DEVELOPING EMPATHIC SKILL IN NURSES WORKING IN EL- MAAMOURA HOSPITAL FOR PSYCHIATRIC MEDICINE: EFFECT OF A TRAINING PROGRAM

A THESIS

Presented to the Faculty of Nursing, University of Alexandria

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For Degree of Doctor

In Psychiatric Nursing and Mental Health

By

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بسم الله الرحمن الرحيم

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INTRODUCTION

One of the basic human needs is to be understood. Such understanding forms the foundation upon which relationships are built. In nursing practice, nurses are professionally interacting with other unique human beings. The relationships that develop between the nurse and patients are the foundation of nursing practice. Empathy is the attribute that gives nurses the ability to truly understand their patients, and thereby build-up a therapeutic professional relationship that promotes the health of those patients. Empathy is thus the essence of all nurse-patient communication and relationship.[١, ٢] A high degree of empathy is one of the most potent factors in bringing about change and learning, one of the most delicate and powerful ways of therapeutic use of self. [٣, ٤]

Despite years of interest and numerous studies on empathy, its meaning, outcomes, and nature remain unclear. [٢, ٥, ٦] There are many different definitions that label empathy as an ability, an attitude, a feeling, a trait, a state, and sensitivity, with the majority being based on Rogers' definition. Rogers (cited in Ancel ٢٠٠٦) described empathy as the state of perceiving the internal frame of reference of another person with accuracy and with the emotional components and meanings that pertain to it, as one were the other person, but without the loss of the " as if" condition. [٥]

Empathy is a professional state envisioned as a learned communication skill composed primarily of moral, cognitive, emotive and behavioral domains that are used to convey understanding of the patients' reality. Consequently, the relationship between empathy and helping behaviors occurs in its **four components**. [٧, ٨] **The moral component** is an imperative to be altruistic and to practice empathy. **Cognitive empathy** involves the ability to understand another person's inner experiences and feelings and a capacity to view the outside world from the other person's perspective, while the **emotive empathy** involves the capacity to enter into the experiences and feelings of another person and the ability to experience the other person's emotional state. Lastly, the **behavioral component** refers to communicating one's own understanding of another person's perspective. [٤, ٥, ٩]

Nurses' empathy is an extension of a basic human developmental phenomenon and is more than a technical skill. [٣, ١٠] Alligood (١٩٩٢) identified two types of empathy in the nursing literature, the first type she labeled "basic empathy". It is seen as a trait, a human attribute, a universal human capacity, and is likened to natural, raw, ordinary feelings for others. This empathy is involuntary, and can not be taught. It can be identified, reinforced, and refined to develop empathic expertise. [١١] "Trained empathy" is the second type which is empathy that is learned in relation to professional practice. It is a deliberate process and a learned clinical skill that includes the cognitive selection of the best response which keeps the nurse somewhat detached, objective and therapeutically 'at arms length' from the patient. [٢] This latter type can be logically and intentionally directed through the nursing education and practice. [١٢, ١٣]

The consequence of the empathic relationships between nurses and patients is the improvement and maintenance of patient's physical and emotional well-being. Nevertheless, empathy was found to be correlated with some factors among which are nurse demographic characteristics e.g., gender, age and years of experience...etc, personal and professional distress and feeling of well – being or enhanced quality of life. [١٠, ١٣, ١٤]

Sociocultural differences between nurses and patients can be barriers to empathy if nurses are not sensitive to them. Differences in gender, age, income, belief systems, education and ethnicity can block the development of empathic understanding [١, ٧, ١٥]. However, the greater the nurse's cultural sensitivity and the greater the openness to the world view of others, the greater will be the potential for understanding them. [١٦]

Despite the significant evidence suggesting that empathy is a core skill for nurses and that its expression is most valued by patients, most nurses fail to effectively exhibit empathy toward their patients.[١٧] Researches demonstrated a low level of empathy among nurses who tend to dominate technical duties rather than listen to patients and reflect their feelings. [١٠, ١٨] Accordingly, further efforts are required to increase nurses' levels of empathy for effective patient care [٧, ١٤,١٩].

While the importance of empathy in nurses is widely acknowledged, it is not known how best to promote this skill. It can be improved and successfully taught, especially if it is embedded in the nurse's actual experiences with patients. A number of methods have been suggested to successfully teach it. These include communication skills training, mentoring, lectures, personal and shared reflection, clinical vignettes and promotion of own wellness.[١٤, ٢٠, ٢١].

Nurses working in El-Maamoura hospital were observed to have problem in developing and/or applying empathic understanding which is required to increase the quality of care to their psychiatric patients. Such nurses can benefit from a training program on empathic skills.

Aim of the study:

The purpose of the present study is to determine whether a training program can enhance the empathic skills of nurses working in El Maamoura hospital for psychiatric medicine, taking the following questions into account:

- What is the nurses' present level of empathy?
- Can the nurses' present level of empathy be increased through a training program?
- What are the socio – demographic variables associated with nurses' level of empathy?
- Are lower levels of nurses' empathy associated with personal and professional distress?
- Are higher levels of nurses' empathy associated with a high degree of personal well - being?

LITERATURE REVIEW

- Historical overview of empathy:

Although empathy has been a concept of interest for writers outside of psychology for a long time, the psychological nature of empathy has been obvious since the inception of conception. [١٠] It is a relatively new concept that was limited to the psychoanalytic field earlier in this century. However, questions about the nature and the development of empathy were not explicitly formulated until the late ١٩th and early ٢٠th. [٢٢] The ability to empathize did not even have a proper name in English prior to ١٩٠٣, when Lipps translated the German word ***einfuhlung*** as empathy. Thereby appropriating a term more commonly used within a psychological context. The importance of empathy, however, had been acknowledged long before. It was of great importance to several theologians, as well as to some more modern philosophers, especially in debates on altruism, but until recently, no one seemed to feel that empathy itself needed further exploration. Rather, many conceived empathy as a crucial, unproblematic, core feature of human nature that helped explain why humans created art, engaged in religious practices, loved and helped each other. [١٠, ٢٣]

The introduction of the term empathy at the beginning of the ٢٠th century marked the beginning of intensive research on the topic. Empathy became the focus of interest, not only of psychologists, but also of social philosophers, sociologists, and anthropologists. The psychological research on empathy spontaneously centered on two basic questions: what is empathy and how does it develop? The first real obstacle to progress in empirical studies of empathy was definitional. [٢٤]There was no consensus about its meaning. Therefore, although it appeared that theorists were talking about the same phenomenon, the truth was that they had different meanings in mind. This problem has become particularly apparent in social and developmental psychology. Therefore, any serious empirical research must have a clear definition of the phenomenon before its conducting. [٢٥]

In the ١٩٥٠s, Carl Rogers' client-centered focus (quoted by Watson, ١٩٩٧) began to influence nursing and presented "sensitive empathy" as a part of the therapeutic relationship. He stressed the importance of "sensing" the client's private world "as if it were your own", but without ever losing the "as if" quality- this is empathy, and this seems essential for therapy. [٢٢] The term empathy also had been introduced to the nursing literature by Peplau (١٩٥٢) in a brief reference to its importance in the infant-mother relationship. [٢٦, ٢٧]

In the ١٩٦٠s, many nursing writers underlined the importance of knowing the patient's perception but they did not describe this directly as empathy. [٢٨-٣٠] Several psychologists began to emphasize the importance of empathy in therapy, to develop tools to measure it, and to look for the effects of empathy on patients' outcomes. [٣١- ٣٣] In the ١٩٧٠s, nurses most frequently described empathy as an intrapsychic phenomenon, as the ability to understand the experience of another "as if" it were one's own. [٣٤]

Although there was no single unifying term for what is now called "empathy", in classical texts, the ability to feel others is explicated in various ways and acknowledged in diferent contexts, so that it expresses different meanings. [٢٣] For some authors, art is