IS THE EMPATHETIC CONCERN OF NURSES A GENDER ISSUE?

Será a preocupação empática dos enfermeiros uma questão de género?

Es la preocupación empática de los enfermeros una cuestión de género?

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ABSTRACT

Background: the family nurse must focus on the family as a system and on each of its constituent elements. Hence the importance of empathy as a communication skill. **Objectives**: to assess the empathic concern of the nurses in the sample and analyze the relationship between empathic concern and sociodemographic characteristics. **Methodology**: this is a descriptive-correlational, cross-sectional study, with a sample of 87 nurses to whom a questionnaire was applied. The data collection procedure was carried out by the researchers during the month of January 2019. IBM SPSS software was used for data processing, having resorted to descriptive and inferential statistics. The level significance considered was 5%. **Results**: of the total sample (n= 87), the majority was female (79%) and fell within the age group of 39 years or less (54%). More than 50% of the nurses presented a good level of Empathic Concern. Nurses' Empathic Concern differed significantly between nurses of different gender (Student's t: p ≥ 0.004), and women obtained a higher mean, presenting a higher Empathic Concern. **Conclusions**: the Empathic Concern of nurses can be considered good, with women showing a higher degree of empathy than men.

Keywords: empathy; family nurse practitioners; family nursing; communication

RESUMO

Enquadramento: o Enfermeiro de família deve focar-se na família, enquanto sistema e em cada um dos elementos que a constituem. Daí a importância da empatia como habilidade comunicacional. **Objetivos**: avaliar a preocupação empática dos enfermeiros da amostra e analisar a relação entre a preocupação empática e as caraterísticas sociodemográficas. **Metodologia**: trata-se de um estudo descritivo-correlacional, transversal, com uma amostra de 87 enfermeiros, a quem foi aplicado um questionário. O procedimento de recolha de dados foi realizado pelos investigadores durante o mês de janeiro de 2019. Para o tratamento de dados foi utilizado o software IBM SPSS, tendo recorrido à estatística descritiva e inferencial. O nível de significância considerado foi de 5%. **Resultados**: do total da amostra (n= 87), a maioria era do sexo feminino (79%) e enquadrava-se no grupo etários dos 39 anos ou menos (54%). A maioria dos enfermeiros apresenta um bom nível de Preocupação Empática. A Preocupação Empática dos enfermeiros difere significativamente entre os enfermeiros de sexo diferente (t de Student: p ≥ 0,004), sendo que as mulheres obtiveram uma média mais elevada, apresentando maior Preocupação Empática. **Conclusões**: a Preocupação Empática dos enfermeiros pode considerar-se boa, sendo que as mulheres apresentaram maior grau de empatia do que os homens.

Palavras-Chave: empatia; enfermeiros de saúde da família; enfermagem familiar; comunicação

RESUMEN

Marco contextual: la enfermera de familia debe centrarse en la familia como sistema y en cada uno de sus elementos constitutivos. De ahí la importancia de la empatía como habilidad comunicativa. **Objetivos**: evaluar la preocupación empática de las enfermeras de la muestra y analizar la relación entre la preocupación empática y las características sociodemográficas. **Metodología**: se trata de un estudio descriptivo-correlacional, transversal, con una muestra de 87 enfermeras a las que se les aplicó un cuestionario. El procedimiento de recogida de datos fue realizado por los investigadores durante el mes de enero de 2019. Para el tratamiento de los datos se utilizó el programa informático IBM SPSS, que recurrió a la estadística descriptiva e inferencial. El nivel de significación considerado fue del 5%. **Resultados**: del total de la muestra (n= 87), la mayoría eran mujeres (79%) y pertenecían al grupo de edad de 39 años o menos (54%). Más del 50% de las enfermeras tenían un buen nivel de preocupación empática. La Preocupación Empática de las enfermeras difirió significativamente entre las enfermeras de distinto género (t de Student: p ≥ 0,004), y las mujeres obtuvieron una media más alta, presentando una mayor Preocupación Empática. **Conclusiones**: la Preocupación Empática de los enfermeros puede considerarse buena, siendo que las mujeres mostraron un mayor grado de empatía que los hombres.

Palabras clave: empatía; enfermeras de dalud familiar; enfermería familiar; comunicación

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Como referenciar:
Ribeiro, M., Antunes, M., Carvalho, A., (2024). Is the empathetic concern of nurses a gender issue? *Revista de Investigação & Inovação em Saúde,* 7(1), 1-10 https://doi:10.37914/riis.v7i1.297

INTRODUCTION

Nursing care shared with the family is based mainly on the interaction between the nurse and a family, involving interpersonal and therapeutic communication, with the aim of empowering the family, promoting the participation of each of its members, as subsystems , in the promotion and maintenance of health, in the prevention or treatment of disease (Ordem dos Enfermeiros, 2008) , since the focus of nursing in family health is the promotion of family health projects (Ferreira et al., 2020).

The Family Nurse has become a reference figure in health services for families, taking responsibility for providing global nursing care to a group of families, with a view to bringing health care closer to families, based on a helping relationship, empathy and strengthening the trust of users/clients. In order to provide this care, a previous family assessment is carried out, implementing shared interventions to satisfy needs, causing changes in the functioning of families, as a care unit. In other words, the family nurse must encourage each member of the family to get involved in overcoming crisis situations, in all health-illness transition processes, in which the transition from one stage to the other occurs, with the aim of regaining balance (Ordem dos Enfermeiros, 2008; Fumagalli, Sudré & Matumoto, 2023) .

Communication is at the social basis of human beings. In order to coordinate our actions and ensure successful communication, we use language skills to explicitly convey information to each other. Social skills are also necessary, such as empathy, which allow us to infer another person's emotions and mental state. Theory of mind, for example, represents the human cognitive ability to establish deductions about another person's beliefs, intentions and thoughts. This ability allows us to understand that people may have different points of view than ours (Singer & Klimecki, 2014).

In turn, empathetic communication is associated with better user/patient satisfaction and better adherence to treatment. In addition to this improvement in results, it also allows for more complete diagnoses and has other roles in the effectiveness of treatment (Riess et al., 2012).

Studies show that empathetic communication helps to enable users/patients to talk about their health problems and that emotionally involved health professionals communicate better with users/patients, reduce their anxiety and enable better training (Halpern, 2014).

Empathy is essential in the provision of patient-centered care and can be described as the ability to understand the patient/client's situation, perspectives and feelings, communicate that understanding, verify its veracity and then act in accordance with that knowledge (Mercer & Reynolds, 2002).

The family nurse focuses his attention on the human being, a biopsychosocial being, with the physical and mental dimension, giving greater importance to empathy, as a communicational skill and emotional competence (Albuquerque et al., 2019) and, also, for be a “multidimensional construct, including emotional, cognitive, moral and behavioral dimensions” (Kesbakhi, Rohani, Mohtashami, & Nasiri, 2017, p. 2) .

The role of the empathetic therapeutic relationship is to facilitate the interaction between the family nurse and the user and the family, as a care unit, enabling the growth of both actors and the expected result can be optimized as much as possible. The strategies used to promote communication and interaction between the

family nurse, the user and the family in which they are inserted, can constitute factors that facilitate or hinder this process. Empathy is among the strategies that facilitate this communication (Pereira & Botelho, 2014).

In turn, Terezam, Reis-Queiroz and Hoga (2017, p. 697) consider empathy "The basis of effective communication and one of the most important skills to be developed in human beings.", highlighting the "need for professionals to health professionals to be empathetic towards themselves, in order to be able to offer effective care permeated by an empathetic attitude" (Terezam et al., 2017, p. 698) and considering that whoever acquires these skills will make a qualitative evolution of great scope, both in terms of level of health care provided, as well as on a personal level.

Taking this knowledge into account, empathy becomes a fundamental pillar for the provision of quality healthcare, creating an appropriate environment for the establishment of therapeutic relationships between family nurses and the families they care for. A therapeutic relationship based on empathetic communication, happens between an I and a you, happens when we put ourselves in the shoes of others, demonstrating sensitivity, readiness and solidarity, resulting in interventions with the aim of promoting comfort and well-being and the recovery of health, essential to ensure the well-being of the family.

Vendruscolo, Trindade, Adamy and Correia (2014), state that the feminization of the Nursing course may be a reflection of this profession being related to caring, a role that since ancient times has been more assumed by women, and is also a social construct. The use of empathic relationships may be linked to this consideration.

In turn, in the words of Rivera and Scarcelli (2021), the dimensions of gender, race and social class are interconnected and if they are considered in primary health care practices they could contribute to preventing sexism, racism and discrimination from being reproduced with based on social class in health services, which makes these dimensions relevant.

In this context, giving relevance to the importance of this theme, as a specific element, in the descriptive statements of specialized nursing care, community nursing, in the area of family health nursing (Ordem dos Enfermeiros, 2015) , we intend to carry out this study to respond to the question: What is the empathic concern of the nurses in the sample and its relationship with sociodemographic characteristics?

FRAMEWORK/THEORETICAL FOUNDATION

Empathy has been an object of study throughout recent history, appearing in the literature consulted, being an old concept and addressed by different social sciences (Philosophy, Psychology, Sociology, among others). However, when reflecting on the origin of this concept, there are doubts and a lack of consensus regarding its origin and concept, which makes it difficult to answer these questions and investigate this object. Currently, empathy is considered to be a multidimensional construct, involving the emotional, cognitive, behavioral and moral dimensions (Kahriman et al., 2016) .

For Jean Watson cited by Queiroz (2004, p. 39) , a recognized theorist of nursing sciences, empathy "is the nurse's ability to experience the private world and the feelings of another person, but also the ability to communicate to that person what degree of understanding she reached.", cit (Queiroz, 2004, p. 39). This can further be defined as:

" *A deep feeling of understanding on the part of the person helping, who perceives the difficulty of the person being helped as if they were penetrating their universe (…) which brings them the comfort they need, but without identifying with what they have experienced and without themselves experiencing the emotions* " (Phaneuf, 2002, p. 347) .

The therapeutic relationship when applied in the nursing context, mediated by empathy, can be seen from several perspectives, but mainly as a care strategy that involves effective interaction between family and family nurse, crucial to promoting adherence to the therapeutic regimen. As Queiroz (2004, p. 20) writes, "It is this special relationship, which is established between the nurse and the client/user, which, being a particular aspect of care, may have an effective therapeutic role... or therapeutic relationship".

There are several therapeutic benefits of empathy, among which we highlight greater satisfaction with the care provided by healthcare professionals, greater adherence to prescribed treatment, increased empowerment (degree to which a user/patient feels empowered), trust in the healthcare professional health that is accompanying you and other benefits such as obtaining more health gains (Magalhães, 2019).

The empathic process involves a multidimensional model of empathy, in which an empathic response requires the contextualization of the situation and the subject (cognitive empathy) and processes of emotional recognition and contextualization in the face of the exposed situation (empathic concern, which constitutes emotional empathy). From this integrative approach of cognitive and emotional empathy, which constitute the two major dimensions of empathy, to which were associated, respectively, Perspective Taking, and Empathic Concern, Personal Discomfort and Fantasy (Gonçalves, 2017).

According to Gonçalves (2017), Empathic Concern assesses the ability to worry and show compassion for others in the face of a negative experience. In turn, Pinheiro (2020) conceptualizes this term as the presence of other-oriented feelings of compassion and concern.

The concept of gender that we adopted in this study was based on the theoretical framework of Scott (1995) cited by Sígolo, Gava and Unbehaum (2021), as a constitutive element of social relations based on perceived differences between the sexes, creating specificities specific to each one of the sexes.

According to Fumagalli et al. (2021), collaborative practices and interprofessional teamwork are strategies that contribute to comprehensive care and improve access and quality of healthcare. Among these practices, the most effective communication processes between team professionals, definition of common objectives, shared decision-making, recognition of the role and work of other team members, autonomy of professionals, horizontality of work relationships stand out. Furthermore, we consider the family as one of the elements of the healthcare team, with which the decisions to be made must be shared.

METHODOLOGY

This is an observational, descriptive-correlational, cross-sectional study with a quantitative approach (Vilelas, 2020). We established as the target population for this study, nurses who met the following inclusion criteria: i) Nurses developing their care provision activity in the Personalized Health Care Units (UCSP) and Family Health Unit (FHU) of ACeS-Vale do Sousa

Sul, as Family Nurses; ii) Family nurses for at least 1 year. The population consisted of 103 nurses. To define the sample, we established the following exclusion criteria: i) Nurses absent from the service at the time of data collection; ii) Nurses who did not complete 80% of the questionnaires; iii) Be part of the team of researchers. After applying these exclusion criteria, the sample consisted of 87 nurses, 84.6% of the population. It is therefore a non-probabilistic, accidental or convenience sample, since the nurses in the sample did not all have the same probability of being included in it.

In data collection, we used a self-completed questionnaire consisting of five parts: part I aimed to obtain sociodemographic characterization data; part II describes professional training; part III describes professional experience; part IV consisted of the Empathic Concern Scale, to assess nurses' empathic concern; and, finally, part V intended to evaluate the opinion on the therapeutic relationship, empathy strategies and nursing records.

The Empathic Concern subscale is one of the subscales of the Interpersonal Reactivity Index (IRI). The IRI was constructed by combining items from unidimensional empathy scales with new items (Davis, 1980 cited by Limpo, Alves, & Catro, 2010). It consists of 28 statements about feelings and thoughts that the person may or may not have experienced. From an exploratory factor analysis, four factors were identified, according to which four subscales were defined, each with 7 items: Perspective Taking, which reflects the tendency to adopt the other's points of view; Empathic Concern, which measures the ability to experience feelings of compassion and concern for others; Personal Discomfort, which assesses feelings of anxiety, apprehension and discomfort in tense interpersonal contexts; and Fantasy, which assesses a person's propensity to place themselves in fictitious situations. The cognitive dimension of empathy is assessed through perspective taking, and the affective dimension through the remaining subscales. In other words, the Empathic Concern subscale is one of the subscales that assesses the affective dimension of empathy. This index was translated and validated for the Portuguese population by Limpo et al. (2010), including the Empathic Concern subscale. The final validated version of the IRI consisted of 24 items, with four items being excluded from the original version, of which item 18 of the original version belonged to the Empathic Concern subscale. In the present study, only the Empathic Concern subscale was used.

The Empathic Concern subscale consists of 6 items, two of which will be inverted during data processing (1.2 and 1.4), and had as response options the use of a Likert scale with five response options (strongly disagree, disagree, neither agree nor disagree, agree and strongly agree), with a minimum score of 6 points and a maximum of 30 points, with the higher the total score, the greater empathic concern the respondents show. This subscale presents good psychometric characteristics in terms of validity, reliability and sensitivity and with an internal consistency in which the Cronbach's α index was calculated, which was 0.76 (Limpo et al., 2010).

The study design was presented to the Coordinators of all units that were part of ACeS, where it took place. Prior authorization was requested from the Clinical and Health Council and the Executive Director of ACeS Tâmega II – Vale do Sousa Sul, and subsequently from the Ethics Committee of ARS Norte, which received a favorable opinion (Opinion nº 170/2018 of ARS Norte). Subsequently, the data collection instrument was

distributed among the units (via internal mail or in person), and was collected by the same means, after being completed, by the researchers. Throughout this process, data confidentiality and anonymity were guaranteed, and informed consent was requested from study participants. The data collection period took place during the month of January 2019.

IBM SPSS version 22.0 software was used for data processing, in which we built a database and where they were introduced. We used descriptive statistics to calculate absolute and relative frequencies for all variables and measures of central tendency and dispersion for scalar variables. The percentages of the response options Strongly Disagree and Disagree and Agree and Strongly Agree were associated to identify the items that contributed least and contributed most to a more positive empathic concern. Regarding inferential statistics, we used Student 's t tests and ANOVA. The assumptions for the use of parametric tests were ensured (Shapiro-Wilk test: p>0.05). The significance level considered was 5% (Marôco, 2020).

RESULTS

Of the total sample (n= 87), the majority were female (79%), fell into the age group of 39 years or less (54%), were married (75%) and had the degree of graduates (91%). None of the nurses in the sample had a doctorate (Table 1).

Table 1

Sociodemographic characterization of the sample (n=87)

Variables	Af	Rf (%)
Sex		
Masculine	18	20.7
Feminine	69	79.3
Age group		
30-39 years old	47	54.0
40 years and over	40	46.0
Marital status		
Married	65	74.7
Single	7	8.0
Fact union	5	5.7
Divorced	10	11.5
Academic degree		
Graduation	79	90.8
Master's degree	8	9.2

Legend: Af – Absolute frequency; Rf – Relative frequency.

To characterize the sample regarding the level of empathy in interpersonal relationships, the Empathic Concern Scale was applied. Of the total sample, most responses were in the agree and strongly agree option (Table 2).

Combining the response options “I agree” and “I strongly agree”, the items that most contributed to empathic concern were 1.1 (81.6%), 1.3 (86.2%) and 1.4 (83.9%); and those that contributed least were items 1.2 (73.6), 1.5 (72.4) and 1.6 (59.8).

Table 2

Frequency distribution of response options on the Empathic Concern scale (%)

Variables	I strongly disagree	I disagree	I neither disagree nor agree	I agree	I agree very much
1.1 - I often have feelings of tenderness and concern for people less fortunate than me	0	3.4	14.9	57.5	24.1
1.2 - Sometimes I don't feel very sorry when other people are having problems (Reversed)	1.1	6.9	18.4	32.2	41.4
1.3 - When I see someone being taken advantage of, I feel the urge to protect them	2.3	2.3	9.2	49.4	36.8
1.4 - Other people's misfortunes don't usually bother me much (Inverted)	1.1	5.7	9.2	39.1	44.8
1.5 - I am often moved by things I see happening	3.4	4.6	19.5	52.9	19.5
1.6 - I would describe myself as a soft-hearted person	2.3	5.7	32.2	39.1	20.7

Caption: % - percentage

The average score on the Empathic Concern Scale was 25.44±3.38, with a minimum score of 10 points and a maximum of 30 points. The median value was 26.00 points, slightly above the average value. We can therefore consider that 50% of cases are above 26 points, considering that more than 50% of nurses have a good level of Empathic Concern. The Cronbach's Alpha of the scale was 0.639, which is considered weak internal consistency.

There were no significant statistical differences regarding the Empathic Concern (EC) of nurses, who fell into different age groups (Student's t: $p \geq 0.130$), with different marital status (Anova $p \geq 0.307$) and with different academic degrees (t Student's score: $p \geq 0.720$).

EC differs significantly between nurses of different sexes (Student's t: $p \geq 0.004$), with women having a higher mean, that is, they had higher PE (Table 3)

Table 3

Relationship between the Empathic Concern variable and sociodemographic variables

Variables	n	Average/Position Average	Test and Test Value	df	*P*
EC * Sex			*t* = - 2.932	85	0.004
Masculine	18	21.78			
Feminine	69	24.49			
EC * Age group			*t* = - 1.530	85	0.130
Less than or equal to 39 years old	47	23.38			
Over 40 years	40	24.58			
EC * Marital status			*ANOVA* =	86	0.307
Single	7	21.57	1,221		
Married	65	24.06			
De facto union	5	25.20			
Divorced	10	24.10			
EC * Academic degree			*t* = - 0.359	85	0.720
Graduation	79	23.89			
Master's degree	8	24.36			

Caption: df: degree of freedom; n: absolute frequency; EC: Empathic Concern; *p*: statistical significance; *t*: Student's *t*.

DISCUSSION

The data from this study revealed that we are dealing with a sample that is essentially characterized by a predominance of females, in line with the statistical data issued by the Order of Nurses, which presented a rate of 82.2% of registrations of female nurses, noting the feminization that characterizes the nursing profession in Portugal and worldwide (Ordem dos Enfermeiros, 2018) .

Our sample showed a slight predominance of the age group less than or equal to 39 years old. These results are similar to those obtained in the study carried out in Brazil (State of Alagoas) by Albuquerque et al. (2019), with a sample of 230 nurses, in which there was also a slight majority of the age group under 42 years old (50.9%).

Regarding the marital status of the professionals who participated in this study, the majority were married, and the same happened in the studies consulted, such as the one developed by Kesbakhi (2017) and Albuquerque et al. (2019) in which 77.9% and 52.2%, respectively, of the sample of professionals were married.

The family nurses who were part of our study sample mostly had the License academic degree, results converging with the statistical data issued by the Order of Nurses (OE, 2018), in which 74.8% of nurses were registered as general care nurse (Ordem dos Enfermeiros, 2018) .

We emphasize that the sample of family nurses studied showed high levels of empathic concern, as the percentage of responses when applied to the Empathic Concern Scale was mostly between agree and strongly agree, in line with the results presented by other studies developed by Kesbakhi et al. (2017) and Marcysiak (2014).

After analyzing the inferential statistics, it was verified that of the nurses' sociodemographic characteristics, only sex was related to nurses' empathic concern, in which women showed a higher degree of empathy, the same thing happening in the study by Kesbakhi et al. (2017).

This difference between women and men in terms of empathic concern can be explained using the authors Sígolo et al. (2021), constituting a specificity of the female gender socially constructed throughout human existence with this organization of society. In turn, this empathetic concern could be a very effective strategy for involving the family in the care process and in the healthcare team's decision-making.

CONCLUSIONS

The results obtained in terms of sociodemographic characterization allow us to conclude that the profile of the nurses who are part of the sample of this study is made up of a female individual, falling within the age group of 30 to 39 years old, married and holding the License academic degree.

Analyzing the results regarding Empathic Concern, we can conclude that the family nurses in the sample expressed a good level of Empathic Concern, they consider the psychological capacity known as empathy to be very important, as well as the establishment of empathic relationships with the family and its individual members.

Females showed greater empathic concern than males, which may mean that they will have better practices in this area. This difference may be the result of the social construct of gender that also exists in the nursing profession. In other words, responding to the

guiding question of this study, Empathic Concern may therefore be a gender issue, justifying a training intervention, above all, aimed at male nurses on empathy, sex and gender. Using this strategy of establishing an empathetic relationship between the family nurse may be effective in involving the family in decision-making.

The limitations that are most evident in this study are mainly related to the fact that it is a non-random sample, which may have influenced the representativeness of the population and affected the statistical inferences made from the sample to the population.

Carrying out this study constitutes a diagnosis of the situation, involving the phenomenon of empathic concern and therapeutic relationships, for nurses who carry out their professional activity in the functional units in which it took place, with the results having already been presented to all units involved. This presentation constituted a means of raising awareness and motivation and could function as a strategy to leverage the change in nursing care shared with that family and its members.

For future investigations, it is suggested to repeat the study with the same population of nurses, as data collection in the present study was carried out in January 2019, during the COVID- 19 pandemic period, to compare results and identify similarities and the differences between the two studies.

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AGRADECIMENTOS

This work was funded bu National Founds through FCT – Foundation fr Science and Technology within the scope of the projects of CIEC (Research Center for Child Studies of the University of Minho) with the references UIDB/00317/2020 and UIDP/00317/2020.