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

Eimear Muir-Cochrane, Adam Gerace, Candice Oster, Deb O'Kane, Carly L. Hayman

Flinders
UNIVERSITY
inspiring achievement

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'[1] linear model of empathy, which suggests than 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
[1]Davis, M.H. (1994). *Empathy: A Social Psychological Approach.* Dubuque, IA: Brown & Benchmark.
[2]McKenna, B., Furness, T., Dhital, D. et al. (2014). Recovery-oriented care in acute inpatient mental health settings: An exploratory study. *Issues in Mental Health Nursing, 35,* 526–532.

Contact: eimear.muircochrane@flinders.edu.au

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).**

Conflict 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).**

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'[2].
- 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.