Empathy in the nurse-patient relationship

The author explores the use of empathy in nursing, and seeks answers to questions such as whether empathy is a natural or learned quality, and whether we should seek to nurture it in nursing students.

According to Muetzel, the crucial determinant of whether nursing is therapeutic is 'the quality of the relationship between nurse and patient' (1). Reynolds (2) states it is widely held that empathy is the most important facilitator of such a therapeutic relationship. This article examines the nature of empathy and its place in nursing, illustrated by a case study (Box 1).

Formation of the nurse-patient relationship

Peplau (3) describes nursing as an interpersonal process in which a human relationship develops between an individual in need of help and a nurse who is able to identify and respond to this need. She recognises that nurse and patient are strangers when first meeting, and that the relationship begins in the initial orientation phase.

In the case study, the orientation phase was rapid and had to be developed through the nurse's verbal and non-verbal responses. Peplau emphasises the importance of accepting the 'stranger' as he is, and trying to say whatever it is the patient wants to hear. The initial friendly greeting to Paul was important in initiating the nurse-patient relationship (4).

The importance of empathy in nursing

Many authors believe that empathy is an essential feature in the nurse-patient relationship (5-7) and is of fundamental importance to nursing (8, 9). Morse (10) describes how, on first meeting the nurse, the patient is looking for signs of kindness and empathy; the presence or absence of these will determine whether a relationship is formed or not.

Showing understanding is also considered to be an important feature of caring (11-13) and, according to Brykczynska (14), empathic approaches in nursing care are the key to better caring. Kalisch (5) states that the nurse's willingness and desire to understand how the patient feels will imply that the patient's view is of value. Ersser's study (4) supports these views, suggesting that patients appreciate nurses' sensitivity to their situation. Sherwood (15) also found that patients valued nurses' expressions of empathy, which they felt showed understanding of their experience. The case study illustrates how the expression of empathy led to the defusion of Paul's anger and the formation of a bond between him and the nurse.

Definitions of empathy

Gagan (16) states that the most commonly used definition of empathy in nursing literature is: 'the ability to perceive the meanings and feelings of another person, and to communicate that feeling to the other'. Earlier, Kalisch (5) defined empathy as 'the ability to enter into the life of another person, to accurately perceive his current feelings and their meaning'. This 'entering into the life of another' also seems important to Rogers (17), who describes empathy as 'a way of being with another person, entering into their world, communicating those sensings'. The concept of 'being with' another person is emphasised by Tschudin (18), who sees this not only as a key aspect of empathy, but also as explaining why empathy is more than a skill.

Two levels of empathy

The importance of the understanding conveyed being accurate, as referred to by Kalisch (5), is also discussed in the counselling literature by Egan (19), who identifies two levels of empathy. Primary level accurate empathy occurs when the helper communicates the initial basic understanding of what the client is feeling. Advanced accurate empathy applies not only to what is being clearly stated by the client, but also to what is being implied. In the case study, Paul did not actually state that he was tired, yet the nurse understood it, and communicated this to him.

Natural trait or learned skill? Reynolds (2) found that some teachers saw empathy as a form of interaction which could be taught, while others saw it as an inherent trait or perceptive quality which could not be taught or measured. These differing views seem supported by Alligood (7) who differentiates between what he terms basic empathy, which is a natural and involuntary universal human characteristic, and empathy which is deliberate, taught or professionally trained.

The notion that empathy can be taught is certainly accepted by some writers: for example, Clay (20) discusses the development of nurses' empathic interaction skills. That empathy is a skill seems assumed by Authier (21), who stresses the behavioural components of empathy in contrast with Daniel's view that empathy is intuitive in nature (22).

Two of these perceptions of empathy have also been identified by Zderad (23), but she believes they can coexist and be linked. She terms basic empathy as a 'natural empathic capacity', and claims this can be used as the basis to develop a
This morning he had phoned saying that he had been 'up stressed. It was carrying a baby, about two months old, and he looked hurried, anxious and stressed.

Noticing that the baby looked alert and well, the nurse greeted Paul in a friendly manner, asking if she could help. He spoke rapidly and loudly with some anger, saying that he had been 'up all night' with his baby who was 'constipated and crying'. This morning he had phoned his GP who had responded that this was not an urgent problem, and that he could take his baby to the surgery at nine o'clock. Paul was furious — why should he wait until then, he asked. His baby had been crying all night. He had two other young children at home too, whom his wife had stayed with.

The nurse listened to him attentively and felt for this father who was so tired and anxious. She remembered being up at night herself with crying babies, and the anxiety, tiredness and loneliness which accompanied this. She responded, instinctively, 'You must be really tired'. He immediately seemed to relax at this statement and said more quietly, 'Yes, I am actually'.

During the nurse's first assessment which followed, the interaction between Paul and the nurse was warm and friendly. When Paul and his baby left the department an hour later, he thanked the nurse 'for everything' and left looking calm, rested and entirely different to when he had arrived in the department a short time previously.

'clinical empathic process' which can clearly be identified as a skill. Burnard (6) also appears to express this view in suggesting that training can enhance nurses' natural empathic qualities.

Forsythe's study (8) suggests that nurses can express empathy without actually feeling it. Morse et al (24) fear that when therapeutic empathy is discussed in the nursing literature, the behavioural skills aspect has been emphasised and the role of emotional empathy diminished.

Empathy and its appropriateness in nursing As a communication strategy in nursing, empathy appears to have arisen from the counselling profession. Morse et al (24) question the appropriateness of 'borrowing' the empathy model without question in the nurse-patient relationship, particularly in view of the demands of clinical practice. This view is also referred to by Tschudin (18), who states that in many helping situations, particularly where the person is numbed or shocked, it is nurturing, not counselling, that is needed — sympathy, not empathy.

The notion that sympathy could be helpful seems to contrast with the views of Burnard (6) and Kalisch (5). Burnard believes that sympathy involves 'feeling sorry for' or trying to imagine how we would feel in the patient's situation, rather than trying to lay aside our own perceptions and attempting to understand how the other person is thinking or feeling. Empathy, Burnard states, is the basis for truly understanding another person, and must be differentiated from sympathy, which he considers to be rarely valuable. Kalisch seems to share this view. Empathy, he believes, allows a more accurate perception of the patient's feelings.

Alligood (7) thinks there are difficulties in drawing parallel between the nurse-patient relationship and the psychotherapist-patient relationship. Gould (9) suggests these two types of relationship may have very different intended outcomes, and Egan (19) states that the goal of counselling is to help clients to handle difficult and problem situations, not to establish close relationships. The value of a close relationship between patient and nurse is increasing accepted, however, particularly through developments such as primary nursing. Benner and Wrubel (25), while stating that 'over-involvement' may be detrimental, claim detachment is only possible if the nurse does not care. If a characteristic of empathy is a lack of involvement, then its applicability in nursing should perhaps be challenged.

The importance of being able to understand, and to demonstrate this to the patient, however, seems well accepted (9). Benner and Wrubel (25) claim it is easy to overlook the human importance of understanding, which can be therapeutic and healing, as the understanding shown to Paul appeared to be. Taylor (26), while analysing a comforting encounter between a patient and nurse, found that the nurse's understanding of the patient was an important aspect of the comfort given.

Morse et al (24) believe there is a place for 'emotional empathy', the intuitive sensing and response of the nurse to the patient's distress. If such responses are not valued in nursing, natural empathic qualities may be suppressed rather than enhanced during the process of becoming a nurse. Morse et al describe such responses as 'first level' and state that these occur when the nurse becomes 'engaged' with the patient's experience of suffering. This leads to an 'empathic insight', which in turn triggers a spontaneous expression of verbal comfort. This may take the form of sympathy, pity, compassion, commiseration, consolation or reassurance (24).

Automatic responses The nurse's response to Paul in the case study seemed instinctive rather than planned. Morse et al state that such responses may be almost automatic and are naturally comforting to the sufferer (24). The sense of relief which Paul seemed to feel may have occurred because he felt comforted by the response and knew he was understood.

The authors also refer to 'therapeutic empathy', a learned communication skill consisting of cognitive and behavioural components, as constituting 'second level' learned responses. They believe therapeutic empathy de-emphasises emotional involvement, but argue that it is the emotional engagement with the patient, leading to first level responses, which is the essence of the nurse-patient relationship.

Prerequisites for empathy The nurse in the case study responded as one parent to another, and first level responses are more likely when the nurse is able to identify with the sufferer (24). It is suggested by Gould (9) that nurses are best able to empathise with people on the basis of shared experience. She therefore questions whether nurses can be expected to express empathy in all situations.

Brykczynska (14), while feeling that compassion towards a stranger is a prerequisite for true caring, questions whether it is really possible to know what an experience is like for another person. She further indicates that to empathise with a patient should not depend on our own personal experiences but rather on our own level of sensitivity and common human understanding of life and life events. Nurses will constantly encounter patients experiencing life events of which they have no personal knowledge, one obvious example being dying. In such situations it is vital that nurses can harness their natural empathic qualities as the importance of showing understanding to patients seems indisputable. Nevertheless, Carper (27) identifies personal knowledge, such as being a parent, as a source of knowledge used in nursing.

Implications for nurse education If a natural...
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ability to empathise is important in nursing, then there are surely implications for selection. Is it possible to recognise natural empathic qualities, and if so, should not educationalists be looking for this when selecting student nurses?

Both Reynolds (2) and Burnard (6) discuss how empathy can be enhanced during nurse education, but neither address how natural empathic ability can be recognised, despite acknowledging its importance. A number of scales have been developed to measure empathy, but most have been designed for non-nursing disciplines. Alligood (7) therefore questions whether such instruments should be used to measure empathy in nursing.

Research cited by Buckingham and Mayock (28) identified empathy as one of 11 themes and subthemes of attributes which characterised individuals with the ability to become nurses. A semi-structured selection interview schedule was developed based on these findings. The validity of this will be measured over a number of years, so whether empathy can be identified in this manner has yet to be demonstrated.

An alternative approach for assessing natural empathic qualities could be through discussion of, for example, case studies or video snapshots. Such methods, however, may be interpreted more subjectively than an interview schedule.

Clay (20) believes that when an ability to empathise is present in student nurses, it is not always seen as a resource to be actively developed, and may be allowed to diminish. Nurse educationalists need to consider not only how they can recruit students with a natural ability to empathise, but how this quality can then be nurtured. This requires them to value empathy as an attribute, rather than encouraging the detached so-called 'professional' manner which may act as a barrier to empathy.

Conclusion

The importance of empathy in the nurse-patient relationship, an example of which is illustrated in the case study, seems widely supported in the nursing literature. While behavioural aspects of empathy can be learned and may be effective, it seems important to recognise and value nurses' natural empathic qualities. Perhaps the ability to empathise should be specifically looked for during nurse selection, and subsequently reinforced and encouraged.

Peplau (3) terms the last phase in the nurse-patient relationship as resolution, in which 'the patient feels refreshed that in his time of troubles and helplessness, aid was forthcoming'. While empathy as a learned skill has a place in nursing, the case study demonstrates that there is also a place for instinctive emotional empathy; it was this which was therapeutic as it led Paul to feel understood and cared for.

References