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An Overview of Nurses' Empathy Attitudes in the Inpatient Setting Using *the Perth Empathy Scale* (PES)

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Abstract

Background: Empathy is a crucial component in the therapeutic relationship between a nurse and patient, particularly in inpatient services. Inpatient rooms demand more intensive and continuous interaction between patients and nurses. High empathy can enhance patient satisfaction and comfort, as well as improve the quality of nursing care. **Objectiv**e: This study aims to describe the empathic attitude of nurses in the inpatient setting using the Perth Empathy Scale (PES) instrument. **Methods**: This study used a quantitative descriptive design with a survey approach. The sample was selected using a total sampling technique, with a total of 74 nurses, and met the inclusion criteria. The data collection instrument was a structured questionnaire designed to measure nurses' empathy levels using the Perth Empathy Scale (PES). The instrument has been tested for validity (r 0.88) and reliability (r 0.97). The data was analyzed descriptively in the form of frequency and percentage distributions. **Results:** The results showed that of the 74 nurses, more than a fraction (50%) showed high levels of empathy, (4.1%) had an average empathetic attitude, and (45.9%) had low empathy. These findings show significant variation in nurses' empathetic attitudes in the inpatient room. **Conclusion:** Variation. The level of empathy among nurses highlights the need for ongoing interventions, including the application of soft skills and therapeutic communication, to enhance empathy attitudes and improve the quality of nursing services. The health service institution is expected to plan nurse professional development programs on the results of research.

Keywords: Empathy, Nursing, Nurse, Inpatient Space, Perth Empathy Scale

Abstrak

Latar Belakang: Sikap Empati merupakan komponen penting dalam pelayanan hubungan terapeutik antara perawat dan pasien, terutama pada pelayanan di ruang rawat inap. Diruang rawat inap lebih menuntut interaksi intesnsif dan berkelanjutan antara pasien dan perawat. Empati yang tinggi dapat meningkatkan kepuasan dan kenyamanan pasien serta meningkatkan kualitas asuhan keperawatan. **Tujuan:** Penelitian ini bertujuan untuk mendeskripsikan sikap empati perawat di ruang rawat inap menggunakan instrument *Perth Emphaty Scale* (PES). **Metode:** Penelitian ini menggunakan desain deskriptif kuantitatif dengan pendekatan survei. Sampel dipilih menggunakan teknik *total sampling* dengan jumlah total 74 perawat dan memenuhi kriteria inklusi. Instrumen pengumpulan data berupa kuesioner terstruktur untuk mengukur tingkat empati perawat dengan *The Perth Empathy Scale* (PES). Instrument sudah dilakukan uji validitas (*r* 0.88) dan reabilitas (*r* 0.97). Data dianalisis secara deskriptif dalam bentuk distribusi frekuensi dan persentase. **Hasil:** Hasil penelitian menunjukkan dari 74 perawat, masing-masing lebih dari sebagian (50%) menunjukkan tingkat empati tinggi dan (4.1%)memiliki sikap empati rata – rata dan (45.9%) empati rendah. Temuan ini menunjukkan adanya variasi signifikan dalam sikap empati perawat diruang rawat inap. **Kesimpulan:** Variasi Tingkat empati perawat menunjukkan perlunya intervensi berkelanjutan dalam bentuk pelatuhan soft skill dan komunikasi terapeutik, guna meningkatkan sikap empati sebagai bagian dari mutu pelayanan keperawatan. Instistusi pelayan Kesehatan diharapkan dapat menjadikan hasil penelitian sebagai dasar dalam perencanaan program pengembangan professional perawat

Kata Kunci*:* Empati; Keperawatan; Perawat; Rawat Inap; Perth Emphaty Scale

Introduction

Empathy is a crucial component of nursing practice, significantly impacting the quality of patient care and the nurse-patient relationship. The concept of empathy in nursing encompasses a wide range of emotional, cognitive, and behavioral phenomena that reflect the nurse's ability to understand and resonate with the patient's feelings and experiences. Empathy integrates an understanding of the patient's thoughts, emotions, and needs, so it is essential to address the complexity of clinical situations effectively (Keshtkar et al., 2024; Manoranjitham S et al., 2023; Q. Wang et al., 2022; Y.-L. Wang et al., 2022). The ability of nurses to understand and respond to patients' emotions empathetically not only reflects professionalism but also has a direct impact on the quality of service and patient satisfaction (Petrucci et al., 2021).

Although empathy has been recognized as an essential element in nursing practice, most previous research has focused more on healthcare workers' or nursing students' perceptions of empathy, rather than from the patient's point of view. Additionally, many studies employ a quantitative approach and are conducted in developed countries. In contrast, research that delves deeply into patients' experiences of nurse empathy in inpatient settings in developing countries is still limited (X. Wang et al., 2022)(Kirby et al., 2021). In the midst of the increasing use of technology in healthcare, there have not been many studies that have explored how empathy is built through direct interaction between nurses and patients in the context of conventional hospitalization (Daphne et al., 2021). Furthermore, the difference in perception between nurses and patients in interpreting empathy is also an issue that has not been widely researched. Therefore, research that specifically examines the relationship between nurses' empathetic attitudes and inpatient satisfaction levels is needed, particularly in hospitals with different social and cultural contexts.

Empathy measurement tools have been widely used in healthcare and education. The tools used have drawbacks that limit their effectiveness and accuracy. Previous research has revealed that many existing tools lack comprehensive coverage of all domains of empathy, often fail to capture cognitive and affective components, and are not always psychometrically robust or responsive to change over time (Depow et al., 2025; Ge et al., 2023; Weisz et al., 2021). The lack of consensus on definitions and frameworks for empathy measures makes it challenging to compare results across studies (Baseer et al., 2024; Can Gür & Yilmaz, 2020).

Compared to existing measuring instruments, the Perth Empathy Scale (PES) is the right and superior choice to measure nurse empathy because PES is designed to assess two main dimensions, namely cognitive and affective, as well as positive and negative emotions (Brett et al., 2022; Hamed et al., 2025). PES has undergone cross-cultural validity and reliability tests and has been adapted to various languages, so that it can be used flexibly in different socio-cultural and professional backgrounds (Hamed et al., 2025; Larionow & Preece, 2023; Ye et al., 2024). In Indonesia, which has an eastern culture, the service greatly influences the response of the community. Patients tend to expect a friendly, warm, and caring approach that reflects the values of social care and respect for others. The PES consists of 20 statement items designed to measure empathy as a multidimensional construct, covering cognitive and affective components across positive and negative emotions. Based on the advantages of PES, researchers are interested in using this instrument to assess empathy attitudes in nurses in the inpatient room.

Research Methods

This study uses a quantitative descriptive design with a survey approach. The sample was selected using *a total sampling technique,* comprising a total of 74 nurses, who met the inclusion criteria of being willing to participate as respondents and being on duty in the inpatient rooms of classes 2 and 3. The exclusion criteria were nurses who were on leave. The research was conducted in the inpatient area of the Cibinong Regional General Hospital. This research has been approved by the Ethics Committee of Esa Unggul University with the number: 0923-12.074 /DPKE-KEP/FINAL-EA/UEU/I/2024.

The data collection instrument was a structured questionnaire to measure nurses' empathy levels with the Perth Empathy Scale (PES). The instrument has been translated into Indonesian and has been tested for validity (r = .88) and reliability (r = .97). The PES consists of four subscales, five items, and three composite scores. The subscales are: Negative Cognitive Empathy (NCE), Positive Cognitive Empathy (PCE), Negative Affective Empathy (NAE), and Positive Affective Empathy (PAE). The Negative Cognitive Empathy (NCE) and Positive Cognitive Empathy (PCE) item subscales can also be combined into the General Cognitive Empathy (GCE) composite, and the Negative Affective Empathy (NAE) and Positive Affective Empathy (PAE) subscale items can be combined into the General Affective Empathy (GAE) composite. All items are combined into a total scale score as a marker of overall empathy ability. The statements were rated on a five-point scale ranging from 1 (rarely), 2 (sometimes), 3 (almost partially), 4 (mostly), and 5 (almost always), with higher scores indicating higher levels of empathy (Brett et al., 2022; Larionow & Preece, 2023). Data were analyzed descriptively in the form of frequency and percentage distributions for respondent characteristics and empathic attitudes, and respondents' age in mean and standard deviation.

Result

The research was conducted in the inpatient hospital of Cibinong Hospital from November to December 2023, with the results in the following tables.

Table 1. Frequency Distribution of Respondent Characteristics

Variable	Frequency (f)	Percentage (%)
Age	30.7 ± SD 5.87	
Gender		
Male	30	40.5
Female	44	59.5
Living with family		
No	13	17.6
Yes	61	82.4
Marital Status		
Married	46	62.2
Unmarried	26	35.1
Divorce	2	2.7
Education Level		
S1 + Ners	28	37.8

D3	46	62.2
Treatment Room		
Melati 2	30	40.5
Melati 3	17	23.0
Anggrek 3	27	36.5

Based on table 1, it can be seen that the average nurse is 3 years old (SD±5.87), gender more than part (59.5%) is female, the majority (82.4%) of respondents live with family, marital status is more than part (62.2%) married, the education level of the majority (62.2%) is vocational nurse, the majority (40.5) of nurses are on duty in the Melati 2 room.

Table 2. Frequency Distribution of Nurse Empathic Attitudes

Subscale/ Composite	**Total samples**			**Female**		**Male**	
	M	**SD**	**Cronbach's Alfa**	**M**	**SD**	**M**	**SD**
Subscales							
N-CE	12.4	4.15	.85	12.6	4.21	11.9	4.09
P-CE	11.9	3.4	.76	12.2	3.45	11.3	3.3
N-AE	9.3	2.83	.71	9.4	3.00	9.2	2.61
P-AE	13.8	3.86	.80	14.5	3.45	12.6	4.1
Composite							
G-CE	18.3	5.61	.89	18.8	5.72	17.6	5.46
G-AE	16.2	4.05	.81	16.6	3.89	15.5	4.26
Total (Empathy)	34.5	9.66	.92	35.4	9.61	33.1	9.72

Based on Table 2, it can be seen that the average total empathy score is 34.5 (SD = 9.66), reflecting a moderate overall level of empathy. When viewed by gender, the average empathy score of female nurses (35.4) is higher than that of male nurses (33.1). At the subscale level, the highest average score was found in Positive-Affective Empathy (P-AE) (M = 13.8; SD = 3.86). This result suggests that nurses are more effective in responding to patients' positive emotions. For the composite category, The General Cognitive Empathy (G-CE) score had a higher average (M = 18.3; SD = 5.61). The reliability value between the subscales (Cronbach's Alpha) is in the range of 0.71–0.89, which indicates that the PES instrument has good internal consistency.

Table 3. Frequency Distribution of Nurse Empathy Levels

Empathy Level	**Frequency (f)**	**Percentage (%)**
High	37	45.9
Average	3	4.1
Low	34	50

Based on Table 3, it can be seen that the level of empathy is high only (45.9%), while some (50%) nurses are still low.

Discussion

The results of the study found that the level of empathy of nurses is high (45.9%), which is still low (50%). This means that there is an imbalance in the distribution of nurses' empathy levels, where half of the respondents still have a low level of empathy. This is along with the low *Negative Affective Empathy* (N-AE) score, indicating possible obstacles in responding emotionally to the patient's negative emotions, such as pain, anger, or anxiety. Some studies reported low *Negative Affective Empathy* (N-AE) scores (Hamed et al., 2025; Ye et al., 2024). The dominance of high scores on the *Positive-Affective Empathy* subscale suggests that nurses tend to be more able to respond to patients' positive emotions emotionally.

Previous research has shown that high levels of empathy can improve therapeutic relationships, improve patient satisfaction, reduce patient psychological *distress,* and improve *patient care* outcomes (Atanay et al., 2023; Malbois & Hurst-Majno, 2023; Moreno-Poyato & Rodríguez-Nogueira, 2021). But if nurse empathy is low, it will undoubtedly have an impact on the quality of the therapeutic relationship between nurse and patient, decrease/low patient satisfaction levels, and increase stress experienced by patients due to their illness. This condition is a challenge in the application of empathic communication in the inpatient room, which can affect the quality of the therapeutic relationship between nurses and patients.

Nurse empathy can be formed by several factors, including personal, social, genetic, and environmental. Individual characteristics, such as inherent attitudes, mental and psychological states, age, gender, and professional identity, have been shown in existing research to influence outcomes—specifically, women, older individuals, and those with extensive life experience (Berduzco-Torres et al., 2021; Maximiano-Barreto et al., 2020; YU et al., 2022) have been found to exhibit these effects. Environmental and social factors, including the quality of parent, child, and peer relationships, teamwork ability, loneliness, and subjective well-being, are influential in generating greater empathy (Berduzco-Torres et al., 2021)(Boele et al., 2019; Silke et al., 2024). Genetic studies reveal that emotional empathy is more inherited than conjunctive empathy, but both are also shaped by family environment and life experiences. Acute stress, situational, and work environment pressures can increase and inhibit empathy and depend on the context and coping mechanisms of the individual (Nitschke & Bartz, 2023; YU et al., 2022).

Empathy has a significant impact on patient care, so nurses must increase empathy for patients continuously. Efforts to increase empathy with empathic communication training in this activity are carried out through *role play*. Additionally, nurse *mentorship*, clinical reflection, and direct supervision of nurses in delivering nursing care should be integral to the development of nursing human resources in healthcare facilities (Kirby et al., 2021; Yu et al., 2022).

The advantage of this study is that it utilizes a PES instrument with high reliability. The PES instrument measures empathy and includes cognitive and affective aspects and reaches both positive and negative dimensions. PES assesses empathy levels in different genders.

The limitation of this study is that the method employed is still descriptive, so it cannot establish the relationship between empathy and other factors. The number of samples in this study is still small, so there are limitations in generalization and the potential for respondent bias. This study also did not look at the impact of empathy on patients.

Conclusion

The results indicate that while some nurses have demonstrated a good attitude of empathy, a large number of others still need to improve their empathic skills, especially in dealing with patients' negative emotions. Therefore, the results of this study can serve as a basis for health service and nursing education institutions to design empathy and therapeutic communication training interventions, aiming to improve the quality of the nurse-patient relationship, patient satisfaction in particular, and the overall quality of nursing services. The following study aims to assess the extent of the relationship between nurse empathy and patient satisfaction with an increasingly diverse group of respondents.

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