**Title:**
A Qualitative Study on Nurse Mental Health Consumer Empathy Experiences During Conflict or Discord

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**References:**

Davis, M.H. (1994). *Empathy: A social psychological approach.* Dubuque, IA: Brown & Benchmark Publishers.

Gerace, A., Day, A., Casey, S., & Mohr, P. (2013). An exploratory investigation of the process of perspective taking in interpersonal situations. *Journal of Relationships Research 4,* e6. doi:10.1017/jrr.2013.6.

Muir-Cochrane, E., Oster, C., Grotto, J., Gerace, A., & Jones, J. (2013). The inpatient psychiatric unit as both a safe and unsafe place: Implications for absconding. *International Journal of Mental Health Nursing, 22,* 304-312.

**Abstract Summary:**
This presentation will discuss a qualitative study on nurse-consumer empathy experiences during conflict or discord. A model will be applied to understand mental health nurses' use of empathy and consumer perspectives of empathy during these conflict situations.
**Learning Activity:**

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
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| Understand the ways in which nurses empathise with consumers during conflict, and how consumers feel understood. | Qualitative research findings will uncover the differing ways in which nurses and mental health consumers understand empathy in conflict situations. Conflict includes refusal to respond t nurses's requests, absconding, medication refusal and involuntary treatment. |
| Apply a model of empathy to understanding nurse-consumer interactions on the mental health inpatient unit. | This research uncovered new ways of nurses and consumers interacting in relation to empathy.The processes used and emotions felt often differed from those reported in literature |

| | outside of nursing. Empathy was demonstrated to consumers by nurses being there, engaging in specific interpersonal behaviours, and seeing them as more than their illness. |
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**Abstract Text:**

**Purpose:** Empathy, the process of taking another person's psychological perspective and experiencing emotional reactions to their experiences, is considered a core component of nurse-consumer relationships. It has been identified as particularly important in acute mental health care settings, where conflict is likely to occur due to involuntary hospitalisation and aggression or violence. However, there is confusion regarding what *exactly* is empathy in nursing; and there is little direct research into the ways in which nurses empathise with consumers and the unique challenges in thinking about and feeling for a consumer during a conflict situation. The purpose of this study was to investigate the empathic processes that operate during a nurse-patient conflict situation. In particular, the aims were to examine how nurses take the perspective of a patient in a conflict situation and experience empathic emotion; to investigate the perceptions of patients regarding empathic responses toward them by nurses; and to examine how empathic processes contribute to nurse and patient satisfaction and positive outcomes.

**Methods:** In semi-structured interviews, nurses (n=13) and consumers (n=7) discussed how they experienced empathy during conflict situations such as aggression, absconding, and medication refusal. Thematic analysis was used to analyse the data, and a theoretical model (Davis, 1994) was applied to the data to understand the antecedents, processes, and outcomes involved in a nurse-consumer interaction.

**Results:** Responsibilities in managing risk and safety on the unit determined nurses' empathic response to consumers during conflict situations, including how they took the consumer's perspective and experienced sympathy and compassion. The processes used and emotions felt often differed from those reported in literature outside of nursing. Empathy was demonstrated to consumers by nurses being there, engaging in specific interpersonal behaviours, and seeing them as more than their illness, which decreased consumer experience of stigma, depersonalisation, and anxiety about their admission

**Conclusion:** Mental health nurse-consumer relationships have unique aspects that influence the nature of the nurse's empathic response, and how consumers feel (or do not feel) understood during their admission. I will discuss ways that mental health nurses and other health professionals may improve their understanding of consumers, including self-reflecting on their own experiences, and enacting specific behaviours during nurse-consumer interaction. Evidence-based teaching and learning approaches to facilitate this skill improvement will be examined.