

Journal of Caring Sciences, 2014, 3(1), 29-36 doi:10.5681/jcs.2014.004

http://journals.tbzmed.ac.ir/JCS



Empathy from the Nurses' Viewpoint in Teaching Hospitals of Tabriz University of Medical Sciences, Iran

Kobra Parvan, Hossein Ebrahimi, Vahid Zamanzadeh, Alehe Seyedrasooly, Delavar Dadkhah, Faranak Jabarzadeh^{*}

Department of Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran

ARTICLE INFO

Article Type: Original Article

Article History: Received: 28 Sept. 2013 Accepted: 27 Dec. 2013 ePublished: 27 Feb. 2014

Keywords: Empathy Nurses Patients

ABSTRACT

Introduction: Empathy is the ability to put one in the place of others and to better understand their feelings and experiences. According to researchers, there is a type of challenge in using this concept in nursing field. In most cases, the term empathy substitutes other concepts. Regarding this point, it seems quite necessary to research and discuss different dimensions of this concept in different studies. This study aimed to determine empathy regarding the nurses' point of view.

Methods: In this descriptive study sample size was selected according to study population or in the other hand all the nurses in 3 general hospital was selected because they are the most important teaching hospital in Tabriz. LEP (La Monica Empathy Profile) was used as empathy tool. Data were analyzed by SPSS Ver. 13.0.

Results: In nonverbal behavior dimension, touching the patient was considered as the most effective methods. On the other hand, nurses could not always be able to control stress and they could not always being with patients to show their empathy. Many people believe that nurses showed very little feelings while raggedly the reflective enclosure and they occasionally had to change their schedules to talk to patients.

Conclusion: In most cases the nurses support nonverbal behavior, such as reflective, close and touching encountering in establishing relationship with the patient. However, to improve this situation, planning for nurses to become familiar with the ways through which they can express their interest to show empathy would be effective.

Introduction

Nurse-patient communication is known as an important factor in nurse's care.1 In addition to having general nursing knowledge and skills in their profession, nurses should have a special ability to communicate; because one of their important tasks is meeting the basic needs of patients through communication, involvement, assistance, and help in the treatment. The quality of services will enhance if the nurse could establish a good relationship with the patient, members, physicians, other nurses, and other health care team members. So it is better to have more communication skills, and nursing is a profession that its role takes place through communication.² Understanding client, needs, feelings, and their situation is the basic nursing tasks and empathy is the basis for this understanding.3 Therefore, paying attention to this concept, from the perspective of medical staff is important. Empathy as a unique ability in association with others exists from birth and develops during time.4 Empathy is the ability to put one in the place of others and to better understand their feelings and experiences. This concept has two emotional and cognitive components. Emotional component involves listening to the patient's words, gestures, and voice about their feelings. Cognitive empathy component requires the therapist to precisely observe the patient's behavior and be aware

^{*} Corresponding Author: Faranak Jabarzadeh(MSc). E-mail: jabbarzadehf@tbzmed.ac.ir. This article was extracted from the MSN thesis of Delavar Dadkhah. (Project number: 233)

of the meaning by their observations. This component requires careful observation of the patient and knowing the meaning of an observed behavior.⁵

In most nursing studies, several show the positive effects of empathy in care, as these studies show empathy to be effective on health promotion, pain, depression, reducing psychological distress, and anxiety in cancer patients and reducing burnout in nurses.5-7 In Carl Rogers articles, the concept of empathy is best described. According to Rogers, empathy is a process that involves being sensitive to other people's feelings and having emotional bond with them. In many cases of nursing, the concept of empathy has been placed by concepts such as caring, compassion, and sympathy.8 It can be stated that there is this confusion in using this term in nursing. Therefore, it is essential that many aspects of this concept is analyzed and surveyed in different studies.

In Iran, given the meaning of empathy, some of studies were particularly in association with the medical profession. For example, in a study, the amount of empathy in medical assistance was measured.9 In another study, the role of empathy was studied in improving the physician-patient relationship.¹⁰ In general, a few researches have been done on this topic in Iran.¹⁰ In 2012, a study on relationship between empathy and attachment style in nursing students was investigated. But in that study, different dimensions of attachment style was more emphasized. The results showed that individuals with a secure attachment style assume to have a stable relationship with better empathic others and have communications. However, this study did not specifically address the different dimensions of empathy. In a qualitative study in 2011, analysis of the concept of empathy through a computer research of the data base search was reviewed and major themes, issues of agreement and disagreement between the texts, changes occurring in the concept and emerging trends with Rogers' evolutionary

concept analysis method was studied. Based on these results, the concept of empathy is presented in five dimensions, in which empathy as a human characteristic, professional status, level of communication, care, and special relationship are expressed. However, the perspective of nurses about this concept was not investigated broadly. Specifically, in reviewing the literature, the nurses viewpoint was not found in this regard, So the researchers decided to identify the nurses' point of view regarding the "empathy".

Materials and methods

This was a descriptive study aiming to review the empathy from the viewpoint of nurses in Teaching hospitals of Tabriz university of medical sciences. All nurses working in surgical wards of Imam Reza PBUH, Sina, and Shohada hospitals were selected as the study subjects. Theses hospital was selected because they are the most important teaching general hospital in Tabriz. Research project was approved by the Tabriz University of Medical Sciences with No. 1191. At first statistics on the total number of nurses who did not have managerial positions were obtained from nurses' office. Then, based on the total number of nurses in selected hospitals who were 170 nurses, the questionnaires were handed to the subjects by referring to the mentioned centers in the morning, afternoon and evening shifts during the week. After frequent follow-up, 154 completed questionnaires were collected.

Having at least a bachelor's degree in nursing, employment in the surgical ward, having served at least one year, and full-time employment in the mentioned section were inclusion criteria in this study. La Monica Empathy profile was used for studying nurse's empathy. This self-report tool has 5 dimensions, which includes a total of 30 items. Likert scale was used for empathy dimentions including 1. Nonverbal behavior, 2. Feeling and listening, 3. Verbal response, 4. Respect for self and others, and 5. Flexibility,

openness, and honesty.¹⁰ The LEP was modified and the content validity of it, was reviewed and approved by ten professors of Tabriz university of medical sciences. The reliability was estimated by using test-retest method (r = 0.81).

To execute the research, necessary permits were obtained from Tabriz university of medical sciences. Since the list of all nurses existed in nurse's office, after considering the inclusive criteria, sample size was obtained. Then. the researcher referred mentioned ward in the university hospitals. After explaining the study objective and obtaining informed consent, data were collected. The collected data were entered into SPSS for Windows 13.0 (SPSS Inc., Chicago, IL, USA). Descriptive statistics (frequency, mean, etc.) were used to interpret the results.

Results

In the present study, the mean and standard deviation of nurses' age was 31.9 (6.47), their work experience was 7.95 (3.4), and most of the participants (93.5%) were female and the majority (97.4%) of them was married. Regarding education status, most of them had bachelor in nursing (97.4%). Regarding employment status, most of them (46.8%) were contract employees and 61 percents of them were working in rotational shifts. In relation to different dimensions of scale, in the area of nonverbal behavior most of the nurses (48.1%) believed that they always react to the emotional state of the patient, and the most method used to express empathy was through touching the patient. Regarding the expressing of willingness to listen to the patient, most of the participants expressed that only occasionally (34.4%) they would sit by the patient and through this showed that they are willing to listen to the patient (Table 1).

In the area of feeling and listening, most participants (50.6%) believed that they often listen kindly to the patient. Most nurses

(48.1%) believed that they always pay attention to the patient and in most cases they predict the patient's needs before they express them (Table 2).

Regarding the verbal responses only 37% of the nurses believed that at the time of decision making for the treatment, the patient had the right to evaluate and select different methods. Most of them (44.8%) believed that they provided the time for the patients to cry. According to most of the participants (59.7%) regarding self-respect, they always respected patient's values, whatever they say and do. Most of the participants (51.3%) tried to consider each person's characteristics while communicating with them.

Regarding flexibility and openness, nurses (35.7%) believed that sometimes they would change their work schedule for talking to a patient who is upset, and only occasionally they shared their feelings with patients (35.7%), and help in providing situations for the patient to express their feelings (24.7%) (Table 3). Self respect dimension had the most and openness and flexible behavior had the least mean and standard deviation (SD) of the empathy areas from the nurse's viewpoint (Table 4).

Discussion

The present study examined the perspectives of nurses in different areas of empathy. The results can be useful in better understanding the concept of empathy, planning improve to the relationship between nurse and patient, and knowing how empathic relationship between nurses and patients is. In the area of nonverbal behavior, the results showed that nurses often use touch-therapy to support patients. The results are in accordance with similar studies in this field. Some studies showed that nurses use intimate encounters. emotional, and touch to communicate with patients.11

Table 1. Nurses' responses in areas of nonverbal behavior and expressed verbal response

Statement	Always N (%)	Often N (%)	Sometimes N (%)	Rarely N (%)	Never N (%)	Mean (SD)	95%CI
Expressed nonverbal behavior							
I remain in touch with another person's mood by being sensitive to nonverbal cues.	74 (48.1)	52 (33.8)	25 (16.2)	3 (1.9)	0 (0)	4.3 (0.79)	4.17, 4.43
I reach out and touch another in a soothing manner when it seems right.	74 (48.1)	67 (43.5)	13 (8.4)	0 (0)	0 (0)	4.4 (0.64)	4.3, 4.51
I show readiness to listen by sitting down.	12 (7.8)	34 (29.1)	53 (34.4)	46 (29.9)	9 (5.8)	2.92 (1.03)	2.8, 3.13
I am comforting during periods of stress and uncertainty.			36 (23.4)	1 (2.5)	8 (5.2)	3.74 (1.05)	3.57, 3.9
I appear relaxed and patient when talking with others.	69 (44.8)	65 (42.2)	14 (9.1)	6 (3.9)	0 (0)	4.28 (0.78)	4.15, 4.6
My mannerisms communicate concern and warmth.	30 (19.5)	35 (22.7)	24 (37)	29 (18.8)	13 (14.9)	3.13 (1.33)	2.92, 3.35
Expressed verbal responses							
I encourage a person to explore options before reaching conclusions.	36 (23)	57 (37)	42 (27.3)	14 (9.1)	5 (3.2)	3.68 (1.04)	3.51, 3.84
I use a tone of voice that reflects warm feelings and understanding.	73 (47.4)	58 (37.7)	16 (10.4)	6 (3.9)	1 (0.6)	4.27 (0.85)	4.13, 4.41
I allow people to cry and I offer my support.	36 (23.4)	69 (44.8)	33 (21.4)	10 (6.5)	6 (3.9)	3.77 (1)	3.61, 3.94
I give genuine consolation, advice, assistance, and support.	50 (32.5)	63 (40.9)	26 (16.9)	13 (8.4)	2 (1.3)	3.96 (0.97)	3.8, 4.12
I check to see if what I perceive from another person is valid.	19 (12.3)	67 (43.5)	57 (37)	8 (5.2)	3 (1.9)	3.6 (0.85)	3.46, 3.73
I use words that accurately communicate the feelings and mood of another person.	62 (40.3)	59 (38.3)	22 (14.3)	10 (6.5)	1 (0.6)	4.13 (0.92)	3.98, 4.27

Table 2. Nurses' responses in the area of feeling and listening

Statement	Always	Often	Sometimes	Rarely	Never	Mean (SD)	95%CI
Statement	N (%)	N (%)	N (%)	N (%)	N (%)		
Feeling and listening							
I mentally place myself in another	47 (30.5)	61 (39.6)	27 (17.5)	19 (12.3)	0(0)	3.91 (0.96)	3.76, 4.07
person s shoes in order to understand							
more deeply.							
I anticipate needs and offer	35 (22.7)	64 (41.6)	39 (25.3)	10 (6.5)	6 (3.9)	3.74 (1.01)	3.57, 3.9
assistance before a person asks for							
help.							
I patiently listen to and remember	43 (27.9)	78 (50.6)	25 (16.2)	8 (5.2)	0(0)	4.2 (0.81)	3.89, 4.15
what another person says.							
I actually seem to feel some of	25 (16.2)	72 (46.8)	43 (27.9)	14 (9.1)	0(0)	3.7 (0.85)	3.56, 3.84
emotions that another person is							
experiencing.							
I concentrate on what another person	74 (48.1)	45 (29.2)	28 (18.2)	7 (4.5)	0(0)	4.21 (0.90)	4.07, 4.36
is saying.							
I accurately perceive a person's	63 (40.9)	56 (36.4)	31 (20.1)	1 (0.6)	3 (1.9)	4.16 (0.88)	4.02, 4.3
feelings and mood.							

Table 3. Nurses' responses in the areas of respecting the patient and flexible behaviors

Statement	Always N (%)	Often N (%)	Sometimes N (%)	Rarely N (%)	Never N (%)	Mean (SD)	95%CI
Respecting the patient	14 (/0)	14 (/0)	14 (/0)	14 (/0)	14 (/0)		
I foster individuality in decisions.	44 (28.6)	67 (43.5	36 (23.4)	7 (4.5)	0 (0)	3.97 (0.84)	3.84, 4.11
I accept others for what they are				1 (0.6)	2 (1.3)	4.25 (0.84)	4.11, 4.38
and not for what I feel they should be.		`	, , ,	` '	, ,	, ,	
I respect the values of others as well as what they say and do.	92 (59.7)	53 (34.4	5 (3.2)	3 (3.9)	1 (0.6)	4.5 (0.72)	4.39, 4.62
I protect the self-esteem of others.	78 (50.6)	66 (42.9	9 (5.8)	1 (0.6)	0 (0)	4.46 (0.06)	4.56, 4.37
I respond to the need of the whole person.	41 (26.6)	56 (36.4	44 (28.6)	9 (5.8)	4 (2.6)	3.79 (0.99)	3.63, 3.95
I attempt to communicate with	49 (31.8)	79 (51.3) 19 (12.3)	0(0)	7 (4.5)	4.07 (0.92)	3.92, 4.22
each person on an individual							
basis.							
Flexible behaviors and openness							
I rearrange my busy work	8 (5.2)	40 (26)	56 (35.7)	32 (20.8)	18 (11.7)	2.91 (1.06)	2.74, 3.08
schedule to talk with someone							
who is upset.							
I give freely without concern for	62 (40.3)	55 (35.7)	23 (14.9)	7 (4.5)	6 (3.9)	4.03 (1.06)	3.86, 4.2
what I will receive in return.	20 (10 0)	(1 2 0)	44 (2.5)	10 (5.0)	- (2 O)	2 (1)	2 40 204
I use different approaches to	29 (18.8)	66 (42.9)	41 (26)	12 (7.8)	6 (3.9)	3.66 (1)	3.49, 3.84
encourage a person to discuss							
feelings.	10 (11 7)	26 (24)	5 2 (24 4)	25 (22.1)	10 (6 5)	2 12 (1 00)	2.06. 2.21
I make time to help others who are not my responsibility.	18 (11.7)	30 (24)	53 (34.4)	35 (22.1)	10 (6.5)	3.13 (1.09)	2.96, 3.31
I share my honest feelings,	10 (12 3)	45 (20.2)	55 (35.7)	27 (17.5)	7 (4.5)	3.26 (1.04)	3.10, 3.43
providing they may be helpful to	19 (12.3)	43 (29.2)	33 (33.1)	27 (17.3)	7 (4.3)	3.20 (1.04)	5.10, 5.45
another person.							
I encourage situations in which	35 (22.7)	60 (39)	38 (24.7)	15 (9.7)	5 (3.2)	3.69 (1.04)	3.52, 3.86
people can be open with their	33 (22.1)	50 (57)	30 (21.7)	15 (7.1)	3 (3.2)	2.07 (1.04)	5.52, 5.00
feeling							

Table 4. Mean and standard deviation (SD) of the empathy areas from the nurse's viewpoint

Area of Empathy	Mean (SD)
Nonverbal behavior	3.80 (0.56)
Feeling and listening behavior	3.94 (0.62)
Verbal behavior	3.89 (0.65)
Respect of self and others	4.15 (0.56)
Openness , honesty, flexibility	3.54 (0.74)

Most nurses believed in the present study that maintaining calm and preventing stress for establishing an empathic relationship with the patient is not possible in all circumstances. It is natural that maintaining calm in stressful situations in all cases is hard for the person, but its importance in professions such as nursing is highly crucial.

The National Occupational Safety Association of America has introduced nursing as the top 40 stressful professions. 13 Since this study only examined perspectives of nurses in different aspects of empathy, therefore further studies are to determine the appropriate strategies for empathic responses in stressful situations for nurses.

Most nurses believed that sometimes they sat by the patient and through this gesture they showed their willingness to listen to the patient. Zeighami et al., quoted White et al., empathetic and the one who receive this empathy should be in a reciprocal relationship.³ The one who provides this empathy should be near the patient and pay attention to him/her.3 It should be noted that respecting privacy from the treatment team to communicate effectively with the patient and maintaining the patient's calm is essential. However, the consequences of violating patient privacy, such as a physical examination while not being the same gender is uncomfortable. It is better yet that the nurses be familiar with the guidelines, so while considering the conditions to appropriately express their willingness to listen to the patient. Therefore, further studies should be done in this field.

In the areas of feeling and listening, the results showed that most of the nurses pay attention to the patient and it is consistent with other similar studies.^{13,14} In literature, empathy is described in four steps. The first step is the beginning of empathy, where the empathetic feels and understands the person's feelings. In the second stage, by expressing empathy he/she states their understanding of the feeling. In the third stage that is named receiving empathy the person realizes that he/she is heard and understood. In the final stage or feedback or new expression, the person examines his/her being understood and enters the first stage again.3 So paying attention and listening to the patient in the nurse's empathy with the patient is an important element of patient care. According to a study on empathy, the majority of the subjects gave positive responses to questions such as nurses looking at the patient while greeting, kindly answering the patient's questions, patient care with compassion, being silent while the patient is speaking, and smiling to the patient.15

In verbal response, most nurses expressed that always while speaking to the patient their tone was with sincerity and understanding. In a research, the majority of nurses' observations were through looking at the patient's face. Almost in all the situations, the nurses smiled and waved their heads as a sign of approval. In 58% of the situations, nurses showed willingness and behaviors indicative of being interested.¹¹

In the area of respect for self and others, most nurses expressed respect to the patient's values. Similarly 60% was reported regarding respecting the patient. Rangraz Jeddi and Rabiee also reported the respect towards the patients as 84.5%. Nematollahi reported this area as 86.2%, and in another study the amount of respecting the right of the patient was reported 85%, that is in consistent with the present study results.

Respecting the patient's dignity is the bases of the nurse's care, and is a step towards increasing the patient satisfaction with the services provided by the personnel and includes the following implications: good communication between patient and staff, sense of security, reducing the length of stay in the hospital, reducing costs, and increasing employee motivation to provide better services.¹³ One of the clauses in the charter of patient rights in this regard states that defending human rights in order to maintain his honor and dignity, to ensure that in the event of illness, especially in medical emergencies without age and gender and financial power discrimination, care will be provided on his body, soul and health and this care will be provided in an environment full of respect with high quality.¹³ In this regard, only 37% of the nurses believed that at the time of decision-making for the required treatment, patients are allowed to evaluate different approaches. As much control as the person has on their behavior, they can have better performance. Thus, increased control of the person on his/her behavior, increases self-efficacy, and finally the performance will improve.8 In regards to the nurses awareness about allowing the patient to make decisions in Iran there are few studies. More research in this area seems to be useful.

In the area of flexible behaviors, openness, and truthfulness the most of the nurses believed that without having any expectations from the patients they would do whatever they could for the patient. In Adam Smith's moral philosophy, empathy is

defined as "the experience of fellowfeeling".10 The person with empathy should have good communication skills, performing honest services is another nurses' responsibility which has helped to build confidence in communicating. Assistance without delay, and to expect from care receivers in very effective in showing nurses sincerity and increasing patient's satisfaction.20 But most of the participants believed that only sometimes they are willing to change their schedule in order to talk with a patient who is upset, and only occasionally provide the conditions necessary to express emotion. The relationship between body and mind has long been considered. Overall, it is believed that cognitive and psychological factors are important factors in development of all diseases.20

In the present study the nurses' viewpoint about various aspects of empathy concept was reviewed, but there may be different aspects of this concept from the perspective of nurses and patients; therefore, further studies should be conducted in this regard. On the other hand, in the present study, only aspects of empathy were examined and similar concepts such as compassion and care were not considered. Therefore, in further studies examining each of these concepts separately can be done. Qualitative studies for analyzing these concepts are suitable. This study examined the perspectives of nurses in relation to empathy, it is recommended for further studies to examine the nurses' performance in relation to empathy, and to compare their perspectives and performances in different areas of this concept.

Conclusion

In general, the results of the study showed that in most cases nurse's nonverbal behavior such as close encounters, emotional and tactile support in communicating with the patient and in their verbal responses they use tone with sincerity and understanding. The patient's values were often respected.

However with regards to the obtained results conducting studies with the aim to determine appropriate strategies for empathic responses in stressful situations seem appropriate. To enhance effective nonverbal behaviors it is useful that the nurses become familiar with ways through which they can show their interest to empathize with the patients. Providing conditions suitable for expressing the patient's feelings, increasing nurse's awareness in this matter, and an emphasis on patient choice and power to make decisions while nurse's interventions is essential.

Acknowledgments

Appreciation hereby goes to the research deputy of Tabriz University of Medical Sciences and the department of nursing and midwifery, the authorities and nursing staff of teaching hospitals of Sina, Shohada, and Imam Reza, and the honorable Staff of the library and information technology nursing and midwifery school.

Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest in this study.

References

- 1. Brilowski GA, Wendler MC. An evolutionary concept analysis of caring. J Adv Nurs 2005; 50(6):641-50.
- 2. Moradi M, Godarzi J, Midokhot A. Principles of communications in nursing.1st ed. Tehran: Far Danesh; 1998. (Persian)
- 3. Zeighami R, Rafiie F, Parvizi S. Concept analysis of empathy in nursing. Journal of Qualitative Research in Health Sciences 2012; 1(1):27-33.
- 4. Roth-Hanania R, Busch-Rossnagel N, Higgins-D'Alessandro A. Development of self and empathy in early infancy: implications for atypical development. Infants and Young Children 2000; 13(1):1-14.

- 5. Kruijver IP, Kerkstra A, Bensing JM, van de Wiel HB. Nurse-patient communication in cancer care: a review of the literature. Cancer Nurs 2000; 23(1):20-31.
- 6. Watt-Watson J, Garfinkel P, Gallop R, Stevens B, Streiner D. The impact of nurses' empathic responses on patients' pain management in acute care. Nurs Res 2000; 49(4):191-200.
- 7. Forchuk C, Reynolds W. Clients' reflections on relationships with nurses: comparisons from Canada and Scotland. J Psychiatr Ment Health Nurs 2001; 8(1):45-51.
- 8. Kirk TW. Beyond empathy: clinical intimacy in nursing practice. Nurs Philos 2007; 8(4):233-43.
- 9. Shariat SV, Kaykhavoni A. Empathy in medical residents at Iran university of medical sciences. Iranian Journal of Psychiatry and Clinical Psychology 2010; 16(3):248-56. (Persian)
- 10. Khodabakhsh MR, Mansori P. Empathy and its role control in improving the relationships physician-patient. Iranian Journal of Medical Ethics and History of Medicine 2011; 4(3):38-46. (Persian)
- 11. Sadeghi T, Dehghan Nayeri N. Dignity of the patient: review of the literature. Iranian Journal of Medical Ethics and History of Medicine 2009; 3(1):9-20. (Persian)
- 12. Mehrabi T, Parvin N, Yazdani M, Aseman Rafat N. Investigation of some occupational stressors among nurses. Iranian Journal of Nursing and Midwifery Research 2005; 10(2):41-7. (Persian)
- 13. Haeryan A, Mazlomi S, Rahimdel T. Attitudes of medical and dental students about communicating with patients, Yazd University of Medical Sciences. Proceedings of the 5 National Congress on Medical Education; 2002; Isfahan: University of Medical

- Sciences; c2002.47p. (Iran J Med Educ; vol.2). (Persian)
- 14. Alseyyed M. Review of comments on how patients communicate with their nursing staff in hospitals [master's thesis]. Rasht, Iran: Shahid Beheshti Faculty of Nursing & Midwifery, Rasht University of Medical Sciences; 1995. (Persian)
- 15. Farmahini MF, Kashaninia Z, Hosseini MA, Biglarian A. Impact of training communication skills to nurses on patients' satisfaction with nursepatient relationship Iranian Journal of Nursing Research 2007; 1(3):47-54. (Persian)
- 16. Vaskooei Eshkevari Kh, Karimi M, Asnaashari H, Kohan N. The assessment of observing patients' right in Tehran university of medical sciences' hospitals. Iranian Journal of Medical Ethics and History of Medicine 2009; 2(4):47-54. (Persian)
- 17. Rangraz Jeddi F, Rabiee R. Patient's Bill of Rights in Kashan's Governmental Hospitals (2003). Journal of Kermanshah University of Medical Sciences 2005; 9(1):62-71. (Persian)
- 18. Nematollahi M. Evaluation of compliance with the Charter of Rights: College of Information Management [master's thesis]. Tehran: Iran University of Medical Sciences; 2000. 59-61 p. (Persian)
- 19. Hoseynian M. Rights of patients by staff from the perspective of patients treated in the university hospitals of Rasht. Proceedings of the 2nd International Congress on Medical Ethics in Iran; 2008; 6(7). 98-100. (Persian)
- 20. Reynolds W, Scott PA, Austin W. Nursing, empathy and perception of the moral. J Adv Nurs 2000; 32(1): 235-42.