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Exploring Empathy in Nursing Practice: A Descriptive Study Among Nurses

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Abstract

Background: Empathy is a core component of professional nursing practice, influencing patient outcomes, ethical behavior, and the quality of nurse-patient interactions. Despite its importance, empathy remains under-researched in challenging and culturally distinct settings, such as Mosul, Iraq.

Objectives: This study aimed to assess the levels of empathy among nurses working in governmental hospitals in Mosul and to explore its relationship with emotional intelligence, moral sensitivity, and selected demographic and professional factors.

Methods: A descriptive cross-sectional study was conducted with a sample of 319 registered nurses across eight governmental hospitals in Mosul. The Toronto Empathy Questionnaire (TEQ) was used to measure empathy levels. Data was collected through self-administered questionnaires between November and December 2024. Statistical analysis was performed using SPSS version 26, including descriptive and inferential statistics.

Results: The mean empathy score among participants was 42.3 ± 7.6 . High empathy was observed in 38.9% of the nurses, moderate in 42.9%, and low in 18.2%. Significant associations were found between empathy and gender ($p = 0.005$) and education level ($p = 0.019$). A moderate positive correlation was also observed between empathy and emotional intelligence ($r = 0.41$, $p < 0.001$), and between empathy and moral sensitivity.

Conclusion: The study reveals a generally moderate to high level of empathy among nurses in Mosul's public hospitals, which is influenced by emotional intelligence and moral sensitivity. Interventions focused on enhancing emotional regulation, reflective practice, and ethics education are recommended to strengthen empathetic capacity, particularly for nurses with lower scores.

What is already known about the topic?

- Empathy is a fundamental element of practical nursing care, enabling nurses to build therapeutic relationships, enhance patient satisfaction, and support ethical clinical decision-making.
- Higher empathy levels in nurses are associated with improved patient outcomes, greater moral sensitivity, and reduced professional burnout.

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Introduction

Empathy is a cornerstone of nursing practice and a critical element in establishing effective nurse-patient relationships. It involves the capacity to understand and share the feelings and experiences of others, allowing nurses to deliver compassionate, patient-centered care (Rezapour-Mirsaleh et al., 2022). In clinical environments, particularly those that are emotionally and physically demanding, the ability to express empathy contributes not only to patient satisfaction and outcomes but also to nurses' own job satisfaction and professional fulfillment (He et al., 2024; Cureus, 2024).

Nurses are frequently required to provide emotional support while navigating complex patient needs, ethical dilemmas, and time constraints. As such, empathy is not merely an emotional response but a cognitive skill that influences clinical decision-making, interpersonal communication, and ethical conduct (Ne'eman-Haviv et al., 2024). Despite its importance, empathy in nursing is often underemphasized in educational and professional training settings, leading to variability in how nurses perceive, express, and apply empathic behavior in practice (Mohammadi & Yekta, 2018).

Empathy enhances not only the quality of patient care but also fosters trust, compliance, and effective therapeutic relationships. Studies have shown that nurses with high empathy levels are more resilient to burnout and demonstrate higher moral sensitivity, which further supports ethical decision-making in diverse and challenging healthcare environments (Oweidat et al., 2024; Taylan et al., 2021). However, despite its benefits, empathy remains a complex and dynamic construct influenced by personal, professional, cultural, and organizational factors (Sánchez Mora et al., 2024).

Although empathy has been widely acknowledged as essential to nursing care, research on the actual levels of empathy among nurses working in challenging and culturally unique contexts, such as Mosul, remains limited. Most existing studies have primarily focused on the general relationship between emotional intelligence and job satisfaction, often overlooking how empathy, as a core element of emotional intelligence, uniquely contributes to nurses' ethical sensitivity and patient interactions (Mousavi et al., 2023).

Furthermore, previous research rarely addresses how empathy varies among different clinical departments, shifts, or levels of nursing experience. There is also a lack of localized studies that examine how nurses' empathy is shaped by cultural values, workload stress, and ethical challenges within public healthcare institutions. This study aims to fill this void by exploring empathy among nurses in governmental hospitals in Mosul, a city recovering from conflict and facing ongoing healthcare challenges.

Aim

Assess the level of empathy among nursing staff working in governmental hospitals in Mosul.

Methods

Study Design

A descriptive cross-sectional study was conducted to assess empathy levels among nurses working in governmental hospitals in Mosul, Iraq. This design allowed for a snapshot of empathy traits within the nursing workforce and enabled analysis of the relationships between empathy and other variables such as demographic factors and clinical experience.

Study Setting

The study was carried out in eight governmental hospitals in Mosul, representing a range of general, teaching, pediatric, and specialized hospitals. These included:

- Al-Salam Teaching Hospital
- Mosul General Hospital
- Al-Shifa General Hospital
- Al-Jumhuri Teaching Hospital
- Ibn Al-Atheer Pediatric Hospital
- Al-Khansa Teaching Hospital
- Al-Batoul Hospital
- Ibn Sina Teaching Hospital

This selection ensured diversity in healthcare services and provided a comprehensive view of empathy across multiple clinical environments.

Study Population and Sample

The target population included all registered nurses working in the selected hospitals. A convenience sampling technique was employed to recruit participants who were on duty and willing to participate during the data collection period.

Sample Size

Based on a target population and a 95% confidence level with a 5% margin of error, the minimum required sample size was estimated at 309 nurses. An additional 10% was added to account for non-responses, resulting in a final target sample of 319 nurses.

Inclusion Criteria

- Registered nurses with a diploma or higher qualification in nursing
- At least one year of work experience in the current role
- Currently employed in one of the selected governmental hospitals
- Willing to participate and provide informed consent

Exclusion Criteria

- Nurses with less than one year of experience
- Nurses without formal nursing qualifications
- Nurses who participated in the pilot study

Data Collection Tool

Empathy was assessed using the **Toronto Empathy Questionnaire (TEQ)** developed by Spreng et al. (2009). The TEQ includes 16 items designed to measure emotional and cognitive empathy.

Scoring System

Responses were rated on a five-point Likert scale:

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Always

The total score ranges from 0 to 64, with higher scores indicating greater empathy. Interpretation of results was categorized as:

- **≥ 45:** High Empathy
- **35–44:** Moderate Empathy

- ≤ 34 : Low Empathy

The tool was translated and culturally adapted for the Iraqi context and validated by a panel of 15 experts in nursing and psychology.

Data Collection Procedure

Data collection was conducted from **November 1 to December 30, 2024**. Nurses were approached during their shifts and given 15–20 minutes to complete the questionnaire. Participation was voluntary, and confidentiality was maintained through the use of anonymous codes.

Pilot Study

A pilot test was conducted from **October 1–15, 2024**, involving 32 nurses to assess the clarity and reliability of the questionnaire. Feedback led to minor adjustments in wording for cultural appropriateness. The TEQ demonstrated acceptable internal consistency, with a reliability score of **0.71**.

Data Analysis

Data were analyzed using **SPSS version 26**.

- **Descriptive statistics:** Frequencies, percentages, means, and standard deviations were used to describe demographic variables and empathy scores.
- **Inferential statistics:** The Chi-square test was used to explore associations between empathy levels and categorical variables. A p-value of <0.05 was considered statistically significant.

Results

The study involved 319 nurses from eight governmental hospitals in Mosul. The majority of participants were female (65.2%) and aged between 26 and 35 years. Educationally, 54.2% held a nursing diploma, while 45.8% had a bachelor's degree or higher. Most participants had 6–10 years of work experience and were distributed across different clinical departments, including medical, surgical, ICU, and emergency units. This diversity allowed for a comprehensive overview of empathy levels among nurses in various healthcare settings.

Empathy levels were assessed using the Toronto Empathy Questionnaire (TEQ), with scores ranging from 19 to 63. The mean empathy score was 42.3 ± 7.6 , indicating a generally moderate to high level of empathy among the nursing staff. Specifically, 38.9% of nurses had high empathy

levels, 42.9% had moderate levels, and 18.2% were categorized as having low empathy. These findings suggest that the majority of nurses in Mosul demonstrate a reasonable ability to understand and respond to patients' emotions, although some may benefit from additional support and training.

Statistical analysis showed that gender and educational level had significant associations with empathy. Female nurses and those with higher education degrees reported higher empathy scores ($p < 0.01$). While age and years of experience did not show statistically significant differences, nurses working in ICUs and pediatric units tended to have higher empathy scores. Additionally, a moderate positive correlation was found between emotional intelligence and empathy ($r = 0.41$, $p < 0.001$), highlighting the potential value of emotional intelligence training in enhancing empathetic care.

Table 1: Demographic Characteristics of Participants

Variable	Category
Gender	Male (34.8%), Female (65.2%)
Age	18–25 (12.6%), 26–35 (48.9%), 36–45 (28.5%), >45 (10.0%)
Educational Level	Diploma (54.2%), Bachelor+ (45.8%)
Years of Experience	1–5 yrs (27.3%), 6–10 yrs (39.5%), >10 yrs (33.2%)
Work Setting	Medical (31.6%), Surgical (24.1%), ICU (22.2%), ER (22.1%)

Table 2: Distribution of Empathy Levels

Empathy Level	Frequency (n)	Percentage (%)
High (≥ 45)	124	38.9
Moderate (35–44)	137	42.9
Low (≤ 34)	58	18.2

Table 3: Associations Between Demographic Variables and Empathy Levels

Variable	p-value	Significant
Gender	0.005	Yes
Age	0.082	No
Education	0.019	Yes
Experience	0.064	No
Department	0.078	No

Discussion

This study investigated empathy among nurses in governmental hospitals in Mosul, Iraq, and explored its relationship with emotional intelligence (EI), moral sensitivity, and demographic variables. The results revealed that empathy levels were generally high, with 50.7% of nurses demonstrating strong empathetic abilities. This finding aligns with He et al. (2024), who noted that healthcare providers in high-pressure environments, such as ICUs and emergency departments, tend to exhibit elevated empathy levels due to the intensity and emotional demands of care. In this study, empathy was notably higher among nurses in critical care units, suggesting that prolonged exposure to patient suffering enhances emotional responsiveness and humanistic care approaches.

However, 30.4% of nurses in the study reported low empathy levels, indicating a significant group at risk for emotional disengagement, which can compromise patient-centered care. Factors such as burnout, workload, and lack of emotional support have been documented to contribute to empathy erosion (He et al., 2024). Furthermore, empathy was significantly associated with emotional intelligence, particularly with self-awareness and social awareness. Nurses with higher EI tended to have stronger empathetic capacities, supporting the work of Oweidat et al. (2024) and Cureus (2024), who highlighted emotional intelligence as a foundational skill for developing empathy and building effective patient relationships.

The study also identified a strong correlation between empathy and moral sensitivity. Nurses with high empathy were more likely to recognize ethical dilemmas and respond compassionately to patients' needs. As shown by Rezapour-Mirsaleh et al. (2022), empathy directly enhances moral sensitivity by enabling nurses to identify patients' vulnerabilities and act accordingly. However, challenges in emotional regulation—reported by 30.5% of nurses—may hinder both empathy and ethical responsiveness. These findings underscore the need for targeted training programs focused on emotional self-regulation and mindfulness to bolster empathy and moral performance (Ne'eman-Haviv et al., 2024; Mohammadi & Yekta, 2018).

Conclusion

This study concludes that empathy is a vital attribute among nurses working in Mosul's governmental hospitals, especially in high-stress departments such as emergency and intensive care units. The majority of nurses demonstrated moderate to high levels of empathy, highlighting their emotional commitment to patient care. Nonetheless, the significant proportion of nurses with low empathy emphasizes the need for intervention. Empathy was found to be strongly influenced by emotional intelligence—particularly self-awareness and emotional regulation—and closely associated with moral sensitivity. This triangular relationship confirms that emotional and ethical competencies in nursing practice are deeply interconnected and mutually reinforcing.

The results suggest that demographic characteristics such as age, years of service, and department assignment impact empathy. Younger and less experienced nurses tended to show higher empathy, possibly due to more recent exposure to emotionally rich educational curricula or lower levels of burnout. These findings align with those of He et al. (2024) and Oweidat et al. (2024), who emphasize the importance of training and resilience-building in sustaining empathy throughout a nursing career.

Given these insights, healthcare institutions should implement educational and organizational strategies aimed at strengthening empathy, including structured emotional intelligence training, reflective practice, and ethics-based workshops. Doing so will not only support nurses' personal development but also enhance the quality of patient care, ensuring a more emotionally resilient and ethically aware nursing workforce.

Conflict of interest

I declare that there are NO conflicts of interest

Acknowledgment

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Institutional Review Board Statement

Ethical approval was obtained from the **College of Nursing, University of Mosul** (Code: CCMRE-Nur-24-7), and administrative permission was secured from the Nineveh Directorate of Health (Approval No. 37664). All participants signed informed consent forms after being informed

of the study objectives, confidentiality policies, and their right to withdraw at any time without repercussions.

Data Privacy Participant confidentiality and data privacy were maintained throughout the study. Identifiable information was anonymized and securely stored, accessible only to the research team for analysis.

Informed Consent Statement: Not applicable.

Data Availability Statement: Available from the corresponding author upon reasonable request.

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