

Communicating with Empathy: A Critical Nursing Strategy

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Empathy

- The ability to understand and share the feelings of another.
- The identification with and understanding of another's situation, motives and feelings.
- Skill in treating people according to their emotional reactions.



What We Know

- When used, [empathy] enables patients to develop trust and mutual respect with providers (Wald & Reis, 2010)
- Without empathy, patients may encounter additional pain and anxiety, and are more likely to be noncompliant with medication regimes (Kelley, et al., 2014).
- Effective communication associated with improved emotional health and fewer malpractice cases (Dwamena et al., 2013)

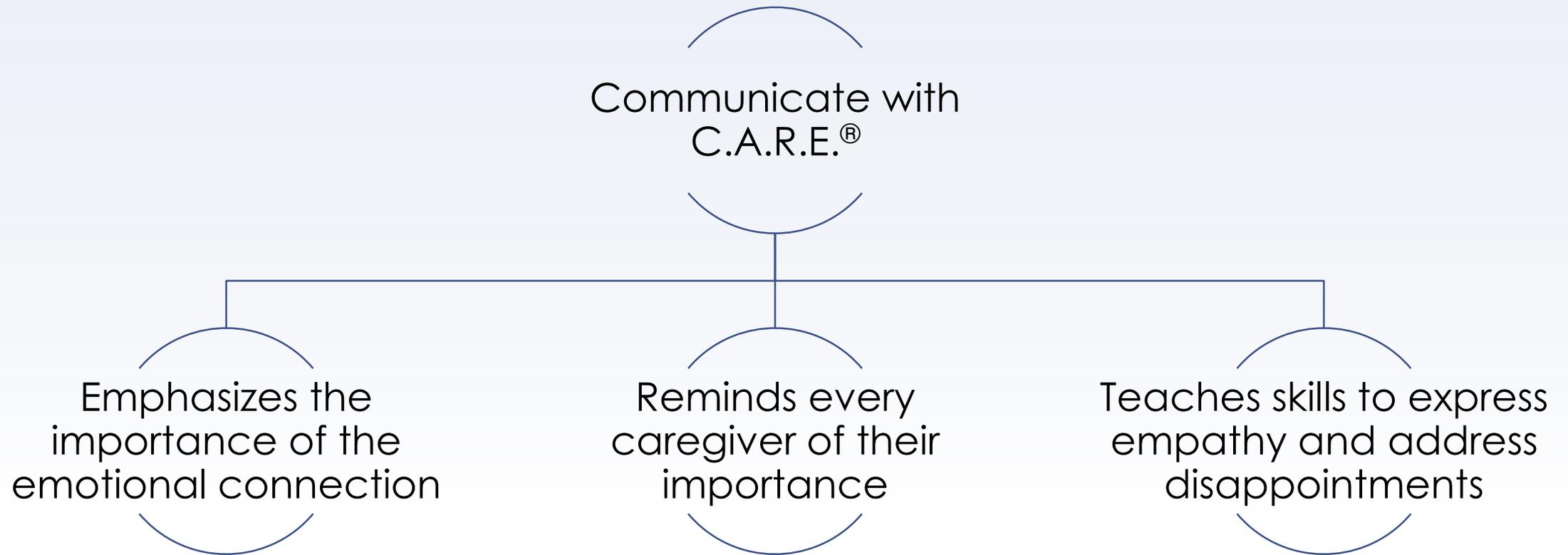


We Also Know

- Caregivers are busy.
 - “When we get busy, service falls to the bottom of the list.”
- Caregivers experience stress, burn-out, compassion fatigue.
 - “I give all I can and it never seems like enough.”
- Caregivers may not know how to express empathy.
 - “It’s hard. Patients are so demanding.”



A Tool to Help



The Model

Connect

- Make an emotional bond to help others feel safe and welcome in the healthcare setting

Apologize

- Express regret without placing blame or making excuses

Resolve the issue

- Demonstrate personal accountability by doing what you can to address the issue

Express gratitude

- Say 'Thank You.'



Scientific Basis for The Model (Tulsky, 2012)

- Lecture-style methods alone are ineffective
 - Class is highly interactive including discussion and activities
 - Web-based, real-life scenarios are thought-provoking and entertaining
- Teaching needs to include skills practice
 - Role play is a critical part of class
 - Critical thinking and application of skills are necessary for web-based program
- Teaching must attend to learner attitudes and emotions
 - Self-reflection, personal assessments and storytelling used to engage participants emotionally
 - Web-based program allows you to “see yourself” in scenarios and reflect on your response
- Reinforcement is critical for the learning process
 - Coaching model and “Chats” used for sustainability



Another Definition of Empathy

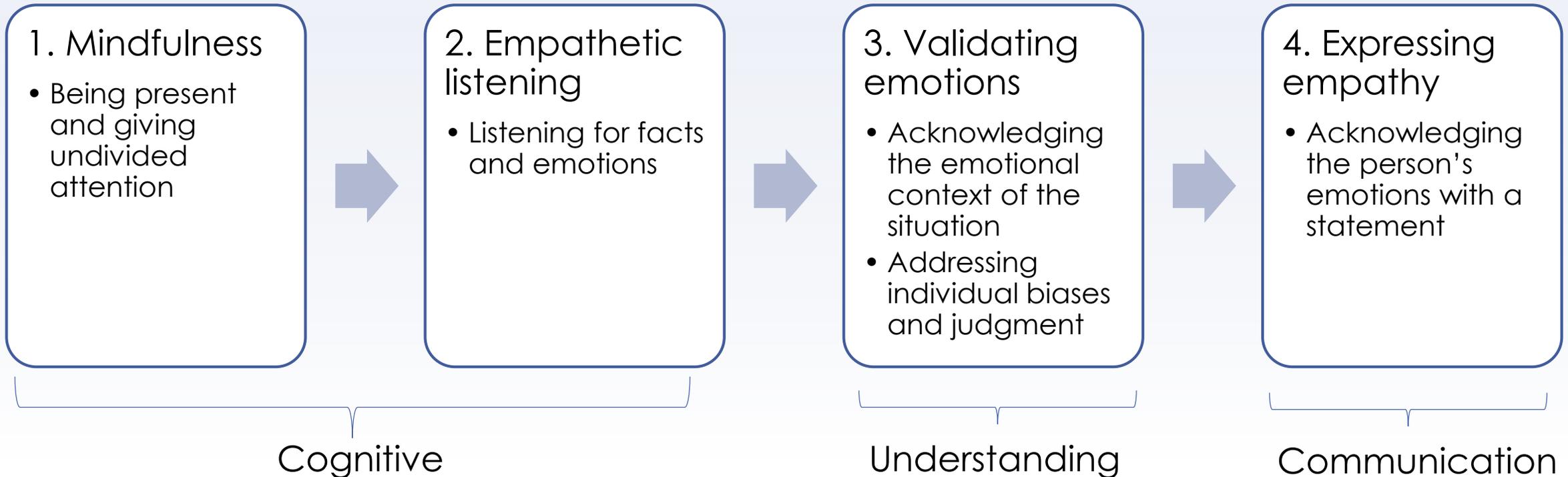
Empathy is predominately a **cognitive** (rather than emotional) attribute that involves an **understanding** (rather than feeling) of experiences, concerns and perspectives of the patient, combined with a capacity to **communicate** this understanding."

(Hojat, 2007, p. 80)



Empathy Can Be Taught

Communicate with C.A.R.E.[®] Steps to **C**onnect



Expressing Empathy

Expressing Empathy

- “I can only imagine how upset you must be.”
- “You must be so relieved.”
- “Waiting is frustrating.”
- “You seem disappointed.”



Impact

- Patients feel understood, respected and cared for.
- Patients disarm. Effective service recovery can occur if needed



More On Empathy

The research suggests that empathy is cognitive, rather than emotional. Acknowledging, seeking to understand and attending to a person's emotions is key to expressing empathy in an authentic, sincere way. This is the foundation for Connection.



Service Recovery: The Remaining Steps of The Model

Apologize

Resolve the issue

Express gratitude

- Effective service recovery is essential to achieving an optimal patient experience
 - Most patients complain to frontline staff
 - Service recovery is directly linked to patient loyalty and highly correlated with overall satisfaction
 - Lost patients due to unresolved complaints costs organizations millions
 - Recurring service breakdowns frustrate patients and caregivers



Communicate with
C.A.R.E.[®] provides a
comprehensive,
effective
communication model
that can be used in all
interactions to positively
impact the patient
(and employee)
experience.



The Research Project

“ONCOLOGY REGISTERED NURSE EMPATHY EDUCATION IN AN ACADEMIC
MEDICAL CENTER”



Empathy Education: A Huge Opportunity

- Nurses typically receive little empathy education (Herbek & Yammarino, 1990)
- Innovative approaches including poetry, theater and human simulation have been used to teach empathy (Pence, 1983)
- Current empathy training often multi-day off-site programs with significant expense (Tulsky et al., 2011)
- Creating low cost, readily available model imperative (Tulsky et al., 2011)



Every Organization is on Board

- Focused on patient experience
- Focused on employee engagement
- Reimbursement now tied to patient experience
- Empathy makes a difference in clinical outcomes
- Empathy increases trust with care providers



Research: Purpose/Goals

Purpose

- Create cost effective, readily accessible web-based nursing educational program

Primary goal

- Increase nurses comfort with empathetic communication

Secondary goal

- Nurses report satisfaction with the training module, and self-report confidence in their empathy skills



Measures

- Pre-post study design using Jefferson Empathy Scale (Hojat, 2014) 20 item questionnaire
- NLN Student Satisfaction and Self Confidence in Learning Tool (NLN, 2012) 13 item questionnaire



Sample and Setting

- Duke Hospital in Durham, North Carolina
- Oncology Care Units
- 41 self identified as wishing to participate
- 24 completed all required components
- Must have worked on unit for at least 6 months



Summary: Participants Demographics

Age

- 79.2% 21-50 years old
- 20.8% 51-70 years old

Gender

- 100% Female

Years Practicing

- 54% in practice 10 years or less
- 21% in practice 10-16 years
- 21 % in practice 26 years or more

Education

- 79.2% BS-Nursing



Summary: Participants Demographics

Specialties

- 20.8% Hematology/oncology
- 29.2% Surgical oncology
- 20.8% Solid tumor oncology
- 29.2% Bone marrow transplant

Current Practice Area

- 87.5% Inpatient

Role on Unit

- 45.8% Clinical Nurse II and III



Intervention

- 60 minute training video created using the Commitment the C.A.R.E. Model
 - 30 minutes didactic lecture
 - 30 minutes human simulation of 3 vignettes
 - Scenarios created using feedback from ACNO, ONL, and Santalucia Group
- Training video housed on learning management system
- Participants accessed training video through password protected website
- JES responses, demographics, and NLN Tool responses were collected using Qualtrics



Results

“IT’S GOOD NEWS!”



Results Summarized

- Web based training module *did* positively impact nurses comfort level with empathy
- Paired t-test revealed significant changes in pre (M=118) and post (M=126) JES scores , $p = .000$, Cohen's $d = 1.09$
- Two of the three subscales showed significant improvement using paired t-test
 - Compassionate care, $p = .003$, Cohen's $d = 0.68$
 - Perspective taking, $p = .000$, Cohen's $d = 0.96$
- ANOVA tests on empathy scores and pre-post scores suggested no difference between nurses of various educational background or between nurses who have differing roles
- Nurses between ages 41-50 had the lowest pre and post average scores



Results Summarized *(continued)*

- NLN Student Satisfaction and Self Confidence in Learning Tool suggested students were satisfied and had self-confidence in their learning empathy skills
- Likert-like scale 1-5 with 5 indicating that a participant strongly agreed with questions
- All but one item was between 4 and 5



NLN Student Learning and Satisfaction Tool	Mean	SD	Range
Satisfaction with Current Learning			
The teaching methods used in this simulation were helpful and effective.	4.21	.72	2-5
The simulation provided me with a variety of learning materials and activities to promote my learning the medical surgical curriculum.	4.29	.62	3-5
I enjoyed how my instructor taught the simulation.	4.13	.85	1-5
The teaching materials used in this simulation were motivating and helped me to learn.	4.21	.78	2-5
The way my instructor(s) taught the simulation was suitable to the way I learn.	4.13	.85	2-5
Satisfaction with Current Learning Overall	4.19	.69	2-5
Self Confidence in Learning			
I am confident that I am mastering the content of the simulation activity that my instructors presented to me.	4.42	.65	3-5



NLN Student Learning and Satisfaction Tool Cont.	Mean	SD	Range
I am confident that this simulation covered critical content necessary for the mastery of the empathy curriculum.	4.25	.61	3-5
I am confident that I am developing the skills and obtaining the required knowledge from this simulation to perform necessary tasks in a clinical setting.	4.42	.65	3-5
My instructors used helpful resources to teach the simulation.	4.29	.55	3-5
It is my responsibility as the student to learn what I need to know from this simulation activity.	4.38	.58	3-5
I know how to get help when I do not understand the concepts covered in the simulation.	4.02	.73	2-5
I know how to use simulation activities to learn critical aspects of these skills.	4.25	.53	3-5
It is the instructor's responsibility to tell me what I need to learn of the simulation activity content during class time.	3.29	1.12	1-5
Self Confidence in Learning Overall	4.17	.52	3.14-5



In Addition,

- Participants responded positively to the Communicate with C.A.R.E.[®] model
 - "It is simple enough to remember and incorporate into my practice."
 - "I liked that it was not a script. It allows me to express empathy in a way that is my own."
 - "I like that it can be used in every relationship- not just the nurse/patient one."



Limitations

- Convenience sample
- All female participants
- Data from single institution
- Small sample size of 24
- Limitations of self reported data



Future Implications

- Replicate with larger sample size and multiple sites
- Design a quality improvement project that allows participants to practice their empathy skills before taking the post JES test.
- Replicate in progress in DUHS Emergency Departments



Conclusion



Final Thoughts

- Must be careful not to use this alone; need to have some in person training as well
- This must be part of a overall strategy to change culture
- Important to recognize that these communication skills are important for everyone, not just nursing



Thank You!

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