“Understanding Why They Do What They Do”: Boosting Students’ Empathic Accuracy on Caregiver Health-Risk Behaviors

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Disclosure for Dr. Michelle Lobchuk (Lead Investigator)

- Dr. Michelle Lobchuk has no personal financial relationship with commercial interests.
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Learner Objectives

The learner will be able to:

1. Describe essential training elements in a novel theory-based empathy-related video-feedback intervention designed to foster empathic accuracy on carer at-risk health behaviors.

2. Describe student and carer perceptions of benefits and limitations of the intervention on student empathic accuracy.
## Our research: How an empathy-based video-feedback intervention bolsters students’ empathic accuracy

| Why is this research important? | o Stressed carers’ lifestyle choices can lead to chronic illness and giving up the caregiving role. Carers are vocal about their need for clinicians to assist them in self-care skills.  
o Nursing students tend to make biased attitudes about health-risk behaviors (e.g., smoking). They also lack confidence in ‘delving’ below the ‘carer iceberg’ of unrelenting daily challenges as factors that thwart carer self-care. |
|---------------------------------|--------------------------------------------------------------------------------------------------|
| What we know and don’t know?     | o We know that perspective-taking or the imaginative ability to step inside another person’s shoes bolsters clinician understanding of patient symptoms and racial experiences, and patient satisfaction.  
o We do not know the impact of student perspective-taking in the context of understanding carers’ unhealthy lifestyle choices. |
| Our pilot quasi-experiment, 1-arm post only | o Use of instruction on perspective-taking plus video-feedback to bolster student empathic accuracy on carer health-risk behavior and carer readiness to change the behavior. |
| Our aims                        | o Examine the feasibility of student and carer recruitment; acceptability of the intervention and tools; and, develop a tool to measure student empathic accuracy |
## Design and Methods

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<tr>
<th>Study Population</th>
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<td>Eight 3rd year undergraduate nursing students; 6 female, 2 male</td>
<td>Four ‘current’ and four ‘bereaved’ carers; 6 female; 2 male</td>
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<tr>
<td>Student: No communication training with carers (n = 7) and health risk behaviors (n = 6)</td>
<td>Student at-risk health behaviors: Yes (n = 50%), poor diet, lack of exercise, poor coping</td>
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<th>Intervention</th>
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<td>Phase 1: 1:1 Perspective-taking instruction, 30 min with 2 week practice</td>
<td>Phase 2: x 1 video recorded session, 10 min. in Lab</td>
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<td>Phase 3: Immediate video-tagging exercise with StudioCode™</td>
<td>Phase 4: Exit interview immediately after Phase 3</td>
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<td><strong>Pre-intervention</strong></td>
<td><strong>Post-intervention</strong></td>
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<td>Student Demographic Tool</td>
<td>student Consultation and Relational Empathy (CARE) tool (carers only)</td>
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<td>Carer Risk Factor Identification Tool (computer touch screen)</td>
<td>Video-tagged data (students and carers) compared to evaluate student empathic accuracy ratings</td>
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<th>Statistical Methods</th>
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<td>Descriptives of demographics and CARE tool responses</td>
<td>Fleiss Kappa (inter-rater reliability) on empathic accuracy ratings</td>
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<td>Analysis of handwritten notes for evaluative responses in exit interviews</td>
<td>Empathic accuracy ratings of “0” (different), “1” (similar, but not the same), and “2” (the same)</td>
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Phase 1: Perspective-taking

Instructions

- Step 1: The purpose is to teach a technique to bolster your understanding of how the caregiver’s lifestyle and health risk behaviors are being experienced from the caregiver’s viewpoint.
- Step 2: Student realizes that he or she and the family caregiver may have different ways of looking at health risk behaviors
- Step 3: Explain imagine-other perspective-taking
- Step 4: Practice imagine-other perspective-taking and discuss motives that drive health-risk behaviors
- Step 5: Instructions to practice perspective-taking over the next two weeks; a homework sheet*** was provided to the student
Phase 1: Student Homework

HOMEWORK: Over the next two weeks, I want you to practice noticing your friend’s or family member’s health-risk behaviour and thinking about what motivates him or her to engage in that behaviour.

Step 1. Realizing your viewpoint may not be the same as the family member’s or friend’s viewpoint on the health-risk behaviour.

Step 2. Taking the family member’s or friend’s viewpoint NOT your viewpoint.

Step 3. Identifying ‘cues’ as motivators for the health risk behaviour.

Step 4: Validating your inferences about how the family member or friend views the health risk behaviour.
Phase 2: Video-recorded dialogue in CAre Lab
Phase 3: Video-tagging exercise
Phase 3: Video-tagging exercise
Data / Results

- Recruitment was difficult.

- Of 243 eligible 3rd year nursing students in 2014-15, we recruited 8 volunteer student and ‘real’ family caregiver pairs over 10 months.

- Students: **Low accrual** due to demanding class and clinical schedules, work-related responsibilities, and concerns about who would see their video-file.

- Real carers: **Low accrual** not well identified but historically too busy or unable to ‘get away’ from caregiver responsibilities.
Data / Results

- Caregivers’ post-intervention mean rating on student consultation and relational empathy (10-item, 5-point ordinal rating scale; higher scores mean more empathy) = 45.72 out of 50 units; range: 37.78 to 50.00 units.

- Global student accuracy score for 67 video-tagged instances was 49%; lowest = 30%; highest = 71%

- Fleiss Kappa for inter-rater reliability (4 raters) = 0.63 (p < 0.0001) or substantial agreement across 5 students’ tagged instances; “0” (not at all similar) = 0.88; “1” (similar but not the same) = 0.51; “2” (similar) = 0.53 on the rating scale (next slide)

- Rater challenges related to interpreting ‘situation’ being tagged and whether a ‘thought’ or a ‘feeling’ was reported by carers.
Exemplary Approach to Accuracy Ratings – For “1” (similar but not the same)

Abbreviations: SN, Student nurse. The left column provides quotations based on what the carer reported and what the student inferred was the carer’s ‘thought’ or ‘feeling’ at that instance.

In the right column, there are three factors used by raters to achieve consensus on their comparisons and scores for video-tagged data by student-carer pairs.

Dyad #2
Video-tagged instance #1:
Carer tag: "I feel as though I have embarrassed myself for spending that much money on chocolate."

SN tag: "She knows that her behavior was not associated with a positive outcome."

To achieve consensus Conditions for a "1"

Similar tagged data in...
1. Tone (−/+):
Both taggings are negative in tone
2. Situation:
Both seem to be referring to the same situation/context

Differently tagged data in...
3. Thought or Feeling:
SN made reference to the carer’s thought and the carer inferred a feeling
Data/Results

One student’s qualitative response:

“Perspective-taking helped me to understand even more the difficulty to access good eating habits. I wonder if it would be difficult for other student nurses to engage in conversations about these sensitive topics and brainstorm questions upon meeting someone new. I am worried they might not know where to start.”
One carer’s qualitative response:

“The entire direction and tone made me feel relaxed. I’ve felt differently in other studies where I’ve had to be defensive when discussing my experiences. This approach is creating awareness that most of us know ‘it’ – that our habits may not be healthy – but to verbalize a health risk behavior is to take ownership of it and really helps to make a positive impact on changing that behavior.”
Conclusions

- **Overall favorable response** to a novel empathy-related video-feedback intervention based on Davis (1994) organizational theory on empathy and Ickes’ (2001) theory on empathic accuracy

- **Essential training elements** that promoted carer high ratings of student empathic perspective-taking:
  
  - (1) self-awareness of one’s beliefs and values about health risk behaviors
  - (2) brief one-on-one instruction on perspective-taking approach
  - (3) listening to stories of ‘real’ carers
  - (4) engagement in video-feedback to foster self-evaluation
Next steps

Currently completing a final report on two follow-up studies done in 2016/2017.

In the Communication Lab:

- Two, 2-arm intervention design ‘heart health whispering’ studies with 20 undergraduate and 22 nurse practitioner students, respectively
- Recruitment: Course alternative assignment
- Re-development of the rating tool for empathic accuracy
- Use of a carer ‘actor’
- Modified video-tagging session with better instructions on ‘thought’ versus ‘feeling’; viewing a demonstration video; viewing without tagging first
Next steps

Current funded on-line study (led by post-doctoral fellow):
- Distance administration with rural or remote undergraduate nursing students
- Group versus one-to-one instructional sessions on perspective-taking

Multidisciplinary collaborative project (pending funding):
- Based on ‘heart health whispering’ protocol
- Kinesiology, Occupational and Physical Therapy, and Nurse Practitioner students
- Group versus one-to-one perspective-taking sessions (Phase 1)
- Immediate feedback during video-tagging session (Phase 3)

Multidisciplinary team discharge rounds (proposal stage):
- Multi-site (Winnipeg and Ottawa)
- 1st Phase: Identification of challenges with understanding each other’s roles, responsibilities, and goals for discharge at daily huddles
- 2nd Phase: Administration of empathy/video-feedback intervention with individual team members; outcomes of empathic accuracy, team collaboration and communication
References

