A qualitative study on nurse-mental health consumer empathy experiences during conflict or discord
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Background

• Empathy is a central component of nurse-consumer relationships.
• In the acute care psychiatric setting, there is the potential for what are termed conflict behaviours, such as aggression, medication refusal, absconding, breaking unit rules, and disagreements about treatment.
• Conflict is inversely related to empathy and can lead to anger and less motivation to help.
• Little is known about empathic processes during nurse-consumer conflict situations in acute psychiatric settings.

Aims

• To investigate how empathy is developed and maintained when there is conflict between nurses and consumers in psychiatric inpatient units.
• To investigate the ways in which empathy can be used to achieve conflict resolution and positive consumer outcomes.

Methods

• A qualitative study in which nurses (n = 13) and consumers not in receipt of current inpatient care (n = 7) were asked to recall a conflict experience in semi-structured interviews lasting up to 1 hour.
• Nurses were asked to reflect on a time when they experienced empathy towards a consumer during a conflict; consumers reflected on a time when they felt a nurse demonstrated empathy towards them in a conflict situation.
• Transcripts were analysed using theoretical thematic analysis based on Davis’ linear model of empathy, which suggests that an empathy episode involves antecedents, processes, intrapersonal outcomes and interpersonal outcomes.

Results

Central theme: ‘My role as a nurse-the role of my nurse’. Both groups believed empathy was essential to achieving positive outcomes (e.g. reduction in risk, well-being) in conflict situations. However, nurses focused more on their professional responsibilities during conflict, balancing what was required in their professional role (e.g. maintaining safety) and the empathy they experienced for the consumer:

- ‘It got to the point where it was about risk...so I really had to manage the part of me that wanted to do more what he wanted to do’ (N5).
- Consumers believed their nurse’s role involved more than maintaining safety, with empathy imperative to defusing conflict situations and facilitating recovery:
  - ‘(Empathy built) trust (and that) was...everything to bring me down (from paranoia)’ (C4).
- The nurse’s role (an antecedent) influenced the ways in which nurses took the consumers’ perspective (process), emotions felt towards consumers (intrapersonal outcomes), and specific nurse behaviours (interpersonal outcomes).

Processes: Trying to understand

• Participants believed the most important part of interaction during conflict situations was the nurse trying to understand and to take the consumer’s perspective.
• Consumers were aware that nurses have a different perspective of their illness to their own:
  - ‘She actually acknowledged that, although she couldn’t hear the voices...for me they were a real experience at that point in time’ (C2).

References


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Discussion

• Nurses utilise a number of empathic skills within their purview of maintaining safety and reducing risk in acute psychiatric units.
• Consumers want nurses who try to understand them as a person, provide one-on-one time with them, and focus on their recovery.

Suggestions for Practice

• Challenges to empathic time with consumers such as increased workloads may be addressed through ‘protected therapeutic time’.
• Nurses could reflect in clinical supervision on previous experiences of conflict, inherent nurse-consumer power dynamics, and their own values and biases in order to facilitate empathic responding.

Results (cont.)

• Nurses used their past experiences and switched places imaginatively to understand the consumer, but did so carefully to maintain professional distance:
  - ‘When someone is grieving the loss of a child, I can’t say to that person ‘I understand what you’re going through’, because I don’t understand what they’re going through. I can only say: ‘I can’t even imagine what that’s like’ to empathise with them’ (N1).

Conflicts situations discussed

Nurses

• Consumers not wanting medication (n = 5), with seclusion/restraint sometimes used to administer the medication
• Self-harm or harm to others (n = 3)
• Consumers not wanting to be admitted to the unit (n = 2)
• Absconding (n = 1)
• Consumer declining nurse suggestions (n = 1)

Consumers

• Lack of contact with busy nurses (n = 3)
• Absconding (n = 3)
• Consumer declining nurse suggestions (n = 1)

Intrapersonal outcomes

• Nurses believed consumers felt a range of negative emotions, including ‘petrified’, ‘fear’, ‘confused’, ‘angry’, and ‘frustrated’.
• Nurses felt sadness, sorrow, concern, worry, frustration, and compassion for consumers, but used self-awareness and reflection to avoid becoming overwhelmed or over-involved with consumer emotions:
  - ‘Empathy is feeling with...but when you start to emote about it and your behaviours deviate from what they would normally be in a professional sense, then you’ve moved onto something else; that’s not empathy anymore’ (N2).

Interpersonal outcomes

• Consumers experienced empathy by nurses ‘being there’, including listening, questioning, negotiation, providing choice, being open and honest, not being patronising, and respecting space:
  - ‘There was no anger in their response, it was a genuine sense of ‘We need to come to a conclusion that’s going to work for both of us’ (C5).
• Rapport and trust developed through nurses taking the consumer’s perspective and seeing them as a person rather than ‘as an illness’ (C1):
  - ‘If they have that empathy, I’m much more able to communicate with them, and if I feel there’s a rapport there’ (C2).
• Empathic relationships could withstand conflict, determining ‘where I can go’ (N6) with consumers.
• Conflict and hospitalisation were not pleasant, but empathy helped resolve conflict situations, increase consumer satisfaction, and move consumers towards recovery:
  - ‘The psychosis was nightmarish and very disorientating, and I thought I responded well to being treated in an empathetic way’ (C4).

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