Quality of Nursing Care: The contribution of Empathy, Spiritual Beliefs and Incentives on Nursing Staff

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ABSTRACT

Introduction: Studies have shown the important role of empathy, spirituality and motivation of nursing staff in the quality of nursing care provided.

Aim: The investigation of the impact of empathy, spiritual beliefs and incentives on nursing staff on the quality of nursing care provided.

Methods: The majority of participants were university graduates (65 persons, 58%), women (95 persons, 84.8%) and married (67 persons, 59.8%). The mean age was 41.38 ($\pm$ 8.98) years old. The following tools were used to collect data: For the assessment of the provided nursing care, a questionnaire of 19 questions was addressed to nursing staff assessing specific areas. A structured questionnaire consisting of 37 questions was used to estimate the degree of motivation (motivation). To evaluate empathy, the Toronto Composite Empathy Scale (TCES) questionnaire was used with questions about the cognitive and professional dimension of empathy in both personal and professional level.

Results: There was a statistically significant positive correlation between spirituality and quality in nursing care (technical, informative, food, cleanliness, noise, nursing and hotel complex) (p <0.05). In addition, statistically significant positive correlation was observed between emotional personal empathy as well as emotional professional empathy with quality in nursing care (noise) (p <0.05). Statistically significant correlations were also found between motivation and quality in nursing care provided (p <0.05), technical aspects, relationships - time, information, food, cleanliness, noise, nursing and hotel complexes.

Conclusions: Research findings indicate the clear association between empathy, spirituality and motivation of nursing staff with the quality of nursing care provided.

Key – words: Empathy, quality, motivation, nursing care, nursing staff, spiritual beliefs

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HIGHLIGHTS / KEY POINTS:

- Communication, trust and mutual support are the most effective ways of motivation of employees.
- The factors affecting motivational level is the relationship between nurses and management, as well as the effective within-department collaboration.
- Empathy, spirituality and motivation of nursing staff play an important role in the quality of nursing care provided.

INTRODUCTION

Motivation of nursing staff is an individual distinct element of the leader or head of the nursing department. The supervisor is required to have knowledge of the basic principles of management, to have sufficient professional experience, particularly individual characteristics and qualifications. But today's nursing leaders are acting collectively, they do not delegate responsibilities, either due to lack of organizational skills, unwillingness to develop the existing ones or insecurity and fear of ceasing to be necessary (Sarafidis & Tsiora 2006).

The most effective way of motivation is through improved communication and a high level of trust and mutual support, which increases the sense of responsibility and commitment of employees, leading to motivation while increasing performance and improving the quality of service. In addition, the needs of staff are fulfilled to the extent possible, which leads to an increase in their morale and thus to a reduction in negative phenomena such as the tendency for absences (Sarafidis & Tsiora 2006).

Of course, an incentive system presupposes that the head of a department recognizes the employees' characteristics and needs. Thus, he/she will be able to inspire and guide his/her subordinates by controlling and orienting their feelings and behavior. At the same time, he/she will be a manager, a friend, a psychologist and a collaborator, resolving any conflicts and complaints, while imposing the required discipline. Incentive tools that keep nurses active, while at the same time satisfy the provision of quality healthcare, can be considered to create a team climate through cooperation. The aim is to achieve communication, ensuring mutual respect in order for the exchange of personal views to be constructive. This process requires objectivity and understanding, ability to identify and analyze opportunities, willingness to take risks and, of course, the ability to take decisions even in difficult conditions with immediate adaptation and dealing with new situations (Sarafidis & Tsiora 2006).

Motivation of nurses is encouraged by activities such as enriching work, praising, assigning responsibilities, promotions, partnerships, achievements, participation in the organization's activities, and focusing on the vision, values and strategy (Swansburg & Swansburg 1999, Paleologou et al 2006, Wieck et al 2009).

In particular, an important way of motivating nursing staff could be *financial incentives*. The remuneration, benefit and reward policy determines financial gains by acting motivationally, especially when linked to positive behavior. Increasing nurses' correlation with education and training, as well as efficiency (team-level) are important elements of motivation (Hicks 1994, Moody & Pesut 2006, Mpourantas 2005, Kelesi-Stavropoulou & Stavropoulou 2010). *Participation in decision-making* could be considered another way to motivate personnel making him/her feel more accountable and willing to achieve better performance (Fanariotis 2000). *Redistribution of staff* in the various departments, another motivation strategy, is made according to their specialization, their time on the job and their contribution to the organization (Wieck et al 2009, Lirtzis 2009). In addition, *adoption and achievement of goals* is a method of planning for the future, giving people momentum, motivating them. It is important that nurses recognize their limits and skills and use them to make changes required to achieve the goals (Wieck et al 2009, Lirtzis 2009). *Evolution at the workplace* is considered another motivation strategy. Developing higher scores in evaluation, when this is essentially linked to higher pay and recognition is always an important incentive for employees. Such upgrading should be done only with merit criteria and enhance the potential for development (Wieck et al 2009, Lirtzis 2009). Through attendance of conferences and seminars, health professionals are given the opportunity to stay in touch with developments and new health data, increasing their interest in their work and presenting *personal development* (Wieck et al 2009, Lirtzis 2009). The *organizational climate* concerns the subjective perception of nurses about their

organization and seems to have a significant impact on the desire to participate in project performance. It is obvious that their motivation is affected by a bad climate (Turnipseed 1990). A healthy organizational climate can motivate the nurse due to the integration of organizational and personal goals, the participation of all in decision-making, cohesion and mutual trust among partners, the possibility of autonomy, fair reward systems and physical comfort and security in workplace (Flarey 1991, Laschinger et al 2001). Furthermore, *leadership* is important and sets the stature of a health organization. Leaders provide the visions and objectives of the organization and the action plan to achieve them. Nursing leaders can motivate their subordinates by increasing group cohesion, eliminating occupational anxiety, providing continuing education, ensuring a sense of equity among nurses, and increasing rewards (financial, promotions, working conditions, prestige, interest in the job, satisfactory management) (Flarey 1991, Laschinger et al 2001). Even the *working environment* can motivate nurses. A safe working environment can have a significant impact on the motivational levels of nurses. The best possible safety and hygiene in the workplace, adequate illumination, reduced noise, adequate ventilation and ergonomics determine the physical, psychological and social environment. When using the terminology -safe- it is considered to be correlated with the five security factors which include a) the organization's commitment to the nurse, b) the involvement of the administration, c) the empowerment of nurses, d) remuneration systems and e) reference systems (Chatzipantelis & Sigalas 2009). Finally, the development and use of *effective communication* channels can have a positive impact on nurses; exchanging timely and accurately information either verbally or via a communications book, promotes problem solving and mutual support as well as enhances interpersonal relationships. Nurses, regardless of their field of specialty, are mostly motivated by decentralized communication networks (Kakavoulis 1992). According to Elander & Hermerén (1991) the most important factors affecting motivational level is the relationship between nurses and management, as well as the effective within-department collaboration.

Empathy, Spirituality and Nursing

Taking all of the above into consideration, it is very important for hospitals to develop such an environment that would allow for staff members to grow both as individuals as well as professional; this in turn will allow for a better treatment quality to the per se patient (Aiken et al 2002). However, even with the mentioned changes the nursing environment can remain stressful.

Wright (2002) describes spirituality as "our beliefs about our position in the world, how we define ourselves as individuals seeking meaning and purpose for our lives. It includes how we relate not only to ourselves but also to others and perhaps to our "god" (p. 709). Burkhardt and Hogan (2008) argue that spirituality is "finding meaning and purpose in life, overcoming beyond the physical body and experiencing or feeling of consistency with oneself, others, nature, literature, the arts and power greater than himself "(p. 928).

Health, defined as emotional, social and biological coverage of the individual's needs, is a multifactorial phenomenon with clear social, psychological, biological and cultural parameters. In the patient's psychological sphere feelings prevail. Fear exists behind every thought. The person is emotionally sensitive when he suffers, because his spiritual well-being is mainly based on the illusion that he is immune. The illness challenges this illusion and makes it a condition that the individual's private world is safe. Suddenly the individual feels weak, helpless and vulnerable (Stalikas & Chamodraka 2004).

The patient comes to the hospital with the believe and hope that they will get well. Integrated hospital care that seeks both the physical and mental health of the patient requires in principle the existence of a multidisciplinary team consisting of medical, nursing and other specialized staff. The attitude of the treating physician as coordinator, the cooperation of all and the mutual recognition and respect of each one's work ensures the smooth cooperation of the team and consequently the holistic management of the patient. The patient's view of the therapist's credibility, attractiveness and scientific authority affects the quality of the therapeutic relationship (Stalikas & Chamodraka 2004).

When nursing staff are called upon to assume a corresponding supportive role, they should take into account not only the objective demands of patients but also their subjective nuances. The lack of attention to the emotional reality of the illness outweighs the many clues that confirm the fact that the emotional state of humans can play an important role in their vulnerability to illnesses and of course in the course of their recovery (Atkison & Smith 2004).

According to research, health professionals, who did not trust their abilities, were tired or bored, defensive or critical, unable to offer some kind of comfort and support to the patient. This seems to be linked to low levels of medical coordination, ie harmonious cooperation to tackle the problem together (Atkison & Smith 2004).

Studies on the characteristics and techniques that have a beneficial effect on the development of the

therapeutic alliance have shown specific therapist's characteristics, which seem to promote its consolidation. The most valuable are empathy, warmth and sincerity.

According to studies, empathy is a predictive indicator of the productivity of nursing staff. It can affect its behaviors towards patients, behaviors that are determined by psychological and socio-cultural factors and hence the quality of health care provided. Having developed empathy, nursing staff can identify factors related to improving the quality of patient care (Atkison & Smith 2004).

The empathy of nursing staff has a direct impact on workplace performance, stress management, and the organization of health care units. It is directly related to job satisfaction, which is linked to the quality of care provided. Emotionally intelligent nursing staff can more easily ensure healthy interpersonal relationships, recognize and understand the feelings of patients, leading to being more satisfied with their work and positively affecting the care provided (Tsounis & Sarafis 2014).

The relationship between a healthcare professional and a patient as he or she is formed under stress, pressure and addiction, presents a number of peculiarities. Each patient conveys personal expectations, particular fears and anxieties, which, if not known and taken into consideration by the specialist, will reduce the chances of collaboration and compliance with the guidelines, increasing the potential failure of any therapeutic approach (Tsounis & Sarafis 2014).

The use of appropriate communication techniques and tools can improve the healing relationship, bringing benefits to both individuals and the overall functioning of health services. After all, unhappy patients lead to increased spending through the overloading of health structures, causing a knock-on effect on the quality and efficiency of the overall system (Tsounis & Sarafis 2014).

The cornerstone of improving the levels of communication lies within education and in particular during their undergraduate and postgraduate training. Despite the technological development, the main factor of determining the efficiency of health systems is still the human potential. Investing in improving the communication skills of staff is a top priority in an effort to upgrade the services provided.

On the other hand, nursing staff takes care of the mind, the body and the spirit of the patients, as well as provide them with holistic care (Dossey et al 2005). Spirituality affects all aspects of nursing care and is not only explored when nursing staff provides mental care to patients (Carroll 2001). Nursing staff are looking after patients who have been affected by a verity of emotional and psychical difficulties. In addition, they provide care to patients, while at the same time they treat their own spirituality or the meaning of life. Nursing staff that have a better understanding of their own spirituality can be more effective in providing quality healthcare (Greasley et al 2001, MacLaren 2004, Miner-Williams 2006).

The role of nursing staff as a quality factor within the hospital

Nursing is a profession of care which requires not only mental and emotional strength, but also physical, always having as a primary priority the satisfaction of the patient's needs, his/her physical care and his/her psychological support (Baines et al 1991).

Nursing staff in order to successfully pursue this profession is important to have the appropriate cognitive, technical and interpersonal skills. In addition, interaction and ongoing communication with the patient is essential. As a result, the quality of nursing services is strongly influenced by staffing levels, as well as the general working conditions prevailing in the hospital area (Forrest 1990, Dimitriadou 2008). According to literature, some of the factors determining the smooth operation of a hospital and consecutively the nursing profession are the equipment, the quality of the buildings, staffing and the logistical infrastructure of workplaces. The key element characterizing the quality of the work environment is directly linked to the quantitative and qualitative composition of nursing staff. The quantitative composition is determined by the nurse-to-patient ratio and the quality of education (Fagermoen 1999, Attridge & Callahan 1989).

Adequate staffing of a healthcare unit with nursing staff is the necessary condition, on the one hand, in order for quality care to be provided to the patient and, on the other, to be able to develop all aspects of his/her nursing role. In addition, it is said that it contributes decisively to the implementation of nursing activities in a safe way and to having adequate time to meet the needs of the patient (Mackay 2001, Gavin 2004).

It is also important to note that the level of education is linked to the level of knowledge, which can affect the nurse's professional judgment. It is well known that nursing staff is close to the patient's family; as such, nurses have the ability, to minimize any adverse consequences for the patient's life, thus providing a high level of care; this depends on the educational level as well as the per se experience. (Mackay 2001, Gavin 2004). While nursing research at international level has highlighted over the past decades how nurses are involved and contributing to the quality of patient care provided, in Greece the dynamics of the profession's role has not been realized; this has direct consequences on the formulation of working conditions, the legal

framework governing the exercise of the profession and social representations for nursing science (Mackay 2001, Gavin 2004).

Logistical equipment and adequate infrastructure are needed in order of healthcare services to be successful in their role. These are associated with increasing the efficiency and effectiveness of nursing staff and the gradual improvement of communication within the multidisciplinary team. At the same time, it has been shown to affect the professional satisfaction of staff, as well as their physical and psychological health (Pinder 1998). In addition, they contribute decisively to improving working conditions, inter-institutional relationships and patient satisfaction with health care provided (Pinder 1998). Research conducted in nursing staff in Greece have identified the obsolete and unrealistic public image of the profession, the poor working conditions and the lack of satisfaction from working conditions. Greek literature review reveals that in the country very few research studies exist that are related to the subject (Dimitriadou 2008).

The purpose of this paper is to look into the impact of empathy, spiritual beliefs and incentives on nursing staff and on the quality of nursing care provided. The main research hypothesis is that the low level of empathy, spirituality and motivation of nursing staff is expected to adversely affect the quality of healthcare provided to patients hospitalized in a General Hospital.

METHODS
Research Design
A quantitative, cross sectional study was performed with independent variables empathy, spirituality and motivation for nursing staff, and dependent variable the quality of nursing care.

Sample
The sample of the present study was nursing staff working at a public General Hospital in the wider area of Athens, particularly in medical and surgical departments, as well as in the Emergency Department. Inclusion criteria were for participants to be more than 18 years old, to have a University, Technological and Secondary Education degree, to be working more than a year, and to speak and write fluently Greek.

Questionnaires
Initially, the respondents were given a form with their demographic and professional details, and included in particular: gender, age, family status, educational level, years of work in the health sector and responsibilities in the ward.

For the assessment of the provided nursing care, a

questionnaire of 19 questions was addressed to nursing staff evaluating specific areas, namely: a) nursing techniques; b) informing the patient and his/her family environment; c) time near the patient; d) hotel services; e) overall satisfaction of patients with the health care provided (Lampraki et al 2013).

A structured questionnaire was used to estimate the degree of motivation (incentive), which was also used in a similar survey in 2007 in Greece (Geitona 2007). The questionnaire consisted of 37 questions. The first question was about the total job satisfaction. Nursing staff was asked to express its overall satisfaction with its work on a five-level scale. Questions 2-27 refer to the satisfaction of nursing staff with regard to the motivation and hygiene factors of Herzberg's theory. In the last questions (28-37) nursing staff were asked to provide information on family status, education, years of service, salary and working status.

To evaluate empathy, the Toronto Composite

Table 1. Socio-demographic data of the participants

Educational level		Frequency	Percent
	High school	2	1,8
	Lyceum	25	22,3
	AEI/TEI	65	58,0
	Master	18	16,1
	Total	110	98,2
	Missing values	2	1,8
Total		112	100,0
Gender		Frequency	Percent
	Male	14	12,5
	Female	95	84,8
	Total	109	97,3
	Missing values	3	2,7
Total			100,0
Family status		Frequency	Percent
	single	36	32,1
	married	67	59,8
	divorced	8	7,1
	Total	111	99,1
	Missing values	1	,9
Total			100,0

Table 2. Professional data of the participants

Category			Frequency	Percent
	ΠΕ Nursing		9	8,0
	ΤΕ Nursing		76	67,9
	ΔΕ Nursing		25	22,3
	Total		110	98,2
	Missing values		2	1,8
Total				100,0
Responsibility			Frequency	Percent
	yes		26	23,2
	no		80	71,4
	Total		106	94,6
	Missing values		6	5,4
Total				100,0

	N	Lower score	Higher score	M	St. deviation
Total experience	109	,00	32,00	15,1865	10,53844
Years of work in the specific department	108	,00	25,00	6,5624	6,77913
Hours of work/week	109	8,00	48,00	39,0826	5,61435

Empathy Scale (TCES) was used to include questions about the cognitive and professional dimension of empathy in both personal and professional life. The higher the score obtained, the greater the empathic capacity (Yarascavitch et al 2009).

Finally, the spirituality experience scale, consisting of 15 questions, was used to evaluate spirituality. The respondent was asked to respond by choosing one of the 6 answers given (several times a day, every day, most days, some days, every now and then or almost never) (Underwood et al 2002).

Data collection process

This research study was conducted according to the fundamental ethical principles governing the conduct of social research. Particularly, full confidentiality has been respected as regards to the information concerning the participants and the security of the relevant material has been safeguarded, anonymity of the participants was secured, the results obtained were used solely for the purposes of this research and only by the particular research team, the stress or emotion of the participants has been reduced to a minimum, the reliability of the resulting findings was ensured by accurate and complete description of the methods,

sample, material and general conditions of the survey, and all participants were informed in writing and orally and signed a consent form.

Statistical analysis

In the study, Cronbach's credibility factor was applied to assess the internal consistency of the tools. For the existence or non-regularity in the sample, the Kolmogorov Smirnov test was performed. A frequency analysis was performed to present the results of the patients' answers to the questionnaires who participated in the survey. In addition, the descriptive command was executed to examine the average. Quantitative variables are presented as mean (± standard deviation), while the qualitative variables as frequencies (%). In order to investigate the correlations between empathy, spirituality and motivation for nursing staff with the quality of nursing care, Pearson correlation analysis was performed out. Statistical analysis was performed with the IBM SPSS Statistics 23.00 package. Statistical significance was set at a p value below 0.05.

RESULTS

Tables 1, 2 and 3 present the socio-demographic and clinical characteristics of the sample. In particular,

Table 3. Empathy, spirituality, motivation and quality of nursing care

	N	Lower score	Higher score	M	St. deviation
DSES total	89	27,00	90,00	54,2135	15,23264
DSES - How close to God do you feel?	108	1,00	4,00	2,6481	,82388
TCES cognitive personal empathy	107	13,00	61,00	42,7383	8,32402
TCES emotional personal empathy	100	13,00	62,00	44,7300	9,80193
TCES cognitive professional empathy	99	13,00	56,00	41,8182	9,15442
TCES emotional professional empathy	100	20,00	65,00	42,8700	9,91953
Motivation - Are you totally satisfied with your work at the Hospital you serve today?	90	1,00	4,00	2,4333	,77966
Aim achievement	108	3,00	15,00	7,0463	2,08414
Motivation - When my job is good, it is recognized by the administration	110	1,00	5,00	2,9909	,99074
Motivation - Administration rewards me (praise or promotion or money) for the quality of my work	110	1,00	5,00	3,8455	1,03327
Subject of the work	108	2,00	10,00	4,1574	1,38862
Motivation - My supervisors count my opinion on decision-making	110	1,00	5,00	2,6000	,99724
Valuability of the administration	110	7,00	25,00	13,8455	3,51455
Supervision	108	3,00	10,00	5,5556	1,46825
Working conditions and safety	110	4,00	15,00	8,4455	2,32097
Interpersonal relations	110	4,00	20,00	10,6091	2,91499
salary	110	8,00	20,00	13,5000	3,32836
Nursing - technical side	98	1,90	5,00	3,9684	,68166
Nursing - relations - time	103	1,20	5,00	3,7398	,66441
Nursing - Information	107	1,00	5,00	3,8621	,77188
Hotel - Food	100	1,00	5,00	3,4200	,86375
Hotel - Cleanliness	106	1,50	5,00	3,8491	,93902
Hotel - Noise	97	2,00	5,00	3,5103	,71070
Nursing - total	96	1,97	5,00	3,8590	,64666
Hotel - total	96	1,83	5,00	3,5729	,67487

the majority of the participants were graduates of Higher Education (AEI/TEI) (65 persons, 58%), women (95 persons, 84.8%) and married (67 persons, 59.8%) with a mean age of 41.38 (± 8.98) years old (Table 1). Based on the results, the majority of the participants were in the Nursing profession (76 persons, 67.9%) and were not on administrative position (80 persons, 71.4%). In addition, the participants had an average total service of 15.18 (±10.53) years, 6.56 (±6.78) years of work in the department where they now serve, and worked on an average weekly basis of 39.08 (±5.61)

hours (Table 2). Based on the results presented in Table 3, the participants' spirituality reached 54.21 (±15.23). The cognitive personal empathy was 42.73 (±8.32), emotional personal empathy was 44.73 (±9.80), cognitive professional empathy 41.81 (±9.15), while emotional professional empathy was 42.87 (±9.92).

Regarding the credibility of the tools used, the Cronbach index has shown very satisfactory results. In particular, the credibility level for the spirituality questionnaire reached 0.931, the empathic questionnaire was 0.871, the tool for inducing 0.852, and finally the tool

for the quality of the nursing care provided was 0.916.

In the context of investigating the impact of empathy, intellectual belief and motivation on nursing staff on the quality of nursing care provided, the results showed statistically significant correlations. In particular, there was a statistically significant positive correlation between spirituality and quality in nursing care (technical, information, food, cleaning, noise, nursing and hotel complex) ($p<0.05$). In addition, statistically significant positive correlation was observed between emotional personal empathy as well as emotional professional empathy with quality in nursing care ($p<0.05$). Statistically significant correlations were also found between motivation and quality in nursing care provided ($p<0.05$), technical aspects, relationships - time, information, food, cleanliness, noise, nursing and hotel complexes.

DISCUSSION

The research findings demonstrate the close link that exists between empathy, spirituality and motivation of nursing staff with quality in nursing health care. More specifically, the spiritual beliefs of nursing staff seem to have a positive impact on satisfaction with the nursing care provided. This finding is in full agreement with the findings of other researches (Ross et al 2015, Boero et al 2005, Cobb & Beverly 2004).

Regarding the influence of empathy on the quality of nursing care of patients, it was found that both emotional personal empathy and emotional professional empathy affect positively the satisfaction of the provided nursing care. This research finding agrees with those of other related research (Folbre et al 2012, Kim et al 2004, Hojat et al 2011, Avgar et al 2011).

In the context of investigating the role of motivating nursing staff in the quality of nursing care provided, it seems that incentives have a negative impact on the level of satisfaction with nursing care. This finding is in agreement with other similar findings from previous studies (Dieleman et al 2006, Mehmet 2013).

However, this research has some limitations. The sample of nurses who participated in the study could not be used in order to generalize the findings to the general population. Furthermore, nursing staff only worked in the pathological and surgical fields. Therefore, for future investigations, the sample may be larger and more sourced in order to make the results more reliable.

Finally, it is important to stress that the importance of organizing support programs for nursing staff is indisputable. This will ensure the quality of nursing care provided.

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