

## THE EMPATHIC AND COMMUNICATION ABILITY OF OBSTETRICAL NURSES IN SELECTED HOSPITALS IN CHINA

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### ABSTRACT

The two-child policy in 2019 followed by the three-child policy in 2021 added more workload and experience pressure for obstetrical nurses in China. Although the empathic and communication ability of nurses play a positive role in postpartum maternal and infant, nurse-patient relationship, improving nursing quality and patient satisfaction, the empathic and communication ability of hospital nurses were not high and the ways or methods to show the two ability of nurses were also different. Based on Rogers' empathy theory and Peplau's interpersonal relationship theory, this study explores the two ability levels of obstetric nurses after the three-child policy, so as to fill the gap for the ability research of obstetric nurses. A quantitative correlation design was used. The subjects were 90 obstetric nurses from 3 hospitals in Shandong Province. The respondents were all female, majority at ages 30 and above, with siblings, a bachelor's degree holder, had been working for 5-10 years, married and were senior nurses. Most of the Obstetric nurses or 71.11% of them had very high levels of empathic ability and 54.45% of them was at very high level of communication ability. Obstetrical nurses have a very high empathic ability specifically in perspective taking dimension, while moderately high in emotional nursing dimension and transposition thinking dimension. They had very good communication ability specially during difficult situations, emotional perception, emotional support, basic verbal, non-verbal communication, and team communication ability. Being married was found to be statistically significant in the communication ability of nurses. There were positive correlations between empathic and communication ability. The perspective taking dimension and transposition thinking dimension of empathic ability were positive correlated with each dimension of communication ability. The correlation between emotional nursing and the six dimensions of communication ability was relatively low.

**Keywords:** Empathic Ability, Communication Ability, Obstetrical Nurses, Obstetrical Wards, Puerpera.

### 1. INTRODUCTION

Empathy helps nurses build a bond of trust with patients by paying attention to the patient's point of view. It also helps strengthen communication between nurses and patients. As Ding et

al. (2021) mentioned in the study, building a trusting relationship can enhance nurse-patient communication, because nurses can understand how patients cope and what they are going through. In today's humanistic nursing, empathic and communication ability have become necessary abilities for nurses and have beneficial effects. For example, according to the research results of Liu et al. (2020), empathic and communication ability play an important role in promoting nurse-patient relationship. In addition, when nurses lose empathic and communication ability, it will not be conducive to the establishment of a good nurse-patient relationship and improve work efficiency. Liu et al. (2020) mentioned in the study that lack of good empathic and communication ability makes nurses become the main target of nursing complaints in clinical work. This is because nurses are the ones who spend more time with patients. According to Jiang and Jia (2017), nurses spend between 35 and 48 hours per week with patients as medical staff. Facing this situation, it is particularly important to take effective measures to enhance nurses' empathic and communication abilities to establish a good nurse-patient relationship.

The introduction of the two-child policy in 2019 coupled with the fact that China had encouraged the birth of three children in 2021, obstetrical nurses had more workload and experience pressure. This situation may have reduced the empathic and communication time allocated by obstetrical nurses to each puerpera. Nurses who can empathize and can communicate with new mothers can identify and understand the situation and feelings of patients from their own perspective. Persons with these abilities can fully understand the puerpera's and their families and conduct target education and guidance, which cannot only promote natural delivery, but also improve the quality of nursing and reduce the greater harm that childbirth brings to puerpera based on the results of the study by Li et al. (2017). Likewise, Li et al. (2017) stated that nurses' ability to empathize and communicate can help nurses guide the parturient, and to promote breastfeeding during the postpartum period. Therefore, obstetrics can be considered as one of the clinical departments that needs nurses with empathic and good communication ability.

Researchers found that there are studies on empathic and communication ability among nurses in orthopedics, psychiatry, emergency department, etc., but there are currently studies on obstetric nurses that have not focused on these two abilities at the same time. At present, there is no rank titles study on the qualification of obstetric nurses. This study aims to investigate the level of empathic and communication ability of multi-qualified obstetric nurses after the implementation of the three-child policy. The influence of common factors on empathic and communication ability was also examined. The research tools used in this study are similar to those used in other studies. However, results can vary widely among participants in different provinces and regions of China. The identification of these data gaps and being a nurse majoring in maternal and child health nursing, the researcher was motivated to conduct this study. The purpose of this study was to determine the level of empathic or communication ability of obstetric nurses and to its dimensions, the relationship of these abilities to their profile variables, and the relationship between these abilities.

### 1.1 Theoretical Framework

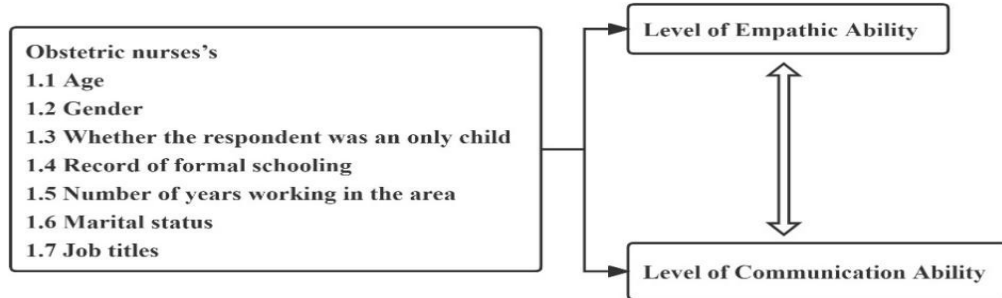
Rogers' Empathy theory and Peplau Interpersonal Relations Theory are adopted to explain the concepts included in this study.

According to Rogers, empathy is the process of putting yourself in another person's shoes and feeling what they are feeling. He points out that visitors enter the private world of others without making any judgment or putting aside their own values, remain sensitive to what others perceive, experience their emotional states at the moment, and feel feelings that others rarely perceive. And visitors need to communicate with visitors often your feelings, timely adjustment. According to the research of Wang et al. (2007), Rogers' Empathy theory is to enable counselors to correctly understand the clients' inner subjective world so as to convey meaningful information to the clients and regard such feelings as their own. Peplau's interpersonal relationship theory includes four basic concepts: people, health, environment and care. Peplau's interpersonal relationship theory is a relationship in which nurses and patients understand each other and solve health problems together for the sake of patients' health. Peplau divided the development of nurse-patient relationship into four periods: 1. Familiarization stage: The stage when the nurse and the patient get to know each other. 2. Determination period: The period when the nurse determines the appropriate professional assistance. 3. Development period: The patient benefits from the nursing process and gradually recovers self-care ability. 4. Solution: The nurse helps the patient recover physically and mentally. Peplau's interpersonal relations theory take interpersonal relationship as the core, actively carries out nurse-patient interaction, and transforms nursing work from technicalization to in-depth nurse-patient communication, so as to ease patients' bad psychology, establish confidence in overcoming diseases, and improve patients' quality of life based on the results of the study by Xie (2021). Empathy is a kind of mental emotional experience ability. The ability to empathize can be understood as a nurse paying attention to the physical and mental health of the patient from the perspective of the patient, or a nurse providing humanistic care for the patient to judge the needs of the patient. Communication ability is the ability of nurses and patients to achieve the goal of encouraging patients to return to a healthy life or to meet the needs of communicators through clinical communication. Communication ability is the integration of communication knowledge, communication skills, operation skills and attitude shown by nurses in the process of communicating with patients.

The development of these two theories has provided a theoretical framework for nurses' empathic and communication abilities, which can be used by obstetric nurses in clinical work. Based on the theoretical support, the researcher put forward the research question and made the research hypothesis. This study, guided by these two theories, deeply analyzed the level of empathic and communication ability of obstetric nurses, and made readers understand the necessity of cultivating empathic and communication ability of obstetric nurses through the research results. In addition, through literature review of nurses' empathic and communication ability and related factors, researcher found that age, gender, whether the respondent was an only child, record of formal schooling, number of years working in the area, marital status, and job titles were important factors affecting nurses' empathic and communication ability. Therefore, this study assumed that the empathic ability of obstetric nurses was correlated with

communication ability; seven factors affected empathic and communication ability of obstetric nurses respectively.

**1.2 Conceptual Model**



**Figure 1: Conceptual Model**

Figure 1 shows the variables and their associations. As shown in the figure, the independent variables in this study were age, gender, whether the respondent is an only child, record of formal schooling, number of years working in the area, marital status, and job titles. The dependent variables were the level of empathic ability and communication ability of obstetric nurses.

Secondly, the seven factors namely age, gender, whether the respondent is an only child, record of formal schooling, number of years working in the area, marital status, and job titles may affect the level of empathic and communication ability of obstetric nurses and their dimensions.

**2 RESEARCH METHODOLOGY**

**2.1 Research Design**

This study utilized a quantitative correlation design. Quantitative research refers to the scientific research to determine the quantitative stipulation of a certain aspect of things, that is, problems and phenomena are represented by quantity, and then analyze, test, and explain, so as to obtain the meaning of the research method and process (Quantitative research, 2021). Correlation studies are a kind of research design that attempts to describe variables in one or more groups or explore associations between variables (Hu & Wang, 2017).

The first questionnaire was used to select obstetrical nurses meeting the inclusion and exclusion criteria from three hospitals in Shandong Province. The respondents agreed to complete the basic questionnaires to provide a descriptive analysis of demographic data in general. The 2<sup>nd</sup> and the third questionnaires, Jefferson Empathy Scale and Nurse Clinical Communication Ability Scale were used to evaluate the level of empathic and communication ability of obstetric nurses. Finally, the researcher analyzed the relationship between empathic and communication ability of obstetric nurses and related factors according to the statement of the problem.

## 2.2 Population and Sample

The survey subjects for this study were 90 obstetric nurses from three hospitals, who were identified according to investigator self-defined inclusion and exclusion criteria. Participants were contacted through hospital visits, invited to participate and remained anonymous.

## 2.3 Sampling Technique

In this study, the researcher utilized the purposive sampling method, which meant that the researcher consciously selected some research objects that were judged to be the most representative of the population as samples based on their own professional knowledge and experience as well as their understanding of the survey population (Hu & Wang, 2017).

The 90 respondents were selected using the following inclusion criteria and exclusion criteria: Inclusion criteria: (1) clinical registered on-the-job nurses (2) had clinical working time  $\geq 1$  year (3) nurses who were currently working in the obstetric ward and were directly involved in the care of post-natal patients and in face-to-face communication with patients (4) nurses who were familiar with the purpose of the study and voluntarily participate in the study (5) all participating nurses were technical secondary schools or above. Exclusion criteria: (1) nurses during the investigation period, were on leave for more than 3 months due to various reasons (2) practicing nurses or nurses on training (3) nurses who did not directly provide care to obstetrical patients (4) nurses who could not answer questionnaires through mobile phones (5) unregistered nurses (6) nurses who took care of newborns in obstetrics ward (7) nurses who had worked for less than one year.

## 2.4 Research Instrument

The first questionnaire was an individual's basic information questionnaire. The second questionnaire, the Jefferson Empathy Scale, was used to measure empathic levels among nurses in the obstetric ward. The third questionnaire was the Nurse Clinical Communication Ability Scale developed by Zeng Kai, which mainly measures the level of clinical communication ability of nurses in the obstetric ward.

## 2.5 Statistical Treatment of Data

For the quantitative part of this study, the following statistical treatments were used to analyze the data: (1) Frequency distribution, Percentages, Mean and Standard deviation were used to describe the demographic variables. (2) Mann Whitney U Test was used to test the influence of the grouping of 7 related factors on the empathic and communication ability of nurses in the obstetric ward respectively. (3) Spearman correlation coefficient was used to analyze the correlation between seven related factors and three dimensions of the Jefferson Empathy Scale and six dimensions of the Nurse Clinical Communication Ability Scale.

## 3. FINDINGS AND DISCUSSION

Most of the 90 respondents in this study were over 30 years old, with 50, or 55.56%. The graduation age of nurses with basic education in China is around 18 years old. Our country requires all nursing graduates to pass the nursing qualification examination and be admitted by the unit before they are qualified to work in the hospital.

As to gender, all ninety (90) participants or 100.00% are females. Nursing had long been considered as a female profession, and men's entry into nursing had not been fully recognized by the public, even relatives and colleagues (Li et al., 2017).

Within the family circle, sixty-five (65) or 72.22% of the respondents had siblings. Because nurses who are not the only child are better at caring, their position between partners is called caring for each other and feeling the emotions of others (Liu et al., 2016).

As to formal schooling, there were fifty-seven (57) participants or 63.33% who were bachelor students. Mei et al. (2019) pointed out that the more education, the better the person could learn to communicate.

With regards to the tenure ship, forty (40) participants or 44.44% had worked for 6-10 years. The longer the working hours, the more experienced the nurses are, and the more mature the methods of dealing with emotions are, the more able they understand and perceive the psychological and emotional changes of patients in clinical nursing work, to realize perspective-taking from the heart and help and support patients (Huang et al., 2016).

There were seventy-two (72) participants or 80.00% who were married. This period is the formation of close relationship or close friendship or long-term partnership (Orenstein, 2021). This was also supported by Sun et al. (2019) that this because nurses in their 26 to 30 years of age were in their prime for marriage and childbirth.

There were fifty-six (56) participants or 62.22% who were senior nurses. Yang (2015) pointed out that there were significant differences between obstetrics ward and other departments, and the proportion of nurses and nurses was much higher than other levels, mainly because of its specialized nursing skills such as breastfeeding guidance and other projects.

### 3.1 Obstetrical Nurse's Empathic Ability

| Empathic Ability     |                       |    |            |
|----------------------|-----------------------|----|------------|
| All of the hospitals | Average score         | n  | Percentage |
|                      | 0-1 (Very low)        | 0  | 0.00%      |
|                      | 1-2 (Moderately low)  | 0  | 0.00%      |
|                      | 2-3 (Low)             | 1  | 1.11%      |
|                      | 3-4 (General)         | 7  | 7.78%      |
|                      | 4-5 (High)            | 8  | 8.89%      |
|                      | 5-6 (Moderately high) | 10 | 11.11%     |
|                      | 6-7 (Very high)       | 64 | 71.11%     |

|                                   |                 |    |         |
|-----------------------------------|-----------------|----|---------|
|                                   | Total           | 90 | 100.00% |
| <i>Descriptive Interpretation</i> |                 |    |         |
| 6.00 – 7.00                       | Very high       |    |         |
| 5.00 – 6.00                       | Moderately high |    |         |
| 4.00 – 5.00                       | High            |    |         |
| 3.00 – 4.00                       | General         |    |         |
| 2.00 – 3.00                       | Low             |    |         |
| 1.00 – 2.00                       | Moderately low  |    |         |
| 0.00 – 1.00                       | Very low        |    |         |

64 or 71.11% of obstetrical nurses had very high empathic ability scores. This indicates that nurses can well perceive patients' emotions and thoughts and understand patients' needs from the perspective of patients, so as to relieve their psychological pain. Hospitals in China develop nurses' working ability by formulating specific job responsibilities, systems and behavioral norms. This, combined with years of experience, enables nurses to cope with unexpected situations and trust the health system. Nurses can also generate trust in patients and their families through continuous communication with patients and their families. Wang and Liu(2020) pointed out that the more trust nurses have in the medical system, patients, and family members, the higher the empathic ability of nurses.

**3.1.1 Obstetrical Nurses’ Level of Empathic Ability in Perspective Taking Dimension**

| Perspective taking (2, 4, 5, 9, 10, 13, 15, 16, 17, 20)   | SD   | MEAN | Interpretation |
|---|------|------|----------------|
| 2. My patients feel better when I understand their feelings.  | 1.18 | 6.46 | Very high      |
| 4. I consider understanding my patients’ body language as important as verbal communication in caregiver-patient relationships. | 1.16 | 6.62 | Very high      |
| 5. I have a good sense of humor that I think contributes to a better clinical outcome.  | 1.40 | 6.12 | Very high      |
| 9. I try to imagine myself in my patients’ shoes when providing care to them.   | 0.99 | 6.63 | Very high      |
| 10. My patients value my understanding of their feelings, which is therapeutic in its own right.                                | 1.36 | 6.19 | Very high      |

|   |              |             |                  |
|---|--------------|-------------|------------------|
| 13. I try to understand what is going on in my patients' minds by paying attention to their non-verbal cues and body language.                    | 1.30         | 6.39        | Very high        |
| 15. Empathy is a therapeutic skill without which success in treatment is limited.   | 1.77         | 6.06        | Moderately high  |
| 16. An important component of the relationship with my patients is my understanding of their emotional status, as well as that of their families. | 1.15         | 6.56        | Very high        |
| 17. I try to think like my patients in order to render better care.   | 1.06         | 6.62        | Very high        |
| 20. I believe that empathy is an important therapeutic factor in medical or surgical treatment.   | 0.91         | 6.56        | Very high        |
| <b>Grand Mean</b>   | <b>1.228</b> | <b>6.42</b> | <b>Very high</b> |
| <i>Descriptive Interpretation</i>   |              |             |                  |
| 6.11 – 7.00 Very high   |              |             |                  |
| 5.26 – 6.10 Moderately high   |              |             |                  |
| 4.41 – 5.25 High  |              |             |                  |
| 3.56 – 4.40 General   |              |             |                  |
| 2.71 – 3.55 Low   |              |             |                  |
| 1.86 – 2.70 Moderately low  |              |             |                  |
| 1.00 – 1.85 Very low  |              |             |                  |

In terms of perspective taking, overall mean was 6.42, and most were also interpreted as very high to have perspective taking ability. This is because most obstetric nurses can imagine the needs of patients, can understand the feelings of patients, body language, and know the importance of empathic ability in the treatment process. This ability was attributed to the nurse's educational preparation during the program. It was mentioned by Liu et al. (2016) that nursing students mastered certain knowledge and had certain choice ability through learning related courses.

**3.1.2 Obstetrical Nurses' Level of Empathic Ability in Emotional Nursing Dimension**

|  |           |             |                       |
|--|-----------|-------------|-----------------------|
| <b>Emotional nursing (1, 7, 8, 11, 12, 14, 18, 19)</b> | <b>SD</b> | <b>MEAN</b> | <b>Interpretation</b> |
|  |           |             | <b>n</b>              |



|   |                  |             |                        |
|---|------------------|-------------|------------------------|
| 1. My understanding of how my patients and their families feel does not influence medical or surgical treatment.  | 2.2<br>3         | 5.74        | Moderately high        |
| 7. I try not to pay attention to my patients' emotions in history taking or in asking about their physical health.  | 2.1<br>2         | 5.81        | Moderately high        |
| 8. Attentiveness to my patients' personal experiences does not influence treatment outcomes.  | 1.7<br>8         | 6.04        | Moderately high        |
| 11. Patients' illnesses can be cured only by medical or surgical treatment; therefore, emotional ties to my patients do not have a significant influence on medical or surgical outcomes. | 2.0<br>4         | 5.89        | Moderately high        |
| 12. Asking patients about what is happening in their personal lives is not helpful in understanding their physical complaints.  | 1.8<br>9         | 5.94        | Moderately high        |
| 14. I believe that emotion has no place in the treatment of medical illness.  | 1.7<br>7         | 6.09        | Moderately high        |
| 18. I do not allow myself to be influenced by strong personal bonds between my patients and their family members.   | 2.1<br>2         | 5.27        | Moderately high        |
| 19. I do not enjoy reading non-medical literature or the arts.  | 1.8<br>9         | 5.79        | Moderately high        |
| <b>Grand Mean</b>   | <b>1.9<br/>8</b> | <b>5.82</b> | <b>Moderately high</b> |
| <i>Descriptive Interpretation</i>   |                  |             |                        |
| 6.11 – 7.00 Very high   |                  |             |                        |
| 5.26 – 6.10 Moderately high   |                  |             |                        |
| 4.41 – 5.25 High  |                  |             |                        |
| 3.56 – 4.40 General   |                  |             |                        |
| 2.71 – 3.55 Low   |                  |             |                        |
| 1.86 – 2.70 Moderately low  |                  |             |                        |
| 1.00 – 1.85 Very low  |                  |             |                        |

In terms of emotional nursing, the overall mean of 5.82 which meant that nurses in the obstetric wards moderately high that they do possess emotional nursing dimension. Obstetrical nurses

claimed they have emotional nursing ability, as they believe patients and their respective families have emotions, they have strong bond with each other, and need attention to their needs and past experiences in caring. This ability has been developed as nurses receive formal training in dealing with their own emotions and responding to the verbalization of feelings by others. For example, through psychological guidance for nurses, nurses can better experience and know themselves, adjust and improve their relationship with others, and improve their empathic ability (Dong, 2018).

**3.1.3 Obstetrical Nurses’ Level of Empathic Ability in Transposition Thinking Dimension**

| <b>Transposition thinking (3, 6)</b>  | <b>SD</b>    | <b>MEAN</b> | <b>Interpretation</b>  |
|---|--------------|-------------|------------------------|
| 3. It is difficult for me to view things from my patients’ perspectives.                              | 1.90         | 5.90        | Moderately high        |
| 6. Because people are different, it is difficult for me to see things from my patients’ perspectives. | 1.93         | 5.84        | Moderately high        |
| <b>Grand Mean</b>   | <b>1.915</b> | <b>5.87</b> | <b>Moderately high</b> |
| <i>Descriptive Interpretation</i>   |              |             |                        |
| 6.11 – 7.00 Very high   |              |             |                        |
| 5.26 – 6.10 Moderately high   |              |             |                        |
| 4.41 – 5.25 High  |              |             |                        |
| 3.56 – 4.40 General   |              |             |                        |
| 2.71 – 3.55 Low   |              |             |                        |
| 1.86 – 2.70 Moderately low  |              |             |                        |
| 1.00 – 1.85 Very low  |              |             |                        |

In terms of transposition thinking, the overall mean of 5.87 which meant that nurses in the obstetric wards moderately high that they do possess transposition thinking dimension. The respondents have transposition thinking ability as they can view and see things from the patient's perspective. According to Liu et al. (2016), through formal training, nurses' behavior can be standardized, and their empathic ability can be improved to achieve transposition thinking.

**3.1.4 Obstetrical Nurses’ Level of Empathic Ability in Three Dimensions**

| <b>Three dimensions</b>                                 | <b>SD</b> | <b>MEAN</b> | <b>Interpretation</b> |
|---|-----------|-------------|-----------------------|
| Perspective taking (2, 4, 5, 9, 10, 13, 15, 16, 17, 20) | 1.228     | 6.42        | Very high             |

|   |              |             |                        |
|---|--------------|-------------|------------------------|
| Emotional nursing (1, 7, 8, 11, 12, 14, 18, 19) | 1.98         | 5.82        | Moderately high        |
| Transposition thinking (3, 6)                   | 1.915        | 5.87        | Moderately high        |
| <b>Grand Mean</b>                               | <b>1.708</b> | <b>6.04</b> | <b>Moderately high</b> |
| <i>Descriptive Interpretation</i>               |              |             |                        |
| 6.11 – 7.00 Very high                           |              |             |                        |
| 5.26 – 6.10 Moderately high                     |              |             |                        |
| 4.41 – 5.25 High                                |              |             |                        |
| 3.56 – 4.40 General                             |              |             |                        |
| 2.71 – 3.55 Low                                 |              |             |                        |
| 1.86 – 2.70 Moderately low                      |              |             |                        |
| 1.00 – 1.85 Very low                            |              |             |                        |

The overall mean of the three dimensions was 6.04, which meant that obstetric nurses had moderately high empathic ability. Perspective-taking ability was very high, which was because nurses are good at understanding patients from different perspectives, patients can cooperate with nurses to complete the work for the common treatment goal. Yu and Liu (2020) pointed out that the average score of the dimension of "viewpoint selection" is the highest because nurses and patients have a unified goal and are more likely to trust, understand and tolerate each other and reach a high consensus in many aspects. Emotional nursing is comparatively low, which is because nurses usually do what should be done, there is not too much involved in emotional nursing. According to Li et al. (2016), who pointed out that with the in-depth learning of nursing professional knowledge, and they have worries and fears about the occurrence of adverse events such as nursing disputes and nurse-patient conflicts, thus affecting the play of their empathic ability.

**3.2 Communication Ability of Obstetric Nurses**

| <b>Communication ability</b>      |                      |          |                   |
|-----------------------------------|----------------------|----------|-------------------|
| <b>All of the hospitals</b>       | <b>Average score</b> | <b>n</b> | <b>Percentage</b> |
|                                   | 1-3 (low level)      | 0        | 0.00%             |
|                                   | 3 (moderate)         | 1        | 1.11%             |
|                                   | 3-5 (high)           | 40       | 44.44%            |
|                                   | 5 (very high)        | 49       | 54.45%            |
|                                   | Total                | 90       | 100.00%           |
| <i>Descriptive Interpretation</i> |                      |          |                   |
| 5: Very high                      |                      |          |                   |
| 3-5: High                         |                      |          |                   |

3: Moderate  
 1-3: Low level

49 or 54.45% of obstetric nurses had a very high level. In China, student nurses has three years of course of study and a one-year internship program. The internship program would depend on the student's choice of hospital, and they required clinical exposure five days a week. During the internship, student nurses are expected to develop the needed skills in caring including the enhancement of their communication abilities. Nurses constantly change and strengthen their communication methods and improve their communication ability through formal communication training courses, so as not to be affected by other relevant factors according to Li and Deng (2016). It is stated that communication training is an important factor affecting nurses' clinical communication ability.

**3.2.1 Obstetrical Nurses’ Level of Communication Ability in Difficult Situation Dimension**

| <b>Difficult Situation Communication ability (22, 23, 24, 29, 36, 37, 38, 39, 40, 41, 42, 43, 44, 47, 48, 49, 50, 51, 52)</b>   | <b>SD</b> | <b>MEAN</b> | <b>Interpretation</b> |
|---|-----------|-------------|-----------------------|
| 22.When patients or family members are dissatisfied with me, I can communicate with them calmly and find ways to calm down their dissatisfaction.   | 0.66      | 4.66        | Very Good             |
| 23.For the families of deceased patients, I can timely understand their needs and provide help.   | 0.63      | 4.68        | Very Good             |
| 24.Communicate effectively with patients with Alzheimer’s disease and understand their needs.   | 0.56      | 4.72        | Very Good             |
| 29.At ordinary times, I can talk about appropriate topics with patients according to different situations when nursing for patients.  | 0.51      | 4.74        | Very Good             |
| 36.When talking with pessimistic patients, I can encourage them to express their feelings, and to their understanding, care and support, so that it as soon as possible to restore calm.                    | 0.58      | 4.72        | Very Good             |
| 37.When talking with patients who are angry or crying, we can try to let them vent their dissatisfaction so as to understand their needs and restore their physical and mental balance as soon as possible. | 0.74      | 4.63        | Very Good             |

|  |      |      |           |
|--|------|------|-----------|
| 38. When patients appear lonely and helpless, I can spend more time with them and actively offer help.   | 0.66 | 4.63 | Very Good |
| 39. To treat patients who show painful emotions, I can make them feel understood, supported, and encouraged in the appropriate way (with encouragement).                     | 0.53 | 4.74 | Very Good |
| 40. For patients in anxiety and fear, I can relieve their emotions through appropriate explanation and comfort.  | 0.61 | 4.70 | Very Good |
| 41. When patients show doubts about treatment or care, I can patiently explain until they understand.  | 0.59 | 4.71 | Very Good |
| 42. I can effectively communicate and understand the needs of infectious disease patients, such as AIDS and hepatitis.   | 0.61 | 4.70 | Very Good |
| 43. For dying or cancer patients, I can take the initiative to assess their psychological needs and provide patients with targeted psychological care.                       | 0.59 | 4.71 | Very Good |
| 44. For patients with cultural differences (foreign patients, minority patients), I can effectively communicate with them and understand their needs.                        | 0.69 | 4.67 | Very Good |
| 47. When I meet patients with excessive requirements, I can show understanding, care and attention to them while limiting their unreasonable requirements.                   | 0.52 | 4.72 | Very Good |
| 48. I am able to communicate bad news about treatment or care (cancellations, poor results, etc.) in a way that is acceptable to the patient.                                | 0.54 | 4.72 | Very Good |
| 49. For patients who do not cooperate, I first understand the reasons, and then communicate with patients to obtain their cooperation.                                       | 0.50 | 4.77 | Very Good |
| 50. For some patients with language barriers, I can effectively communicate with them through drawing and gestures, so as to understand their needs and provide timely help. | 0.53 | 4.76 | Very Good |
| 51. When asking personal questions, I can choose the right way for patients to speak naturally.  | 0.54 | 4.76 | Very Good |
| 52. In the process of rescuing patients, I could communicate with the family members in time with appropriate words and appease their emotions.                              | 0.53 | 4.74 | Very Good |

|                                   |             |             |                  |
|-----------------------------------|-------------|-------------|------------------|
| <b>Grand Mean</b>                 | <b>0.69</b> | <b>4.71</b> | <b>Very Good</b> |
| <i>Descriptive Interpretation</i> |             |             |                  |
| 4.21 – 5.00 Very Good             |             |             |                  |
| 3.41 – 4.20 Good                  |             |             |                  |
| 2.61 – 3.40 General               |             |             |                  |
| 1.81 – 2.60 Poor                  |             |             |                  |
| 1.00 – 1.80 Very Poor             |             |             |                  |

In terms of difficult situation communication ability, the overall mean of 4.71 which means that nurses in the obstetric wards are very good that they possess difficult situation communication ability dimension. This indicates that nurses can use communication ability to deal with various emergencies effectively. Standardized training can guide the direction of training for young nurses, reduce the sense of loss in the process of training, and provide help for communication under various conditions. Liu et al. (2022) pointed out that the high score of communication ability in difficult situations indicated that the new nurses had acquired certain clinical communication ability after standardized training.

### 3.2.2 Obstetrical Nurses' Communication Ability in Emotional Perception Ability Dimension

| <b>Emotional perception ability (35, 45, 46, 53, 54, 55, 56, 57, 58)</b>   | <b>SD</b> | <b>MEAN</b> | <b>Interpretation</b> |
|--|-----------|-------------|-----------------------|
| 35. When the patient is venting emotions, I can be silent at the appropriate time, so that the patient can feel silent support.                              | 0.64      | 4.70        | Very Good             |
| 45. In the process of nursing patients, I can pay attention to observe the patient's mood changes.   | 0.53      | 4.74        | Very Good             |
| 46. In the process of nursing patients, I can understand the emotional state of patients through their non-verbal behaviors (their expressions, eyes, etc.). | 0.58      | 4.73        | Very Good             |
| 53. When talking to patients in a bad mood, I can guide them to express their inner feelings.  | 0.58      | 4.73        | Very Good             |
| 54. When patients talk about their emotional experiences, I can listen.  | 0.58      | 4.73        | Very Good             |

|  |             |             |                  |
|--|-------------|-------------|------------------|
| 55. When the patient tells me about his emotional experience, I don't interrupt the patient to give him enough time to express his thoughts. | 0.58        | 4.73        | Very Good        |
| 56. When patients talk about their emotional experiences, I can express interest in what they are saying and encourage them to keep talking. | 0.55        | 4.76        | Very Good        |
| 57. When patients talk about their emotional experiences, I can give timely feedback through appropriate means, such as nodding.             | 0.55        | 4.74        | Very Good        |
| 58. When talking with patients in a bad mood, I can understand the feelings of patients from their perspective.                              | 0.54        | 4.77        | Very Good        |
| <b>Grand Mean</b>  | <b>0.57</b> | <b>4.74</b> | <b>Very Good</b> |
| <i>Descriptive Interpretation</i>  |             |             |                  |
| 4.21 – 5.00 Very Good  |             |             |                  |
| 3.41 – 4.20 Good   |             |             |                  |
| 2.61 – 3.40 General  |             |             |                  |
| 1.81 – 2.60 Poor   |             |             |                  |
| 1.00 – 1.80 Very Poor  |             |             |                  |

In terms of emotional perception ability, the overall mean of 4.74 which means that nurses in the obstetric wards are very good that they possess emotional perception ability dimension. This result indicates that nurses can also use communication ability and Perception when perceiving patients' emotional changes (Perception, 2020). Obstetric nurses with high emotional intelligence know how to use their work experience and training skills to help patients resolve negative emotions when patients are threatened by diseases or situations. This prediction is supported by Guo et al. (2015), who pointed out that having high emotional intelligence can help clinical nurses correctly identify and adjust emotions to avoid affecting work, which can also well understand patients and continuously meet their physical and mental needs.

**3.2.3 Obstetrical Nurses' Level of Communication Ability in Emotional Support Ability Dimension**

|  |           |             |                       |
|--|-----------|-------------|-----------------------|
| <b>Emotional support ability (16,17,18,19,20,21)</b> | <b>SD</b> | <b>MEAN</b> | <b>Interpretation</b> |
|  |           |             |                       |

|  |                  |             |                  |
|--|------------------|-------------|------------------|
| 16. When patients talk about their emotional experience, I can inform them of my feelings in time to verify whether the perception is correct.                                 | 0.6<br>0         | 4.72        | Very Good        |
| 17. For patients in a bad mood, I can take the initiative to carry out psychological counseling.   | 0.6<br>1         | 4.70        | Very Good        |
| 18. For patients in bad mood, I can provide appropriate comfort, so that the psychological needs of patients can be met and alleviate their negative emotions.                 | 0.5<br>5         | 4.74        | Very Good        |
| 19. For patients in a bad mood, I can express my emotional support through some non-verbal means (such as touch and eye contact).  | 0.6<br>3         | 4.69        | Very Good        |
| 20. For patients in a bad mood, I can express support and concern for them through appropriate language, such as: praise, praise, encouragement, comfort I enlighten patients. | 0.6<br>1         | 4.70        | Very Good        |
| 21. When talking with patients in a bad mood, patients can feel my understanding and support for their feelings from my verbal and non-verbal behaviors.                       | 0.6<br>0         | 4.71        | Very Good        |
| <b>Grand Mean</b>  | <b>0.6<br/>0</b> | <b>4.71</b> | <b>Very Good</b> |
| <i>Descriptive Interpretation</i>  |                  |             |                  |
| 4.21 – 5.00 Very Good  |                  |             |                  |
| 3.41 – 4.20 Good   |                  |             |                  |
| 2.61 – 3.40 General  |                  |             |                  |
| 1.81 – 2.60 Poor   |                  |             |                  |
| 1.00 – 1.80 Very Poor  |                  |             |                  |

In terms of emotional support ability, the overall mean of 4.71 which means that nurses in the obstetric wards are very good that they possess emotional support ability dimension. The high score in emotional support due to the discomfort caused by stimulation and various nursing operations during hospitalization, which make patients prone to anxiety and uncooperative treatment and nursing. Nurses experience patients' anxiety or pain according to their own work experience and empathy, which helps to eliminate bad emotions. This prediction is supported by Pei et al. (2016), who pointed out that nurses gain recognition by providing emotional support to patients, reduce distrust and disgust, so that patients have a good psychological state during the nursing process, and ensure the smooth progress of treatment and care.



### 3.2.4 Obstetrical Nurses' Level of Communication Ability in Basic Verbal Communication Ability Dimension

| <b>Basic verbal communication ability (1, 2, 3, 4, 5, 6, 10, 11, 12, 15, 28)</b>   | <b>SD</b>   | <b>MEAN</b> | <b>Interpretation</b> |
|--|-------------|-------------|-----------------------|
| 1. When I see patients, I can take the initiative to greet them.   | 0.67        | 4.78        | Very Good             |
| 2. I can usually use friendly nouns to address patients such as Lao Li, Xiao Li, etc.  | 0.80        | 4.60        | Very Good             |
| 3. When I talk with patients at ordinary times, I can pay attention to the voice and speed of speech, so that patients can hear what they say clearly.                         | 0.56        | 4.80        | Very Good             |
| 4. When I talk with patients at ordinary times, I can pay attention to the intonation, so as not to hurt the patients.   | 0.46        | 4.82        | Very Good             |
| 5. When I usually talk with patients, I can choose words that are easy to understand according to the cultural level of patients.  | 0.64        | 4.77        | Very Good             |
| 6. When I usually talk with patients, I can use polite language, such as please, hello, sorry, etc.  | 0.52        | 4.79        | Very Good             |
| 10. I can actively communicate with patients when I give them various operations. For example, explain the purpose of the operation, understand the feelings of patients, etc. | 0.49        | 4.82        | Very Good             |
| 11. Even though I am busy with my work, I can communicate with patients patiently.   | 0.53        | 4.74        | Very Good             |
| 12. When patients consult me for information I do not know, I can take the initiative to introduce other suitable consultation objects or channels to patients.                | 0.58        | 4.81        | Very Good             |
| 15. When I talk with patients at ordinary times, I can timely and humorous words to create a good atmosphere.  | 0.58        | 4.73        | Very Good             |
| 28. When I first meet patients, I can take the initiative to introduce myself.   | 0.53        | 4.74        | Very Good             |
| <b>Grand Mean</b>  | <b>0.58</b> | <b>4.86</b> | <b>Very Good</b>      |
| <i>Descriptive Interpretation</i>  |             |             |                       |

|             |           |
|-------------|-----------|
| 4.21 – 5.00 | Very Good |
| 3.41 – 4.20 | Good      |
| 2.61 – 3.40 | General   |
| 1.81 – 2.60 | Poor      |
| 1.00 – 1.80 | Very Poor |

In terms of basic verbal communication ability, the overall mean of 4.86 which means that nurses in the obstetric wards are very good that they possess basic verbal communication ability dimension. This is because nurses could get the response of each other immediately through basic language communication in daily work, so that patients could understand the significance of nursing measures, understand each other. He (2015) pointed out that good nursing language communication has become an important part of nursing practice. It is of great help to relieved patients' physical and psychological pain and bad mood changes. It is very important to create the best physical and mental state for patients and improve the therapeutic effect.

**3.2.5 Obstetrical Nurses’ Level of Communication Ability in Basic Non-verbal Communication Ability Dimension**

| <b>Basic non-verbal communication ability (13, 14, 30, 31, 32, 33, 34)</b>   | <b>SD</b> | <b>MEAN</b> | <b>Interpretation</b> |
|--|-----------|-------------|-----------------------|
| 13.Usually when talking with patients, I can show the expression that is appropriate to the situation at that time. If the patient is in pain, I will show a concerned expression; When the patient is happy, I smile. | 0.43      | 4.83        | Very Good             |
| 14.When I usually talk with patients, I can look at patients with concern.   | 0.49      | 4.79        | Very Good             |
| 30.In the middle of a normal conversation with a patient, I don't suddenly stop the conversation and do something else.  | 0.56      | 4.72        | Very Good             |
| 31.When talking to patients, I can rule out the influence of things other than work.   | 0.60      | 4.71        | Very Good             |
| 32.When meeting patients, I can maintain decent dress.   | 0.49      | 4.79        | Very Good             |
| 33.Usually when talking with patients, I can be elegant and steady.  | 0.48      | 4.80        | Very Good             |

|   |             |             |                  |
|---|-------------|-------------|------------------|
| 34. Usually when talking with patients, I can keep an appropriate distance with patients, so that patients feel friendly but not alienated. | 0.50        | 4.77        | Very Good        |
| <b>Grand Mean</b>   | <b>0.51</b> | <b>4.77</b> | <b>Very Good</b> |
| <i>Descriptive Interpretation</i>   |             |             |                  |
| 4.21 – 5.00 Very Good   |             |             |                  |
| 3.41 – 4.20 Good  |             |             |                  |
| 2.61 – 3.40 General   |             |             |                  |
| 1.81 – 2.60 Poor  |             |             |                  |
| 1.00 – 1.80 Very Poor   |             |             |                  |

In terms of basic non-verbal communication ability, the overall mean of 4.77 which means that nurses in the obstetric wards is very good that they possess basic non-verbal communication ability dimension. This result reflects that nurses realize the importance of non-verbal communication ability through their own experience. Through nonverbal communication, nurses and patients can observe each other's mood changes, making communication more authentic and effective. In the study of Li et al. (2017) that some people think that the external image of nursing staff such as facial expression, tone, gesture have a great impact on patients, which show that nurses should realize the importance of nonverbal communication in communication.

### 3.2.6 Obstetrical Nurses' Level of Communication Ability in Team Communication Ability Dimension

| Team communication ability (7, 8, 9, 25, 26, 27)  | SD   | MEAN | Interpretation |
|---|------|------|----------------|
| 7. I can take the initiative and timely communicate with doctors to ensure the accuracy of doctors' orders.   | 0.46 | 4.83 | Very Good      |
| 8. I can take the initiative and timely communicate with the nurse in question to avoid the occurrence of nursing accidents.  | 0.48 | 4.83 | Very Good      |
| 9. I can communicate the patient's needs for treatment and care to the doctor in charge or the nurse in charge so that the patient's needs can be met in a timely manner. | 0.49 | 4.82 | Very Good      |

|  |             |             |                  |
|--|-------------|-------------|------------------|
| 25.I can communicate with the doctor in charge about the treatment of patients to ensure that patients receive timely and effective treatment. | 0.54        | 4.73        | Very Good        |
| 26.I am able to communicate with my team of nurses about patient care to ensure that patients receive timely and effective care.               | 0.52        | 4.77        | Very Good        |
| 27.I can report any changes in the patient's condition to the doctor without delaying the patient's treatment.                                 | 0.47        | 4.81        | Very Good        |
| <b>Grand Mean</b>  | <b>0.49</b> | <b>4.88</b> | <b>Very Good</b> |
| <i>Descriptive Interpretation</i>  |             |             |                  |
| 4.21 – 5.00 Very Good  |             |             |                  |
| 3.41 – 4.20 Good   |             |             |                  |
| 2.61 – 3.40 General  |             |             |                  |
| 1.81 – 2.60 Poor   |             |             |                  |
| 1.00 – 1.80 Very Poor  |             |             |                  |

In terms of team communication ability, the overall mean of 4.88 which means that nurses in the obstetric wards are very good that they possess team communication ability dimension. This is related to the particularity and formal training of nursing profession. The specialty of nursing is reflected in the fact that nurses carry out nursing measures under the guidance of doctors' orders, and they need to cooperate with doctors or their medical workers. Only by establishing good team communication ability and tacit understanding with other workers can nurses provide high-quality nursing services for patients. Nurses also have the most time and communication with patients and their families in clinical practice, and can detect changes in disease conditions and communicate with doctors in time, which directly improves nurses' team communication ability (Fang et al., 2018). The study by Liu et al. (2022) showed that the highest dimension was team communication ability, indicating that new nurses had certain clinical communication ability after standardized training.

**3.3.1 Respondents' Communication Ability as to their Profile Variables**

|                                 | P-Value  | Decision        | Interpretation                |
|---------------------------------|--|-----------------|-------------------------------|
| Communication ability VS Age    | 0.763  | Accept the Null | Statistically not Significant |
| Communication ability VS Gender | <i>(not applicable because they were all FEMALE)</i> |                 |                               |

|   |       |                 |                               |
|---|-------|-----------------|-------------------------------|
| Communication ability VS Whether the respondent was an only child | 0.176 | Accept the Null | Statistically not Significant |
| Communication ability VS Record of formal schooling               | 0.507 | Accept the Null | Statistically not Significant |
| Communication ability VS Number of years working in the area      | 0.589 | Accept the Null | Statistically not Significant |
| Communication ability VS Marital status                           | 0.009 | Reject the Null | Statistically Significant     |
| Communication ability VS Job titles                               | 0.532 | Accept the Null | Statistically not Significant |
| <i>Level of Significance at <math>\alpha = 0.05</math></i>        |       |                 |                               |

Among the 7 side variables, only marital status of nurses in obstetric ward was significantly correlated with communication ability. Married nurses have multiple identities, more communication experience and stronger sense of responsibility, and are better at listening to patients than perserving. This prediction is consistent with Shen and Liu's results. Married nurses need to be more involved in and manage family or social activities and have more experience in communicating with people with different personalities (Shen & Liu, 2020). In addition, married nurses have more communication experience, patience and communication ability because their offspring need to communicate with them (Shen & Liu, 2020).

**3.3.2 Respondents’ Dimensions of Communication Ability as to their Profile Variables**

|                            |       |                 |                               |  |                               |                               |                               |                           |                               |
|----------------------------|-------|-----------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|---------------------------|-------------------------------|
| Team Communication Ability | 0.571 | Accept the Null | Statistically not Significant | <i>(not applicable because they were all FEMALE)</i> | 0.267                         | 0.302                         | 0.617                         | 0.001                     | 0.984                         |
|                            |       |                 |                               |  | Statistically not Significant | Statistically not Significant | Statistically not Significant | Statistically Significant | Statistically not Significant |

|  |  |       |       |       |       |       |
|--|--|-------|-------|-------|-------|-------|
|  | Age                                      | 0.519 | 0.661 | 0.289 | 0.891 | 0.657 |
|  | Gender                                   |       |       |       |       |       |
|  | Whether the respondent was an only child | 0.198 | 0.452 | 0.977 | 0.105 | 0.183 |
|  | Record of formal schooling               | 0.656 | 0.355 | 0.614 | 0.534 | 0.579 |
|  | Number of years working in               | 0.242 | 0.302 | 0.329 | 0.850 | 0.517 |
|  | Marital status                           | 0.001 | 0.002 | 0.009 | 0.003 | 0.000 |
|  | Job titles                               | 0.438 | 0.776 | 0.643 | 0.630 | 0.931 |

Among the six dimensions of communication, only marital status was statistically significant. Married nurses have multiple roles in society and family, and they needed to constantly change between different roles, so they have more communication experience. In addition, family support and stability are also an important factor in good communication ability. This prediction is supported by Shen and Liu's results in 2020, which because married nurses need to participate in and manage family or social activities more and have more experience in communicating with people with different characteristics.

### 3.4.1 Relationship Between the Respondents' Empathic Ability and Communication Ability

|                  | M    | SD   | P-Value | r | Decision | Interpretation |
|------------------|------|------|---------|---|----------|----------------|
| Empathic Ability | 6.13 | 1.04 | 0.000   |   |          |                |

|                       |      |      |  |              |                 |                      |
|-----------------------|------|------|--|--------------|-----------------|----------------------|
| Communication Ability | 4.74 | 0.48 |  | +0.416<br>** | Reject the Null | Positive Correlation |
|-----------------------|------|------|--|--------------|-----------------|----------------------|

Note: \*\*. Significant at .01 level.

Table shows the higher the empathic ability the higher the communication ability of the obstetrical nurses. The more empathic obstetrical nurses were the more they communicated with their patients. The reason for this phenomenon has been related to the special nature of the obstetric ward, as nurses need to constantly contact and communicate with patients in various treatment and nursing operations. Nurses with high empathic are better at discovering and understanding patients' needs from the perspective of patients and solving patients' problems with various communication ability, thus reducing the occurrence of various risks (Zhang et al., 2020). At the same time, nurses' use of empathy in nurse-patient communication can also improve job satisfaction and establish a good nurse-patient relationship, which has high clinical application value (Xiao & Liu, 2018).

**3.4.2 The Correlation Analysis Between the Three Dimensions of Empathic and the Six Dimensions of Communication of Obstetric Nurses**

|  |                | Empathic Ability (Perspective Taking) | Empathic Ability (Emotional Nursing) | Empathic Ability (Transposition Thinking) |
|--|----------------|---------------------------------------|--------------------------------------|---|
| Communication Ability (Difficult Situation)  | r              | 0.545**                               | 0.271**                              | 0.436**                                   |
|  | P              | 0.000                                 | 0.010                                | 0.000                                     |
|  | Interpretation | Positive Correlation                  | Positive Correlation                 | Positive Correlation                      |
| Communication Ability (Emotional Perception) | r              | 0.514**                               | 0.300**                              | 0.422**                                   |
|  | P              | 0.000                                 | 0.004                                | 0.000                                     |
|  | Interpretation | Positive Correlation                  | Positive Correlation                 | Positive Correlation                      |
| Communication Ability (Emotional Support)    | r              | 0.469**                               | 0.163                                | 0.361**                                   |
|  | P              | 0.000                                 | 0.125                                | 0.000                                     |
|  | Interpretation | Positive Correlation                  |                                      | Positive Correlation                      |
| Communication Ability (Basic Verbal)         | r              | 0.490**                               | 0.208*                               | 0.334**                                   |
|  | P              | 0.000                                 | 0.049                                | 0.001                                     |

| Communication)   | Interpretation | Positive Correlation | Positive Correlation | Positive Correlation |
|--|----------------|----------------------|----------------------|----------------------|
| Communication Ability (Basic Non-Verbal Communication) | r              | 0.529**              | 0.283**              | 0.372**              |
|  | P              | 0.000                | 0.007                | 0.000                |
|  | Interpretation | Positive Correlation | Positive Correlation | Positive Correlation |
| Communication Ability (Team Communication)             | r              | 0.520**              | 0.273**              | 0.341**              |
|  | P              | 0.000                | 0.009                | 0.001                |
|  | Interpretation | Positive Correlation | Positive Correlation | Positive Correlation |

Note: \*\*. Significant at .01 level. \*. Significant at .05 level.

The perspective taking dimension of empathic ability was positive correlated with each dimension of communication ability. The highest correlation was the perspective taking dimension and difficult situation communication ability. This is because opinion picking is the ability of nurses to distinguish and coordinate their own views with those of others, and on the basis of this ability, nurses can better understand patients and meet their needs. He et al. (2013) pointed out that viewpoint picking was a core factor affecting communication ability in nursing empathic.

The transposition thinking dimension of empathic ability was positively correlated with each dimension of communication ability. Transposition thinking can make nurses break through their inherent thinking habits, and it can also help nurses understand the psychological needs of others, feel the emotions of others. Nursing students with strong empathic ability are better at empathy thinking, standing in the position of patients or their families to consider problems, effectively preventing nurse-patient communication barriers, and improving the quality of communication (Liu et al., 2016).

Of the three dimensions of empathy, emotional nursing had the lowest computed r but still have positive correlation with the dimensions of communication ability except on emotional support. The reason for this is that emotional nursing competence is not a core factor in the clinical work of obstetric nurses, and providing emotional support means spending a lot of time with patients. Nursing is emotionally draining as nurses had to feel all kinds of emotions from anxiety, frustrations to joy and relief in just one duty shift (Peng, 2009).

**CONCLUSION**

Most obstetric nurses have very high levels of empathic and communication ability and based on their dimensions. There was a significant statistical difference between obstetric nurses'



communication ability and marital status. At the same time, there was a significant positive correlation between empathic and communication ability. The perspective taking dimension and transposition thinking dimension of empathic ability were positive correlated with each dimension of communication ability.

This study focuses on the empathic and communication ability of rank titles qualified obstetric nurses after the implementation of the three-child policy. This study also examined the influence of common factors on empathic and communication ability. The results of this study can serve as a reference for future research on empathic and communication ability of obstetric nurses, and provide more evidence to motivate nurses to maintain high levels of competence.

### **LIMITATIONS AND RECOMMENDATIONS OF THE STUDY**

The limitations of the study were the sample size, which was small, the study was limited to the three hospitals in Shandong Province, and the relevant factors of the study were only controlled in 7 aspects. This study only represented the obstetric nurses' answers to the questionnaire that may differ from those who were not included in the study. In addition, the study did not rule out uncooperative patients that may affect the nurse's empathic and communication ability. Due to the epidemic, nurses may have increased workload when they were in contact with patients, and fatigue may affect nurses' empathic and communication with patients. For future studies, it will be necessary to increase the sample size in different regions and hospitals at different levels to collect samples. Second, the study items were limited to the empathic and communication ability of obstetric nurses. Research directions in nurses' abilities and other related nursing departments need to be further explored.

The following are recommended:

#### **Nursing Practice**

**Obstetric ward patients:** Obstetric patients should actively seek help and support from nurses when facing role change or having negative emotions caused by concerns in hospital admissions and nursing care.

**Nurses in the obstetric ward:** First, when communicating with patients, nurses should follow the principles of empathy and understanding, listen carefully and respond in time, guide patients to have a correct understanding of the disease. Second, nurses should give psychological support to patients and help them to solve problems by standing in the perspective of patients. Third, nurses should be honest by communicating their own feelings so not to be misunderstood by co-workers and patients. They should take the time to talk to the patient from the patient's perspective.

**Nursing management:** Nursing managers should recognize that empathic and communication ability can be enhanced through study and training.

#### **Nursing Education**

Educators should set up education courses for nursing schools and students, and further refine the empathic and communication ability training guidelines for nurses in nursing courses and lesson plans.

#### **Nursing Research**

The variables of the study have certain limitations. These negative effects should be eliminated as much as possible in future studies. In addition, the small sample size of this study may have potential sample bias, and it cannot be generalized to the whole Chinese obstetric nurses. Therefore, it would be beneficial to increase the sample size of this study and carry out a national study with different regions and different hospital levels. The literature related to the topic of this study is scarce, and further research is needed in this direction and its implications.

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