Title:
"Understanding Why They Do What They Do": Boosting Students' Empathic Accuracy on Caregiver Health-Risk Behaviours

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Abstract Summary:
An one-arm pilot study on nursing student and caregiver perceptions of a promising empathy-related video-feedback intervention and its impact on student empathic accuracy on caregivers' unhealthy behaviours.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
The learner will be able to describe essential empathy training elements of a novel theory-based empathy-related video-feedback intervention that fosters student empathic accuracy on family caregivers’ at-risk health behaviours.

Provide background on empathic perspective-taking and empathic accuracy as guided by Davis’s (1994) organizational model on empathy and Ickes’s (2001) work in empathic accuracy. Describe perspective-taking as a deliberate, active, and learned cognitive empathy process that drives student’s empathic accuracy (sensitive understanding) of health risk behaviours from the caregiver’s viewpoint. Describe key elements for empathy training that includes: (a) fostering student self-reflection, (b) instruction on and practicing perspective-taking, (c) listening to stories of ‘real’ caregivers, and (d) engaging in video-feedback to foster self-evaluation.

The learner will be able to describe student and caregiver perceptions of the benefits and limitations of an empathy-related video-feedback intervention on students’ empathic accuracy on caregiver health-risk behaviours.

Describe quantitative and qualitative results of an one-arm intervention study involving: a) a perspective-taking instructional session followed by a 2 week practice exercise, b) a 10-minute video-recorded dialogue with a ‘real’ caregiver on a health risk behaviour, c) a video-tagging observational task by students to infer the caregiver’s thoughts and feelings during a dialogue on health risk behaviour, and d) raters who evaluated students’ empathic accuracy scores.

Abstract Text:

Background: Burdened caregivers are at risk for chronic disease as they tend to not seek medical attention or routine health care, and engage in health-risk behaviours (smoking, inactivity, poor diet) (Centers for Disease Control and Prevention, 2016). On a daily basis, nurses working in home health, long-term, community, or primary care settings encounter individuals in complex caregiver roles and who have health and wellness concerns. Nurses are central in helping caregivers to be competent in not only their provision of care to ill loved ones but also self-care to avoid becoming patients themselves. Undergraduate nursing education tends to focus on the patient as central to nursing care.

Students have limited opportunities and lack confidence in knowing how to dialogue empathically with caregivers about the impact of the caregiver role on their lifestyle choices. Making assumptions or holding biased attitudes on an individual’s potential to change a behaviour results in student avoidance in discussing health-risk behaviours with caregivers (Keyworth et al., 2013). Innovative strategies designed to bolster the cognitive process of perspective-taking are very much needed in undergraduate nursing curricula to build student confidence, counter pre-mature understanding, alter judgmental attitudes, and boost empathic accuracy on caregivers’ unhealthy behaviours (Berra and Hughes, 2015).

Purpose: To pilot test and evaluate a novel empathy-based video-feedback intervention designed to improve students’ empathic accuracy on caregiver health risk behaviors.
Methods: A single-arm, theory-based intervention design and post-intervention outcomes with eight 3rd year undergraduate nursing students and eight ‘real’ family caregivers. Students participated in a perspective-taking instructional session and a two-week practice period followed by engagement with family caregivers in a 10-minute video-recorded dialogue and subsequent video-tagging exercise with StudioCode™ video-analysis software on a MacBook laptop. Caregivers evaluated student consultation and relational empathic approach on the reliable CARE tool. Four raters independently evaluated the accuracy of student inferences of carer ‘thoughts’ and ‘feelings’ about their health risk behaviors on a scale of 0 (not at all similar) to 2 (similar).

Results: Students stated that receiving instructions on and practicing perspective-taking increased selfawareness of their assumptions; they expressed interest in learning from the video-tagging feedback. Caregivers stated the students were non-judgmental, inquisitive, and helped them to “see connections” and “take ownership” for engaging in health-risk behavior(s). There was substantial rater agreement in the overall similarity ratings. Recommendations were provided to improve aspects of the intervention and the rating tool.

Conclusion: The perspective-taking instructional session followed by a video-feedback approach was informative for students. Caregivers appreciated feeling understood during the dialogue and engaging in the video-tagging exercise. This intervention is undergoing further development in a randomized control study for uptake in educational curricula with the aim of incorporating: student participation as a course assignment alternative, use of a caregiver actor, a modified video-tagging session, and a revised rating tool for student empathic accuracy on health risk behaviours from the caregiver’s viewpoint.