may give positive impacts and also create a better interpersonal relationship with the patients. Therefore, improving this active listening technique will be very beneficial.⁽⁷⁾ The purpose of this study is to know the effects of the active listening technique on the nurses' empathy in giving nursing services in the hospital Soewandhi Surabaya.

METHODS

The research design used Quasy Experiment type Non randomized control group pretest posttest design. The population were all nurses in the hospital Soewandhi Surabaya and the sample was taken randomly. The measurement technique employed was a questionnaire consisting of 20 items where each item contains four alternative answers in the form of a Likert Scale. The data were descriptively and inferentially analyzed using the Wilcoxon and Mann-Whitney Tests with the level of significance of 0.05 intended to understand the effects of the active listening technique on the nurses' empathy ability in giving the nursing services in the hospital Soewandhi Surabaya.

RESULTS

In this present research is intended to present the data descriptively on the characteristics of respondents and the pictures of the nurses' empathy abilities.

Table 1. Distribution of age, sex, marital status, education and working

Category	Control (n=15)		Intervention (n=15)	
	Frequency	Percentage	Frequency	Percentage
Age				
a. >30 years	9	60.0	11	73.3
b. ≤30 years	6	40.0	4	26.7
Sex				
a. Male	6	40.0	5	33.3
b. Female	9	60.0	10	66.7
Marital status				
a. Single	6	40.0	5	33.3
b. Married	9	60.0	10	66.7
Education				
a. DIII	11	73.3	12	80.0
b. S1	4	26.7	3	20.0
Working time				
a. <5 years	4	26.7	5	33.3
b. ≥5 years	11	73.3	10	66.7

Table 1. shows that the age in the control and intervention groups was over 30 years, namely 60% and 73.3%, respectively. The sex in the control and intervention groups was dominated by female namely 60% and 66.7%. dealing with the marital status, most nurses were married. But in terms of education, DIII in nursing graduates dominated. More nurses had 5 years of working time.

Table 2. Description of nurse's empathy abilities in the control group

Variable	Mean	SD	Min-Max	CI 95%
Empathy ability before the treatment:	56.27	6.239	41-61	52.81-59.72
Empathy ability after the treatment:	58.33	5.420	43-63	55.33-61.34

Table 2. shows that the mean of total score of the empathy ability before and after the treatment was 56.27, and 58.33, respectively. The minimum score of the empathy ability before and after the treatment was 41 and 43, whereas the value of the maximum score in the empathy ability before the treatment was 61 and after the treatment was 63.

Table 3. Description of nurses' empathy ability in the intervention group

Variable	Mean	SD	Min-Max	CI 95%
Empathy ability before the treatment:	54.20	7.350	41-65	50.13-58.27
Empathy ability after the treatment:	66.07	4.935	60-73	63.33-68.80

Table 3. the mean of the total score of the empathy ability before the treatment was 54.20 and after the treatment was 66.07. The value of the minimal score of the empathy ability before the treatment was 41, and after the treatment was 60. Whereas, the value of the maximum score of the empathy ability before the treatment and after the treatment was 65 and 73, respectively.

The following is presented the picture of the change in the nurses' empathy abilities in the control group.

Table 4. The change in the nurses' empathy abilities before and after therapy in the control group

Variable	Before			After			p-value
	Mean	SD	CI 95%	Mean	SD	CI 95%	
Empathy ability in the control group	56.27	6.239	52.81-59.72	58.33	5.420	55.33-61.34	0.262

Table 4. shows that the change in the mean total score of the empathy abilities in the control group before and after the intervention was insignificant (before intervention was 56.27 and after the intervention was 58.33). the results of the Wilcoxon Test showed that the p-value was 0.262 (p-value of > 0.05), meaning that no significant difference existed before and after the intervention.

The following is presented the change in the empathy ability in the intervention group.

Table 5. The change in the nurses' empathy abilities before and after in the intervention group

Variable	Before			After			p-value
	Mean	SD	CI 95%	Mean	SD	CI 95%	
Empathy Ability in the Intervention Group	54.20	7.350	50.13-58.27	66.07	4.935	63.33-68.80	0.000

Table 5. shows that there was a significant change in the mean total score of the empathy abilities in the intervention group before and after the intervention (before and after the intervention was 54.20 and 66.07, respectively). The result of the Wilcoxon Test showed the p-value of 0.000 (p-value of < 0.05), meaning that there is a significant difference before and after the intervention.

The following is present the picture of the change in the empathy ability in the control and the intervention groups:

Table 6. The Change in the Empathy Ability in the Control and Intervention Groups

Variable	Control			Intervention			p-value
	Mean	SD	CI 95%	Mean	SD	CI 95%	
Empathy Ability	58.33	5.420	55.33-61.34	66.07	4.935	63.33-68.80	0,001

Table 6. shows that there was a change in the mean score of the control and intervention groups (the control group was 58.33 and the intervention group was 66.07). The result of the Mann-Whitney test showed the p-value of 0.001 (p-value of < 0.05), meaning that there was a significant difference between the control and the intervention groups.

DISCUSSION

The characteristic of an empathy ability may be formed through the ability in listening to others. Listening is a skill that should be possessed in order to sharpen one's empathy ability. The attitude of willingness to listen

gives a better understanding of others' feelings and elicits some acceptance of any differences. Listening is an important ability which is often needed to understanding any problems being faced by others.⁽⁸⁾

The ability in listening should also be trained to give more positive impacts on our social interactions. Moreover, it is also necessary for us to have some willingness to open ourselves to others, especially by giving opportunities to others to speak of what they want without being interrupted until they finished speaking. It is through active listening that we try to grasp, know and understand actually what one wants to present and express so that we are able to understand others' feelings.

The key to understanding others' feelings is to be able to read their non verbal messages, intonations, facial expressions and the like. The ability to read the non verbal message will help one know what actually happens that cannot be expressed verbally.⁽⁹⁾ Such a non verbal message gives a lot of opportunities for us to understand what actually happens to someone since this message is difficult to manipulate. Therefore, we have abilities to give empathy to others namely by feeling or appreciating others' feelings or experiences but we do not drift into their feelings but understand what is felt by others.

Active listening is one of the hearing techniques in an attempt to "help" other troubled people. Through active listening we can have the ability empathy against others that is trying to capture, understand and understand what really want to be expressed and expressed by someone and feel what others complain about.⁽¹⁰⁾

To apply an active listening technique, the nurse must perform a process of empathetic understanding, which seeks to understand the other's world of the patient as seen and felt by the patient, and not as seen or understood by a nurse.⁽¹¹⁾ Through this empathetic understanding the nurses prove that they are listening actively and not only at a glance catching the words that come out of the troubled patient.

Nurses who were trained in active listening techniques experienced a change in empathy for patients in providing nursing services. Nurses can facilitate two-way communication relationships, as well as efforts to understand the patient's perceived grievances. So nurses can open up to receive messages from troubled patients. In addition, nurses can also try to understand what the patient needs

CONCLUSION

1) Nurses' empathy abilities in giving nursing services in the group without the training in the active listening application (the control group) did not show any significant difference in the score of the empathy ability. The nurses still did not show their empathy ability fully, did not listen to their patients' complaints well, and were not aware of their patients' condition; 2) Nurses' empathy abilities in giving nursing services in the intervention group after being given a training in the active listening technique application were better than before. It is proved by the improvement in the score of their empathy abilities so that the nurses gave more attention to the patient's need, were aware of the patients' condition, and were willing to listen to all patients' complaints; 3) Nurses' empathy abilities in giving nursing services between the group that got a training on the application of the active listening technique and the group without such a training showed significant scores in their empathy abilities.

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