

Understanding and Fostering Empathy in Nursing

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Abstract: Empathy, identified as a fundamental aspect of the nurse-client relationship, is considered as one of the essential nursing skills. However, there is disagreement on the definition of Empathy and its pertinence to nursing. Though Empathy has also been identified as an inborn quality, research shows that specific training courses are effective in teaching Empathy as a skill. Nursing educators must take efforts in this high-tech era to assist in fostering Empathy in nursing students so that their interactions and relationship with clients can be enhanced. This article aims to describe Empathy and to highlight its relevance in nursing.

Keywords: Empathy, Nursing, Nursing students

1. Introduction

Nurses are constantly engaging in goal-directed therapeutic relationships with patients, whose needs are unique and many. Nurses are required to be knowledgeable, skillful, empathetic and compassionate in dealing with clients and in meeting their needs. One of the essential nursing skills is Empathy. Empathy is defined as “the ability to share someone else’s feelings or experiences by imagining what it would be like to be in that person’s situation” by the Cambridge Dictionary.

Empathy, in health care, is the ability and capacity to understand as well as to respond to clients’ emotions and their experience of illness. It has been identified as a fundamental aspect of all helping relationships, including the nurse-client relationship. It enables nurses to recognize needs and respond effectively to their clients. An empathic relationship between the nurse and client is necessary as it defines the quality of the client’s experience with regard to nursing care and it also contributes to patient outcomes [1]. However, not all scholars see eye-to-eye regarding the definition of Empathy, its pertinence to nursing, and whether it is an innate or an acquired quality. The aim of this article is to describe Empathy and to highlight its relevance in nursing.

Understanding Empathy

Empathy has been described as a complex, multi-dimensional concept that has moral, cognitive, emotive and behavioural components [2]. Reynolds [3] has mentioned that Empathy is considered by many writers to encompass concepts such as respect, warmth, trust, understanding and genuineness. Another quality that is reinforced in an empathic relationship is the ability to understand another individual who is in distress. Empathising can mean understanding, sharing and creating an internal space to accept the other person, and therefore helping them to feel understood and not lonely [4].

Several authors have tried to describe Empathy using various models and conceptual definitions. However, it is necessary to keep in mind that Empathy is both a complex process and a concept whose meaning continues to evolve [5]. It has been

acknowledged that Empathy in the helping relationship does not have a single definition nor a reliable means of measurement. Coulehan et al [6], with regard to clinical Empathy in the medical profession in general, defines Empathy as ‘the ability to understand the patient’s situation, perspective and feelings, and to communicate that understanding to the patient’.

A review of the literature on Empathy by Morse, et al [7] summarises the components of Empathy under four main areas:

- Emotive- The ability to subjectively experience and share in another’s psychological state or intrinsic feelings.
- Moral- An internal altruistic force that motivates the practice of Empathy.
- Cognitive The helper’s intellectual ability to identify and understand another person’s feelings and perspective from an objective stance.
- Behavioural- Communicative response to convey understanding of another’s perspective.

Barret-Lennard [8] developed a multi-dimensional model of Empathy that is referred to as the ‘Empathy Cycle’. It consists of three phases (as cited by Mercer & Reynolds [2]):

- Phase 1- the inner process of empathetic listening to another who is personally expressive in some way, reasoning, and understanding.
- Phase 2 is the attempt to convey empathetic understanding of the other person’s experience.
- Phase 3 is the client’s actual reception or awareness of this communication.

Is Empathy an innate characteristic or can it be learned? There are varying views on this and there is plenty of literature to support both sides of the argument. However, Allgood [9] has conceptualized two types of Empathy: basic Empathy (i.e., a universal trait, present in humans) and trained Empathy (i.e., skills developed through training). This conceptualization creates the understanding that all nurses have some amount of Empathy innately, in varying proportions; it also denotes that Empathy can be learned through effective, well-planned education and training.

Empathy, an important component of the relationship between nurse and patient, is considered an observable and teachable skill that nurses need to possess^[10]. In other words, Empathy has been mostly accepted as an ability or skilled behaviour that can be learned as well as developed through education and practice. Hence, it has been discussed that during the undergraduate years of education, nursing students must be taught the importance of developing empathic relationships with their patients and to gain basic communication skills. A study was conducted in Italy to determine whether a training course could enhance empathic skills in student nurses during a 3-year degree course^[11]. One hundred and three participants (76% women) were involved in the study. Data showed that the training course was effective, especially for women. Their data showed that specific training courses are effective and Empathy is a skill that may be taught. Nursing educators do have the possibility of improving the Empathy skills of nursing students. Therefore, it is considered to be advisable to introduce such training programs into the traditional nursing curriculum.

One of the common mistakes that occurs is confusing Empathy and sympathy. Sympathy includes 'feeling sorry' for the client or imagining how we would feel if we were experiencing what was happening to them. Kalisch^[12] explains that Empathy helps to borrow the clients' feelings in order to understand them, but the nurse is always aware of the separateness between his/her own emotions and the client's. Switankowsky^[13] has discussed in their study that sympathy comes from a pre-reflective level, where one feels for another's plight and leads to an emotional identification between the two people whereas Empathy allows understanding of another's situation and usually necessitates reflexivity; therefore, in Empathy, there is a shift from passive to active intentionality. Escalas & Stern^[14] have identified that sympathy actually has an effect on the empathic process. There is much research that discusses the differences between Empathy and sympathy which is outside the scope of this article.

Empathy- The Pros and Cons

In their literature review, Yu and Kirk^{[15][16]} pointed out that many studies have confirmed the importance of Empathy in the nursing context. It has been reported that Empathy in the clinical environment leads to greater patient satisfaction^[17] and lower rates of malpractice litigation^[18]. The quality of the nurse-client relationship has been identified as one of the factors that influences the course and outcome of illness^[19]. Empathy organizes perceptions, increases sensitivity, creates understanding, acknowledges and respects others, affects decision-making and also facilitates cultural competence^[20]. A study was done on the effect of nurses' empathy on anxiety, depression, hostility, and satisfaction of patients with cancer. The results showed significant reductions in anxiety, depression, and hostility in patients being cared for by nurses who exhibited high levels of empathy^[21]. It is therefore understood that a therapeutic relationship, fostered by Empathy, is an integral part of healing.

There are, however, other scholars who believe that Empathy could be detrimental in nursing, i.e., especially to the nurses. In the recent past, there have been concerns that the concept

of Empathy may be inappropriate and sometimes even harmful to the nurse-patient relationship. Williams^[22] hypothesized that "high emotional empathy may predispose helping professionals to emotional exhaustion and that emotional exhaustion, if not mediated by personal accomplishment, may lead to the development of depersonalization". Morse, et al^[7] suggested that Empathy was actually a poor fit for the clinical reality of nursing practice. They reasoned that "communication strategies such as sympathy, pity, consolation, compassion and commiseration, need to be reexamined and may be more appropriate than Empathy during certain phases of the illness experience". Duarte, Pinto-Gouveia, & Cruz^[23], based on their study findings, concluded that high levels of emotional empathy (concerned with feeling emotions and physical sensations of another) could possibly be a risk factor for compassion fatigue and they recommend teaching self-compassion and self-care skills to reduce burnout and compassion fatigue.

Empathy and its association with other selected variables

Various studies have shown associations between Empathy and other variables like age, gender, exposure to clinical experience, etc., but there are also findings that contradict the same. Some studies have reported that increased age is associated with decreased Empathy levels^{[24][25]}. Ward, et al^[26] in a study on 333 undergraduate nursing students reported that the highest mean Empathy score was obtained by students in the group which had the most clinical experience. However, Neumann, et al^[27] in their review on empathy decline among medical students and residents found that various studies show significant empathy decline on entering the clinical practice phase of training and also with increased contact with clients. On the other hand, Watt-Watson et al.^[24] did not find an association between Empathy and clinical experience.

Empathic responses are said to be influenced by various variables such as personality, sex, social confidence, interpersonal style environment, culture and the level of communication skills that have been learnt^[28]. Ward, et al^[26], in their study on undergraduate nursing students, reported that female students scored an average Empathy score which was significantly higher than that obtained by male students. Cunico, Sartori, Marognoli & Meneghini,^[11] also identified in their study on student nurses that men and women have different empathic traits, and it was found that they show disparate empathic tendencies. These findings are contradicted by Kliszcz, Nowicka-Sauer, Trzeciak & Nowak^[29] who reported no association between gender and Empathy levels. There are multiple factors acknowledged such as small sample sizes and the lack of reliable tools to measure Empathy that could have contributed to these discrepancies in findings amongst the studies. Also, Hornblow, Kitson & Jones^[30] have suggested that research on Empathy is complicated because of the absence of an agreed theoretical framework and operational definition, which can thereby affect how empathy is defined and measured.

Fostering empathy in nursing students

Traditionally, Empathy is commonly taught in the context of behaviourally-based skills, namely listening and responding; this is important in enhancing therapeutic relationships. Going further than that, nursing schools must take the initiative to integrate an Empathy skills training program into their curriculum. Allgood^[20] proposes using reflection strategies to assist nursing students in gaining awareness of self and others. Learning activities can include allowing nursing students to tell stories and fostering active listening. Nurse educators can assist students in recognizing, valuing and understanding reactions which would help in increasing sensitivity. It is essential for nurse educators to create opportunities and act as role models when interacting with others, especially clients and students, so that nursing students will learn and apply the empathic skills that they witness.

Brunero, Lamont & Coates^[31] reviewed empathy education in nursing. They reported that many studies used experiential learning styles in the training programmes for empathy skills development, with positive outcomes. They also reported that using methods like role play and case scenario-based experiential work, including problem-based learning and simulation, were also successful in improving empathy skills. Research must be conducted to identify and understand variables that affect empathy skill development among nursing students to enhance education and improve empathic response.

Cadman & Brewer^[32] discuss in their study that nurses are required to work effectively in teams, recognize and respond appropriately to their own feelings as well as the feelings of others and to motivate themselves and others- all these are characteristics of 'emotional intelligence'. They therefore suggest nurse educators to identify emotional intelligence of nursing students at the time of recruitment itself, as it appears to be a vital prerequisite. Such students may find it easier to acquire empathy skills when given the appropriate training.

2. Conclusion

Though there is no single widely-accepted definition or theoretical framework of Empathy, literature has mostly supported the idea that Empathy in nursing is quintessential and that it can be advantageous in the nurse-client relationship. Future research can focus on the continually evolving concept of Empathy and also on creating relevant instruments for accurate measurement. We have seen in the past that nursing students were taught about the importance of employing Empathy in their relationships with clients. However, there is concern that the current nursing curricula focuses unduly on the development of technological skills in order to prepare nursing students for today's health care environment with its many advancements^[33]. Technological competence is essential, but it has been recognized that when interpersonal skills like Empathy are not demonstrated, clients tend to perceive a lack of caring^[34] and thus the quality of care can be diminished. Therefore, it is essential that nursing educators take the effort to assist in fostering

Empathy in nursing students so that their interactions and relationship with clients can be enhanced. Primary focus should be on developing Empathy in nursing students as they are the nurses to whom we will entrust the future of healthcare.

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