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Empathy instruction in the effective practice of nursing

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Empathy instruction in the effective practice of nursing

Abstract
Empathy is vital component of Nursing education programs include iv nursing care. many affective skills which students need to learn efficiently and quickly. Empathy is a first step in improving teaching affective nursing skills. This paper defines characteristics of empathy and relates to the effective practice of nursing. This study also demonstrates that instructional strategies will increase empathy in nursing students.

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EMPATHY INSTRUCTION IN THE EFFECTIVE PRACTICE OF NURSING

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has been approved as meeting the research paper requirement for the
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# TABLE OF CONTENTS

Chapter I - Introduction

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>51</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>63</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>64</td>
</tr>
<tr>
<td>Importance of Empathy</td>
<td>76</td>
</tr>
<tr>
<td>Significance of Study</td>
<td>77</td>
</tr>
<tr>
<td>Methods in Obtaining Literature</td>
<td>78</td>
</tr>
</tbody>
</table>

Chapter II - Review of Related Literature

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics of Empathy</td>
<td>9</td>
</tr>
<tr>
<td>Relationship of Empathy to Nursing</td>
<td>14</td>
</tr>
<tr>
<td>Strategies to Foster Empathy</td>
<td>20</td>
</tr>
<tr>
<td>Summary</td>
<td>42</td>
</tr>
</tbody>
</table>

Chapter III - Analysis and Results of Study

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>44</td>
</tr>
<tr>
<td>Characteristics of Empathy</td>
<td>44</td>
</tr>
<tr>
<td>Relationship of Empathy to Nursing</td>
<td>45</td>
</tr>
<tr>
<td>Strategies to Foster Empathy</td>
<td>46</td>
</tr>
</tbody>
</table>

Chapter IV - Conclusions and Implications for Further Study

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>49</td>
</tr>
<tr>
<td>Summary</td>
<td>49</td>
</tr>
<tr>
<td>Conclusions</td>
<td>50</td>
</tr>
<tr>
<td>Recommendations</td>
<td>54</td>
</tr>
<tr>
<td>Closing Statement</td>
<td>54</td>
</tr>
</tbody>
</table>
References ........................................... 56

Appendices

A - Rating Scale for Empathy .................. 65 - 67
B - Credo for Relationship ..................... 68
C - Humor as a Strategy ......................... 69
D - Cartoon Sketches ............................ 70
E - Communication Log ......................... 71 - 72
F - Self-exploration ............................. 73 - 74
G - Strategies Used in ADN Program .......... 75 - 79
ABSTRACT

Empathy is vital component of nursing care. Nursing education programs include many affective skills which students need to learn efficiently and quickly. Empathy is a first step in improving teaching affective nursing skills.

This paper defines characteristics of empathy and relates to the effective practice of nursing. This study also demonstrates that instructional strategies will increase empathy in nursing students.
CHAPTER 1

INTRODUCTION

Nursing as an organized profession originated with Florence Nightingale in the middle of the nineteenth century. From those early days to the present time, it has been assumed that nurses possess high degrees of caring. This aspect of caring is demonstrated through the process of therapeutic communication. The interpersonal processes of communication are the helping skills defined by Egan (1986). Egan outlined this process as having three stages: identifying and clarifying, goal setting, and action. Egan viewed empathy as essential to each of these stages. In essence, a high degree of caring is needed to provide empathy in the therapeutic communication of a helping relationship.

Empathy and caring have been included in most nursing school philosophies in the United States. Richards (1911) was the first trained nurse in the United States and began the first training hospital in this country. Richards based the philosophy of her nursing school on ministering to others, gentleness, and a sympathetic nature. These three criteria
encompass the definition of caring in the current practice of nursing.

According to Baer & Lowry (1987), empathy is presumed to be a core value of the helping professions. However, until recently few studies had been conducted to determine whether empathy was indeed an essential aspect of the nurse-patient relationship. Recent studies, Stockwell (1972), Nordholm (1980), and Lazarus (1985) have concluded that there has been a demonstrable lack of interpersonal skills (empathy) in nursing.

Gerrard, Bonniface & Love (1980) stated that the empathetic interpersonal skills of the nurse can have a substantial effect on the patient's well being. These skills do not come naturally; therefore, explicit interpersonal skill training should be provided.

Personal illness precipitates stress and many negative emotions such as frustration, anxiety, anger, and shame. Sick people are very vulnerable and the nurse is a pivotal figure in this scenario. Brunner & Suddarth (1988) reported that nurses should provide opportunities to help patients maintain the basic needs of security, self-esteem, and integrity. In order to provide this service, intelligent action and sensitive
understanding need to be implemented. A healthy balance of these skills is vital to the effective practice of nursing.

The nurse who can regurgitate medical knowledge, demonstrate technological expertise but lacks empathy is not fulfilling the profession's criteria, as defined by the State Board of Nursing (1988). Communication and empathy are complex and require learning and mastery.

Nursing is a constantly changing, highly stressful profession. Critical decisions are made on a daily basis regarding life and death situations. King (1984) delineated the affective (communication) nursing skills a student nurse should acquire in order to eventually function as a competent, caring nurse. She stated that nursing students need to be helped to value empathy and acquire therapeutic communication skills as they explore myriad dilemmas in the practice of nursing.

Statement of the Problem

This study purports to review the instruction in nursing education dealing with the impact of empathy on the practice of nursing education. The literature related to this subject was analyzed through a review of research questions to provide the descriptive data
for the study. The study should imply that empathy is an effective teaching subject area in nursing education that will show an increase in instructed empathy. The following questions will be the crux of this study: 1) Are there nursing related characteristics of empathy? 2) Does empathy relate to the effective practice of nursing? 3) Can teaching strategies be used to enhance empathy?

**Definition of Terms**

The following terms will be used throughout the study in the context defined below.

**Active Listening.** Alert hearing, with an attitude of wanting to hear what the patient has to say. (Beck, Rawlins & Williams, 1988).

**Affect.** Emotion, feeling, or mood an individual feels in response to a given situation. (Altschul & McGovern, 1985; Barry & Morgan, 1985; King, 1984).

**Care Giver.** The nurse helps the client regain health through the healing process.

**Communication.** Ongoing dynamic series of events that involve transmission of meaning.
from sender to receiver. (Potter & Perry, 1987).

**Empathy.** The ability to "feel with" another person while retaining one's own sense of objectivity. (Barry & Morgan, 1985).

**Genuineness.** A quality of the nurse characterized by openness, honesty, and sincerity. The nurse is self-congruent and authentic and relates to the patient without a defensive facade. (Stuart & Sundeen, 1987).

**Goal.** Desired result of nursing actions, set realistically by the nurse and patient as part of the planning stage of the nursing process. (Potter & Perry, 1987).

**Modeling.** A technique in which a person learns a desired response by observing it performed. (Potter & Perry, 1987).

**Nursing.** Profession concerned with the diagnosis and treatment of human responses to actual and potential health problems. (Potter & Perry, 1987).

**Nursing Process.** Systemic method for organizing and delivering health care,
assessment, analysis, plan, intervention, and evaluation. (Potter & Perry, 1987).

**Teaching-learning Process.** Interaction between teacher and learner in which specific learning objectives are achieved. (Potter & Perry, 1987).

**Therapeutic Communication.** Communication in which there is an intent of one or more of the participants to bring about a change in the communication pattern of the system. (Beck, Rawlins, & Williams, 1988).

**Importance of Empathy**

Carpenito (1983) defined nursing as a therapeutic process which involves mutual interactions between nurse, patient, and family. All of these parties collaborate to achieve maximum health potential. The nursing process is utilized to facilitate these interactions. In order to complete the steps of the nursing process (i.e., assessment, analysis, plan, implementation, and evaluation), the nurse must establish a helping relationship with the patient. Potter & Perry (1987) stated that specific skills are necessary to form this therapeutic relationship. Empathy is necessary in all stages of communication.
Carkhuff (1969) reported that empathy is a critical issue in all aspects of a helping relationship. There can be no basis for a helping relationship without the key ingredient of caring.

Emotional as well as physical care must be provided to patients. The helping relationship will provide this quality care. Pasquali, Alesi, Arnold, & DeBasio (1981) regard the therapeutic nurse-patient relationship as the primary means for providing emotional support.

Significance of the Study

Health care delivery affects most people in present day society. Whether a consumer or a provider, humans are involved in the process of wellness. Fenton (1987) cited growing evidence that the nature of nursing interactions and emotional climate influence physical and psychological outcomes of illness. King (1981) viewed empathy in nursing as humanistic, realistic, and necessary for understanding of patient behaviors. Empathetic communication indicates a willingness to respond to the needs of the patient in a positive manner. These interactions are the foundation of the nursing process.
Carpenito (1975) stated that therapeutic communication is the nucleus of the nursing process. Recognition of empathy and strategies to foster empathy can increase and enhance nursing skills and high level wellness.

Methods in Obtaining Literature

A thorough review of related literature was obtained by employing several methods. Initially a computer search was completed using descriptors such as empathy, affective education, nursing education, nursing process, and helping relationships. Nursing journals and nursing education journals for the last five years were reviewed. Bibliographies from journal articles and Cumulative Index to Nursing and Allied Health were previewed. Carkhuff, Egan, Rogers, and King's books, articles, and bibliographies provided many sources. This resulted in a thorough review of past and current literature on empathy.

This literature review was then organized into information relating to the three questions. The specific empathic classroom strategies were arranged into categories. These categories were reviewed specifically for practical use and empathic gain.
CHAPTER 2

REVIEW OF RELATED LITERATURE

The review of the related literature has attempted to obtain the data for these three research questions regarding empathy in nursing and strategies to foster empathy. The literature review in this chapter will focus on the following three categories: characteristics of empathy, the relationship of empathy to nursing, and strategies to foster empathy.

Characteristics of Empathy

DeVito (1976) defined empathy as the ability to feel with others, to enter their world, to see it as they do. Listening for comprehension is important, but it is only one facet of communication. Empathy involves seeing situations from the point of view of the other person. In order to understand another's meaning when communicating, one needs to employ empathy.

DeVito (1976) believed that the ability to empathize is innate. Babies will quickly empathize when being held by someone who is upset; they begin to cry themselves. People are able to empathize when they are able to understand how others perceive things.
When involved in empathetic communication, people are less likely to be judgmental.

Bryant & Argle (1978) concurred that children at three to four years of age are able to perceive the world from the point of view of another person. They disputed Piaget's claim that children are egocentric until reaching the age of seven. Bryant et al. cited the ability of children who successfully role play and are able to perceive the world of another. This task of role playing should be age appropriate to growth and development, but children from the age of three or four seldom have difficulty completing this task. If we accept the premise that the basic component of empathy is the capacity to understand another person's perspective, children do have that ability.

Empathy is a human response exhibited through history, even though it was not always formally recognized or documented. Webster (1951) defined empathy as imaginative projection of one's consciousness into another being. The scope of that definition has widened in the current practice of nursing. Historically there have been changes, not only in the definition but also in its role in a helping relationship.
Rogers (1967) complemented empathy with the process of unconditional positive regard and genuineness. He viewed these as core dimensions of a helping relationship. Rogers described empathy as a process of perceiving the patient's world as your own and then mirroring it back to the patient. He believed empathy was a skill rather than an innate attribute. According to Rogers, this skill can be quickly taught. Rogers stated just the fact of the instructor employing empathy will produce a demonstrable increase in the student's empathetic skills.

Truax & Carkhuff (1967), Carkhuff (1969) expanded these core dimensions into a broader concept. They added accurate empathy, respect, and genuineness to the helping relationship process. Sydnor, Akridge & Parkhill (1972) researched and substantiated the extension of Rogers' (1975) three core conditions to eight core conditions. They devised a programmed manual based on these conditions.

Carkhuff (1983) stated these core dimensions have evolved and been extended even further. The helping relationship, which includes empathy, has grown into an effective communication tool. Carkhuff described
empathy as crawling inside another's skin and seeing the world with his/her eyes. Carkhuff reminded educators of the old Indian saying "do not judge a man until you have walked a mile in his moccasins."

Empathy is a process of viewing the world from another perspective different from your own. Beck (1988) defined empathy as the ability to recognize and to some extent share the emotions and states of mind of another and to understand the meaning and significance of that person's behavior.

Kalish (1973) regarded empathy on the part of the nurse as the basis for a helping relationship between patient and nurse. She defined empathy as the ability to accurately perceive the current feelings and meaning behind those feelings of another person. Kalish emphasized the term current. The feeling needs to be a "now" feeling of the present interaction. Empathy should be expressed in the patient's language. Kalish believed it was important not only to use the words, but also the same feeling tone as the patient to best demonstrate empathy. Hearing their own voice inflection (happiness, sadness, etc.) reflected back to them helps the patient clarify his/her own feelings.
Empathy should be differentiated from sympathy. Sympathetic understanding occurs when the helper actually takes on the feeling of the patient and loses his/her own separate identity. Empathetic understanding borrows the patient's feeling to perceive it, but retains separateness. The helper may be a catalyst for change but will not assume responsibility for the patient's actions.

Burns (1980) described empathy as the emotional and mental climate to conceptualize the impact of behavior of self and others without assuming guilt or labeling self or others as "bad". Burns said empathy is not just being able to feel like someone else does. Feelings are a human condition. Feeling the sorrow of another is sympathy not empathy. Being tender and understanding is a part of giving support but not necessarily empathy. Empathy is the ability to understand the anger and actions of another even if you do not like or accept their acts. Burns stated empathy is easier for a fully functioning person to employ. People who are operating from unmet needs have more difficulty allowing others to have thoughts and behaviors alien to their own values.
The Relationship of Empathy to Nursing

In the last decade, there has been a growing awareness of the need for increased communication skills in nursing. Duldt, Giffin & Patton (1984) emphasized the importance of holistic health care, integrating and interacting with the total person. Interpersonal communication has a significant influence on the well person. Duldt et al. also believed it is an even more crucial issue with the ill person. The patient receiving empathetic understanding copes more easily with the changing life situation that illness presents.

Beck (1988) researched the new trend in health toward holistic health care. Holistic care asserts that each person is viewed individually. If nurses view the whole patient (health, illness, and life situation), increased understanding and empathy can be provided.

Fenton (1987) recommended that a supportive, holistic, humanistic approach be taught in nursing education. She developed a scale to measure humanistic care in the hospital, as perceived by nursing personnel. This scale can be a diagnostic tool and a model for teaching empathy to nursing students.
Hein (1973) discussed empathy in the helping relationship of nursing. Empathy is a necessity and evolves in many ways. Empathetic nurses communicate to patients that they do matter. This may be done just by being available, letting them know by word or touch, the nurse understands their feelings. Communicating with empathy leaves the patient feeling understood and will increase self-esteem. This usually results in the patient being strengthened to pursue goals towards wellness.

Employing active listening will enable the nurse to portray empathy. Patterson (1973) stated few people actually listen to each other. Much time is spent during the listening process mentally rehearsing what response to answer with rather than focusing on the other person's message.

Olson & Iwasiw (1987) studied listening skills as a means of providing empathy. They concluded listening skills are a necessary skill for nurses and that empathy can be greatly enhanced with short-term training.

Slevin & Harter (1987) surveyed 273 baccalaureate nursing schools to determine if empathy was included in the nursing curriculum. Nearly all of the schools
(97.4 percent) reported empathy was included in their curriculum. The method of inclusion varied: 70.7 percent were curriculum integrated, 18.1 percent presented it as a major concept, with seven schools (2.6 percent) not addressing the issue of empathy. Although student performance of empathy was evaluated by most of the schools, faculty caring skills were seldom included or evaluated. Faculty role modeling is often an effective teaching tool; yet, only one school measured faculty on Carkhuff's five-level scale. The other schools that did evaluate used peer, student, or self evaluation. Implications of the study showed that empathy is vitally needed in nursing.

Slevin & Harter (1987) emphasized the importance of understanding and action in nursing. Understanding is the empathetic perception of the other person's current feeling as the nurse takes action and responds with sensitivity. Action and understanding will enhance the patient's wellness.

Wright (1987) stated health care is a person-to-person activity. Technology is important but basic dignity should be preserved. Caring (empathy) is a relationship between persons. The recipient of health care requires empathetic recognition as a person rather
than an object to be poked, monitored, diagnosed, observed.

Benfer (1979) discussed Menninger Foundation's philosophy of three C's: conceptualization, competency, and compassion. She has added a fourth C, caring, as she presents workshops on clinical supervision in nursing. Benfer presented a strong case for nurses to be self-aware and explore their own feelings. Compassion and caring can only be given if we listen to our own feelings. Part of being competent in nursing is knowing yourself. It is important not to be working from unmet needs. Most people go into nursing because of a need to nurture. If that need is not recognized, empathy may be difficult to give. The caring, empathetic nurse does not meet self needs at the expense of the patient. Rather than keeping the patient dependent, the effective nurse lets the patient grow towards wellness. Sympathy, not empathy, fosters dependency.

Fenton (1987) concurred that a supportive humanitarian approach should be taught in nursing education. She developed a scale to measure humanistic care in the hospital, as perceived by the nursing
personnel. This scale can be a diagnostic tool and a model for teaching empathy.

King (1983) illustrated some of the affective attitudes nursing educators desire to teach to their nursing students. King asserted that affective attitudes can be taught by developing curriculum strategies and materials that will enhance development of affective behaviors. Nurses make many decisions for patients. When nurses care for terminally ill or comatose patients, for example, they need to be able to view themselves in that situation. Competent affective teaching will enhance the empathetic skills of the student nurse. King emphasized empathy in nursing as an important skill. King's writings on empathy are similar to that of other researchers, but King also devised a scale to help both students and educators measure growth (see Appendix A).

Authier (1973) defined empathy by combining it with warmth. He found both terms to be vague, yet closely connected. He distinguished between the two by likening empathy to a feeling component and warmth to a factual component. Empathy is not premature reassurance or sympathy. Empathy relies on warmth as a vehicle to express understanding.
Hein (1980) reported roadblocks to empathy in most nursing schools. Students may feel resentful about learning new skills. They often erroneously believe that empathy is a special language and that only certain phrases can be parroted. Another common student complaint is the feeling of phoniness that often accompanies initial use of therapeutic techniques. Students need to be assured that this feeling of cognitive dissonance will lessen as they put the new communication techniques into their own style. Hein recommended introducing the standard therapeutic tools as presented by Carkhuff (1969).

Empathy in nursing is neither a concrete entity nor specifically measurable. Most authorities agree it is a vital component of nursing education. Nurse educators need to be able to review current strategies, methods, and results not only for their students, but also for themselves.

Empathy is an innate trait which can be enhanced and fostered. Rogers (1975) believed when people allow themselves to be empathetic, even if only in a minimal amount, it can be very beneficial to the person receiving the empathetic understanding.
Empathy is the connecting word to understanding another's world. Patients can benefit from the empathetic nurse who seeks to perceive how illness has changed their lives.

Empathy, the ability to perceive the world of another person and convey that understanding to the patient, is a vital component of nursing. Empathy involves active listening, self-awareness, and understanding. Nursing is a profession that deals with people at the nadir rather than the apex of attractiveness, health, and coping skills. Empathetic communication will be a key role in establishing a helping relationship with people at this stage of their lives. The remaining sections will present strategies to foster empathy in nursing education.

Strategies to Foster Empathy

Empathy is a basic communication skill which can be taught by many different strategies. Historically, Mowley (1968) discussed effective teaching practices for empathy. Mowley stated the most effective teacher of empathy is the teacher who is fully functioning (self-actualizing) and role models these qualities. To truly have empathy in a situation, Mowley believed one
must have been in a similar situation at some time in the past.

Patterson (1973) compared empathetic understanding to an internal frame of reference, putting one's self into the world of another person. He likened the process to mentally crawling into the skin of someone else, becoming sensitive to their environment, actually seeing things as if you were one person. "As if" is a key concept; if that is lost, it is no longer considered empathy. Students should be taught this as a first step in increasing empathy.

Becvar (1974) defined empathy as a focus behavior in communication. He recommended that the helpers behave in a manner consistent with the other person's mood. When listening, it is necessary to mirror or reflect the behavior and/or words you perceive the other person is exhibiting.

Boy & Pine (1971) described listening as an important skill in effective communication. To listen with empathy, one must make contact cognitively and emotionally. Empathy is the ability to experience the patient's reality even though what is perceived is not congruent with reality.
Carkhuff (1977) introduced a manual which included many strategies for teaching communication both cognitively and emotionally. He included cartoon characters on each page portraying the written examples. Carkhuff listed concrete behaviors for each skill. In describing the task of asking the empathy question, Carkhuff presented five specific steps:

1. Listen carefully to the helpee's words.
2. Mentally summarize what you have heard and seen.
3. Ask yourself "If I were the helpee, how would I feel?"
4. Identify the general feeling category and the intensity.
5. Finally check out the feeling expression to make sure it is appropriate for that specific helpee.

Carkhuff (1977) used the technique of breaking the skills into small specific steps. These small specific steps make it easier for the helper to emulate the skills more easily. A large task can seem overwhelming to the beginning student, but achieving one small step will build confidence to go on to the next step and slowly complete the whole task.
Hargle (1986) presented the behavioral components of empathy as tasks needed to improve dynamic helping skills. These tasks included types of nonverbal behavior, i.e., longer eye contact, closer seating distance, leaning toward the other person and interested facial expression. Verbal behaviors included: reflecting the current feeling, using tentative statements rather than questions, confrontation, and self-disclosure. Hargle emphasized these techniques should be incorporated into personal style to become effective.

A more subtle strategy was offered by Viscott (1976) who stated that natural gifts, such as honesty and self-awareness are conducive to empathy and understanding. He believed humans are responsible to be the best they can be within their capabilities. He reported a drive to care and understand which is innate in all of us. Viscott thought the innate trait of empathy could be best taught by displaying empathy in the educator. He theorized that if people put their own lives in order, starting with the educator, empathy would grow in the educator and the student. By understanding and perceiving ourselves, we will be
better able to perceive and understand the reactions and actions of those around us.

An important empathetic strategy can be the expanded person educator. This relationship/role modeling strategy leads to empathy. Gordon (1974) devised a credo for building better relationships (see Appendix B). The nursing student who has been exposed to this type of learning then has the opportunity to introject the process and ultimately use the same techniques with her own patients.

Gordon (1974) viewed acceptance as an important facet of teaching empathy. If the educator can give students acceptance, they will be freer and more able to grow. Acceptance in essence builds trust, and trust builds bridges to learning. Gordon believed a way to demonstrate acceptance and empathy was by active listening. Active listening involves interactions with the learners, letting them know you "hear" their messages. Active listening denotes acceptance which will enhance empathy in the giver and receiver.

Triands (1977) believed interpersonal behavior and communication are very complex; therefore, people differ in their ability to put themselves in the place of another. Triands described this ability as empathy.
People who have a high degree of empathy have a stronger tendency towards helping others according to his theory.

Some empathetic strategies can be incorporated outside of the classroom. These can be adaptable to many ages and situations. Thomas (1980) presented an interesting strategy in her book on family camping. This strategy was called Awareness Night. Family members were told to prepare the evening meal and clean up, working together. Each family member was to simulate a handicap: wearing a blindfold, wearing ear plugs, or having an arm in a sling, etc. After the activity, a group discussion was held on how it felt to be handicapped and how it felt to help others with their handicap. Thomas (1980) believed this strategy would be of benefit to both adults and children. It should increase appreciation of one's own health and help members of the family develop empathy for others. Although this strategy was presented in a family situation, it would be equally appropriate in a classroom setting.

The previous strategies are of a more general category. There are some techniques that specifically
focus on or lend themselves to the teaching of empathy in the nursing profession.

Lambert (1985) stated nurses must be aware of the psychological behaviors of the patient. People are not static; nurses will see a variety of changing behaviors in their patients. As nurses understand basic behavior concepts, they will grow in self-understanding and empathy. Empathetic strategies give nurses a base to grow from as their interpersonal skills develop. Lambert provided specific actions nurses can apply as they deal with the emotional impact of the disease process on the patient and family. Patient situations are used and sample care plans are provided. The beginning nurse as well as the experienced nurse can employ these strategies.

Sheridan (1987) reported that to maintain empathy, students should learn the underlying principles of communication; however, that is only the first step. Students should be helped to learn problem-solving, situational ways to maintain those skills. Sheridan believed the use of exercises in self-awareness and strategies to increase self-actualization were the best means to indirectly increase empathy.
Benfer (1979) concurred that self-awareness is of paramount importance in learning and maintaining the communication of empathy. We cannot know or recognize another's feelings if we do not recognize our own inner feelings. It is of special importance to be aware of one's own feelings in the professional capacity of a nurse. Nurses must be aware of what they feel as they carry out their physical care and tasks. Nurses can learn about themselves as they learn about and supervise their patients. Nurse educators can learn about themselves as they teach their students. Students can learn about themselves as they learn about and assess their patients. Benfer sees the process as a cycle; self-awareness fosters empathy like ripples on a pond.

Gerrard (1980) reported introjection of the educator's empathy will enhance the student's empathy skills. Empathetic techniques and principles should also be presented in theory/lecture. Presenting the theory material, however, is only part of the process. When educators present material, it is a common theme in education to hear "I taught it--why didn't they learn it?" Gerrard offered strategies that may be used to insure the message will be heard and remembered.
This takes hard work on the part of the educator and is not an automatic process. Gerrard maintained that if students practice interpersonal skills, they will understand and more readily incorporate them into their own style of giving nursing care. There are many strategies that may be taught, but the students must use the skills before they are of benefit in actual practice. Gerrard offered a technique to employ after the material has been presented in lecture. He used a rating scale practice activity involving a simulation where the student must choose a correct therapeutic response.

For example, students can analyze their response on the Gerrard's rating scale. There is a general scale rating of 1.0 (poor) to 4.0 (good) and a behavioral scale description evaluating their indicated response. Students are able to pinpoint any behavioral deficiencies they may be exhibiting in their communication skills. Gerrard (1980) included this strategy for the other communication skills as well as empathy. Using Gerrard's practice plan will increase a student's conception and application of empathy. His inclusion of behavioral skills gives the students specific skills to emulate and a method to try to
improve those skills. The behavioral ratings are concrete and measurable rather than platitudes. The scales also build in the ratings so none of the responses are wrong; some are much more effective than others. He presented rationales for all the choices available to reinforce theory material.

King (1983) recommended a group discussion method using either real or theoretical problems as a starting point when teaching empathy and other affective behaviors. King believed role modeling to be of prime importance in teaching empathy. In order to learn empathy and increased respect for human dignity, students will benefit from seeing educators practice the qualities they teach. The successful educator will be supportive and open while creating a climate of trust. This foundation of trust is essential for the students to learn the skills necessary to promote empathy. King reported that once this trust is built, the educator can self-disclose using real or theoretical case studies to illustrate concepts to meet the educational objectives. Self-disclosure is a means to show the relevance of the communication skills. It takes personal courage on the part of the educator to share with students past pain or frustrations, but this
technique of sharing may maximize the potential of the role model strategy.

This technique of role modeling is usually done in a group setting. King (1983) recommended group size and mix should be carefully monitored. If the group is larger than 15 to 20, it should be broken down to smaller groups. If physical facilities allow, students will gain more from the smaller group interaction.

Many books on behavior and empathy have been written for the educator. Milliken (1987) wrote a book specifically for the beginning nursing student. It placed the challenge and responsibility for being a competent, caring practitioner on the student. Empathy was one of the tools she presented for them to use as they communicate to patients. Milliken's approach was to follow each teaching chapter with specific activities for the students to practice. These activities were designed to foster growth and empathy. Some examples of her strategies included reflections on death and dying, recalling past behaviors, relating academic studies to personal feelings. Helping students visualize what they would do if disabled tomorrow will increase their empathy in caring for the disabled patient today. Milliken provided many
insightful cartoon sketches. These were presented to help students recognize their own negative and positive behaviors. Examples of these cartoons will be included in Appendices C and D.

Bullmer (1975) devised a manual to increase interpersonal perception. He taught students the art of being an "empathetic perceiver." Bullmer's strategy was a sequential manual with fill-in-the-blank questions and multiple-choice questions. These questions covered the theory and process of communication techniques. Students were tested on the ability to pick the correct empathetic response.

Brammer (1979) reviewed many teaching strategies for the helping relationship. He recommended a combined strategy approach. This approach included microskills, experiential learning, and didactic strategies. Micro is a basic method which breaks the task into separate skills. These skills are further broken down into simple behavioral components. Experiential learning is learning the skill by doing an actual experience, such as patient interaction. The student does the actual task, then discusses the experience and derived learning with the instructor and/or class members. This is described as the "do,
look, and learn" approach. Didactic strategies are the actual process of interacting in front of the group and receiving feedback from them. This process leads to self-awareness on the part of the participants.

Learning activities on empathetic responding can be an aid in early recognition of therapeutic responses. Cormier, Cormier, & Weisser (1984) reiterated the importance of communication skills for the health professional. These skills can help improve the quality of patient care as well as relationships with families and co-workers. Cormier et al. presented a strategy on empathetic responding. Eight patient/health-professional statements are presented. Students were instructed to identify in writing whether each response is empathetic or nonempathetic. Students are warned not to judge if the response is the best possible one. Their task is simply to judge if the response is empathetic. This activity may be self-checked and written feedback obtained at the end of the activity. An advantage of this strategy is that it is self-directed, allows immediate feedback, and does not need the instructor present to facilitate.

Sydnor, Akridge, & Parkhill (1972) offered a similar strategy in their manual on helping
relationships. This strategy is also self-directed with numerous fill-in-the-blank statements. One activity was designed to revitalize feeling words as a way to display empathy. A patient statement is presented. The student is asked to fill in the correct feeling word in the following sentence: You feel ______________.

Directions indicate to the student that the exact word does not have to be used in order to be correct, but the word should be in the same feeling dimension. The purpose of this activity is to foster beginning recognition of empathetic responses.

Hargle (1986) used a similar strategy, but added the element of the student writing a response to the patient's statement. This strategy would fit well after a student had completed the two previous activities. Hargle's activity involves at least two students, but would also adapt well to a small group setting. A student is chosen to portray a patient and is asked to read a prepared statement with feeling. The other students in the class each write out a response to that statement. Class discussion is held on which statements are the most appropriate for the situation.
This strategy builds on previous strategies and allows the student to practice empathy skills. When empathy skills are practiced initially, students often feel awkward. Practicing the responses in class will lessen the feeling of clumsiness as students attempt to change communication style. At the end of the time, he has them reflect on what they did during that time. Few people are able to do "nothing." He asks students to notice if during that minute they were swallowing, breathing, blinking, thinking, looking at the clock, etc. He reminded students that individuals are always sending messages; it is impossible not to communicate something, unless you are dead!

Egan (1985) presented a formula for providing basic empathy. Teaching students this strategy builds on the previous ability to observe and perceive feelings. This exercise focused on the ability to communicate understanding to the patient. The formula is: "You feel . . . . (followed by the right category and intensity of feeling word) because . . . . (followed by the behaviors and/or experiences that precede those feelings. An example of using this technique by this researcher is as follows: "You feel guilty because you left town without calling her" or
"You feel hurt because you think I don't like you."
This formula allows the student to have a "right" thing to say which focuses on a now feeling. Egan noted the feeling must be accurate to be empathetic. If the feeling word chosen is incorrect, the patient will usually clarify the feeling so the next response will be accurate. Once students have learned the formula and practice this technique, it will become almost automatic. At first it may feel awkward to the student, but practice allows it to be quickly incorporated into personal style. Egan found this formula to be an effective empathetic tool for the beginning and the experienced person involved in the therapeutic communication process.

Lopez (1983) recommended teaching empathy to nursing students using Gestalt techniques. Lopez strongly suggested instructor role modeling in actual patient situations. She integrated the concepts of communication and empathy taught in the classroom with bedside clinical nursing. Lopez's setting was a chronic medical unit. She assigned the students initially to speculate how they would feel if they found themselves in their assigned patient's situation. Lopez subsequently interacted with the actual patients
using the contact functions of talking, seeing, listening, and touching. She used the mirroring techniques of sharing perceptions of the patient on a verbal and nonverbal level. The purpose of mirroring is to create an unconscious rapport with the patient.

Students were asked to make detailed observations in the following areas as she interacted: 1) body positions, 2) body movement, 3) facial expressions, and 4) body language alterations.

Lopez (1983) role modeled specific empathetic techniques the students could emulate. She did not use quantitative tools to measure the effectiveness of Gestalt; she did, however, receive very positive feedback from the students involved. She also noted many students began using the same approach later in their clinical rotation.

LaMonica (1978) affirmed the key ingredient in any helping relationship was empathy. LaMonica's study revealed nurses often score low in empathy, and she suggested nursing schools should put specific emphasis on training students in empathetic skills. LaMonica devised a seven-week program based on Gazda's (1973) manual for development on Carkhuff's earlier works.
This program has a high success rate for the participating students.

Trower, Bryant & Argyle (1978) recommended teaching listening skills, including empathy, by using videotapes. Once the basic lecture material on communication has been presented by lecture method, these tapes can be a valuable tool. The tapes have sketches in which a primary emotion is presented verbally and nonverbally; the situations build in subtly and complexity. Students are able to practice their observations and skills in a non-threatening environment. An advantage of this method is the ability to replay the conversation, allowing the student to observe the nuances of emotion that may have been overlooked. Trower et al. instructed students not only to observe the primary emotions but also to form a therapeutic empathetic response to the statements on the tape. Another advantage to this method is the control the instructor has over the conversation. Different scenarios could be devised for different stages of the relationship, and all students could have an equal opportunity to interact in specific situations. A disadvantage to this method is the time and funds necessary to develop the original tapes.
There are commercial sources from which to buy these tapes in nursing education. Unfortunately, they are often cost-prohibitive.

Kron (1981) discussed communication in management skills for the beginning nurse. Feelings are sent by verbal and nonverbal messages. In order to be empathetic, the nurse should learn to respond to both types of messages and to be aware of the message transmitted to others. Kron used humor to teach this concept. She told of Jimmy, a young pediatric patient, who made an astute observation about his nurse. The nurse was called out of the room and unfairly reprimanded by a supervisor. After returning to the room and resuming giving a bedbath to Jimmy, anger was suppressed and not voiced. After a few moments, Jimmy stated, "Are you mad?" Upon hearing the quick retort, "NO," he responded, "Well, you sure know how to wash mad!" Humor as a strategy can quickly make a point with a lasting message. Kron used many patient examples and types of humorous anecdotes to present her material on empathetic communication in nursing management.

Lambert & Lambert (1985) utilized the same strategy of small specific steps to learn a new
empathetic communication skill. They presented expanded, in-depth nursing actions for the psychosocial care of the physically disabled. These steps are based on the nursing process using empathetic responses and actions. Beginning nursing students may be compassionate and caring yet still be at a loss on how to display empathy to their patients. These small steps give them a place to start; as their skills and experience grow, the steps will become automatic. Lambert presented empathetic interventions for specific disease processes, such as emphysema, spinal cord disability, cardiac disease, cancer, etc. Lambert stated the nurse's action in the wellness/illness role of the patient is to empathetically identify feelings and assist the patient achieve optimal wellness within the disease limitations.

Norris (1986) completed a study on teaching communication skills using two methods of instruction, role play and lecture. Basic content of skills was based on Carkhuff's (1980) work. The following skills and attitudes were specifically studied: 1) respect, 2) genuineness, 3) concreteness, 4) empathy, and 5) active listening skills.
Norris (1980) rated traditional and nontraditional nursing students in two learning styles, role play and lecture, using Carkhuff's communication techniques. Implications of the study show no demonstrable difference of overall test performance with the two styles. Students had a marked preference for role play as a teaching tool for communication skills.

Nontraditional nursing students had significantly higher scores in caring and empathy. There were no differences in the rating of respect. Norris (1980) suggested the higher rating of nontraditional students may relate to the maturity level of those students. Respect, the most basic dimension, was noted to be equal; the other dimensions need more clarification and mature judgment. Maturity is logically associated with greater self-awareness and more effective communication.

Janosikt & Davies (1986) presented an empathetic strategy which involved students working in dyads. Two student volunteers are chosen from the class for the roles of nurse and student. Students present a short interaction to the class. The nurse is given instructions to portray a psychiatric nurse admitting a new patient. The nurse is efficient but in an
officious manner. The patient is apprehensive about being newly admitted to a psychiatric unit. Following the interaction, the class offers feedback on how they think the patient perceived the nurse. This strategy offers students an opportunity to observe a potentially volatile interaction in a nont Threatening atmosphere.

LeShan (1986) critiqued techniques used by nursing students. One strategy she observed was to give course credit for working in a senior citizen center. The purpose of this was to foster a better understanding of older people while they are still reasonably well and active. This understanding should increase empathy in caring for the geriatric patient.

A second strategy she critiqued was one designed to sensitize nursing students to the biological and physiological aspects of aging. Students perform tasks with simulated handicaps similar to the aging process. Some examples of these simulations are as follows: tying a shoe with fingers taped together to simulate arthritic fingers, talking on the telephone while wearing ear plugs, wearing grease smeared glasses to simulate failing vision, and walking with beans in their shoes to produce loss of motion and discomfort.
Although students have the advantage of going home without the paraphernalia or actual disability, it is still a pertinent lesson in empathy to remember. Words may be quickly forgotten, but behavioral strategies are usually retained longer.

Summary

Empathy has been demonstrated as a valuable trait for nurses to possess. The use of empathy when communicating with patients and families is beneficial not only to the patient but also to the nurse.

The innateness of empathy is a debatable point, but most authorities agree that it is a trait that can be taught and enhanced. Several empathetic strategies have been presented in this chapter. Strategies to teach empathy include: communication principles, role modeling, active listening, programmed manuals, teaching small behavioral steps, such as seating distance, eye contact, etc. Many strategies were reviewed that focus on the student introjecting empathetic qualities from a fully-functioning educator. If the expanded person educator gives unconditional acceptance to the student, empathy will grow. Once these general strategies have been presented, the student will benefit from specific strategies, such as
games, simulations, and awareness activities. Role modeling continues throughout the course. Additional strategies include group discussion, microskills, didactic interactions of role playing, Gestalt techniques, and videotapes.

Nurses play a crucial role in the lives of patients and their families. Emotional pain and loss can be as devastating as physical problems. Empathetic nurses will deal with both facets of disease process. Acquiring a high sense of empathy will enable the nurse to understand and guide others through their illness. Nursing education must present these strategies as a primary focus of its curriculum. Implementation of empathetic theory and strategies will result in more caring nurses and improved patient care.
Chapter III

ANALYSIS AND RESULTS OF THE STUDY

Introduction

The results of the study evolved through a review of related literature which addressed the following researchable issues: 1) characteristics of empathy, 2) empathy practices in effective nursing, 3) classroom teaching strategies enhancing empathy. These three areas were analyzed, and the information was obtained from the literature.

Question #1 - Are there nursing related characteristics of empathy?

Many characteristics of empathy relate directly to the profession of nursing. Empathy is the ability to feel as another feels, to objectively put one's self in another person's situation. Nurses need this ability to cope objectively, yet empathetically, with the traumatic and unpleasant aspects of nursing.

Empathy is also differentiated from sympathy, a condition in which one loses separateness and enters the other person's identity. Nurses will quickly lose effectiveness if they do not retain the emotional objectivity of empathy.
Empathy is an active rather than a passive process. Empathy in nursing involves three principal steps: 1) the accurate perception of the current feeling of the patient, 2) communicating this understanding to the patient, and 3) the perception by the patient of that understanding.

Empathy has been documented as a valuable trait for nurses to possess. The use of empathy when communicating with patients and their families is beneficial not only to the patient but also to the nurse. Commitment, caring, and self-awareness are essential ingredients of empathic nursing. As the nurse employs and enhances these qualities, he/she will become more fully functioning, as defined by Rogers (1975), and will increase the quality of life in self and in others.

**Question #2** - Does empathy relate to the effective practice of nursing?

Empathy is a human-to-human relationship necessary for the primary nursing goal of meeting the patient's needs. The helping relationship of empathy is a bond which allows the nurse to be more effective in carrying out the nursing process.

Nursing has a primary focus which centers on the
patient and the family dynamics rather than disease process alone. Peplau (1952) defined nursing as a significant, therapeutic, interpersonal process which interacts with other human processes to make health possible for individuals. The central core of Peplau's theoretical approach is interpersonal communication. Effective communication will assist patients and nurses with self-understanding and improved relationships with others.

Nurses that are knowledgeable about effective communication will be able to practice those skills proficiently. It is important to use these skills through all the steps of the nursing process. Empathy should be present in all phases of communication.

Nursing is not just a scientific technique; the ability to care empathetically is central to the profession as well. Carpenito (1985) believed therapeutic communication was the core of effective professional nursing. She presented it as the single most important skill a nurse can use to attain professional autonomy. Empathy will enhance the therapeutic relationship between nurse and patient. Empathy will allow the patient to reach optimum health
within the disease process and facilitate growth in the nurse provider.

Question #3 - Can classroom strategies be used to enhance empathy?

The question of whether empathy is largely innate or acquired is not determinable, but most authorities agree that empathy is a trait which can be taught and enhanced. Several strategies to promote empathy include: communication principles, role modeling, active listening, programmed manuals, and microskills. Many strategies were reviewed that focus on the student introjecting empathic strategies from a fully-functioning educator. Role modeling and unconditional acceptance by the educator will help the student grow in empathic skills.

Summary

Communication of empathy is essential throughout the nursing process. Nurses actively communicate with patients to help them perceive their illness and emotional status. This perception must then be reflected back to the patient and subsequently validated by the patient.

Empathy aids the nurse in performing nursing care efficiently and effectively. The health professionals'
Interpersonal skills make a difference in the quality of care administered to patients. Patients may benefit physiologically, psychologically, and behaviorally by the positive interpersonal techniques of the nurse.

Awareness of empathy and communication techniques will help student nurses acquire competence in interpersonal skills. However, knowledge does not necessarily provide change. Specific, explicit strategies in the classroom are needed to facilitate genuine growth.
Chapter IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

This chapter will summarize the literature reviewed on characteristics of empathy, empathic practices in effective nursing, and teaching strategies that will enhance empathy in nursing. The research literature confirmed empathy is an important component in nursing education. Conclusions and recommendations regarding empathy in nursing education will be presented.

Summary

The literature review revealed empathy is a vital skill for the practicing nurse to employ. Empathy is the ability to objectively perceive the world of another person. It is the skill of providing support and help without becoming totally immersed in the problem. Empathy is a crucial part of the therapeutic relationship between nurse and patient.

The literature supported the idea that classroom strategies do enhance empathy. Nursing students may enter professional training with varying amounts of innate empathy. Classroom strategies will help the nursing student clarify the concept of empathy in
nursing and increase personal empathy. Nursing education needs to prepare nursing students to work effectively in their chosen profession.

Conclusions

Modern society has become very complex and stressful. The ill person has that same stress intensified greatly. Effective nurses must be prepared to deal with many complicated situations involving patients and their families.

Effective empathic skills will result in a higher quality of care for the patient. If it is done in a caring manner, empathy will be of benefit to the patient, even if it is not a polished performance. The essence of empathy is the caring and wanting to perceive the patient's world and understand it. This understanding can be vital in the patient's recovery. Empathy should be in all interactions, not just at specific times. The patients have a message to tell; it is important for the caring nurse to hear that message.

There is no one specific skill to teach empathy, nor is there a specific sequence to be used. The various strategies may be presented in any order once the basic steps are explained.
A common practice in nursing schools is to utilize sequential manuals of learning activities to reinforce basic communication techniques which include fill-in-the-blank and multiple-choice responses. The questions focus on recognizing therapeutic and non-therapeutic responses to patient statements and situations.

After the techniques are reinforced through the manuals, further strategies may be employed to enhance role modeling of techniques. Lopez (1980) used Gestalt techniques to emphasize correct behavioral techniques when interacting with patients. Videotapes will accomplish the same thing with the added advantage of replay. The situations can be repeated, and all students can have the same opportunities. Videotapes could also be used to portray actual disease processes and other specific simulations. These examples help the student feel more confident before working with actual patients. More difficult video simulations could be produced to help experienced students refine their skills. There are many possibilities with this strategy.

Since self-awareness is an important component of empathy, various strategies can be employed to increase awareness. Humor in examples, cartoons, etc., can
facilitate this process. Humor is universal and can contain pertinent messages.

Empathy can be learned on an individual basis through lecture, reading, and self-exploration. Didactic communication is also an effective way to increase empathy. This technique lends itself well to role playing and reinforcement activities. Group discussion and interaction further enhance the learning of empathic techniques. This practice works well for either real or theoretical problems.

Simulations do not usually increase the theory base of empathy, but can be very effective in self-awareness. Being blind, even temporarily, gives one a different perspective on how patients must learn to cope.

Role modeling by a fully functioning educator as defined by Rogers (1975) is an important strategy. Maslow (1968) stated that the more self-actualized the educator is, the better able the students will be to emulate the characteristics of empathy. Empathy involves the use of therapeutic communication skills which are a part of the therapeutic relationship between patient and nurse. Empathy has been shown to improve the nurse's understanding of the patient and
his/her illness. The nursing process steps discussed in Chapter I can be practiced more effectively if done in an empathic manner.

Carkhuff (1977) believed the first step of therapeutic communication is communication with self. This process of self-exploration is one that recycles itself. For example, as the nurse empathetically receives feedback from the interaction, a stimulus is provided for more self-exploration by both patient and nurse. Role modeling by the empathetic nurse educator is an effective strategy to enhance empathy.

Although the capacity for empathy may be innate, people need help to learn ways to demonstrate that empathy. The process may be broken down into very small behavioral components called microskills. Microskills can have many different components and directions. When the small steps, such as direct eye contact, posture, congruence, etc., are learned, confidence builds.

These concrete skills can be combined with other strategies such as reflecting, focusing, active listening, and mirroring. When these skills are practiced with acceptance and congruence, empathy will be enhanced.
Recommendations

An implication for nursing education identified in this study is the need to emphasize empathic communication between nurse and patient. Strategies to enhance empathy need to be implemented in all the nursing programs. Students need to be offered opportunities to practice empathy in the classroom and in the clinical setting.

Many strategies are available to increase empathy, but it is difficult to rate these skills. Further research is needed to help nurses determine how effective their empathy skills are as they interact with patients and families. Rating of empathy skills tends to be ambiguous. It would be of benefit to the effective practice of nursing to have both these researched and refined.

Closing Statement

As our society becomes more complex and the human life span increases, competent and caring nursing is essential. Nurses must be able to apply the skills they learn in the classroom to the practice of nursing. Nurse educators should strive to help students enhance and implement empathy skills as they communicate with patients. If nursing education instills empathy in
nursing students, they will be better prepared to provide empathy to others.
REFERENCES


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APPENDIX A

Rating Scale for Functional Level of Empathy

SCORE SHEET FOR EMPATHY SCALE

Directions:
Place check under one of the levels for each characteristic. The Empathy Level equals the total number of checks under each category divided by 4, the total number of categories. This is the average level for all characteristics.

Example:

<table>
<thead>
<tr>
<th>Unconditional acceptance</th>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive regard</td>
<td>Level 3</td>
</tr>
<tr>
<td>Concrete feedback</td>
<td>Level 2</td>
</tr>
<tr>
<td>Developing trust</td>
<td>Level 1</td>
</tr>
</tbody>
</table>

Total = 6
Divided by 3 = 2 (Level 2)

<table>
<thead>
<tr>
<th>Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3*</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

Unconditional acceptance
Positive regard
Concrete feedback
Developing trust through self-exploration
Total number of checks under each category

*Minimum inclusive level.
Example

A health professional is meeting a female patient, age 43, for the first time.

RATING SCALE FOR WARMTH

<table>
<thead>
<tr>
<th>Rating</th>
<th>General Description of Scale Position</th>
<th>Behavioral Description of Scale Position</th>
<th>Sample Health Professional Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>Very good response</td>
<td>Very warm voice tone; relaxed posture; face, posture and behavior show marked interest and attentiveness; behavior and speech content show deep respect and consideration for the other person. Very friendly behavior.</td>
<td>The health professional smiles, walks over to the patient, warmly says, “Hello, Mrs. Jones, my name is Bill Smith,” and shakes her hand. The health professional sits down, leans slightly toward the patient, maintains eye contact with the patient, and says, “What seems to be the problem?”</td>
</tr>
<tr>
<td>3.0</td>
<td>Good response</td>
<td>Warm voice tone; relaxed posture; face and posture show interest and attentiveness; behavior and speech content show respect and consideration for the other person. Friendly behavior.</td>
<td>The health professional walks over to the patient and says, “Hello, Mrs. Jones, my name is Bill Smith.” The health professional sits down, leans slightly forward, and says, “What seems to be the problem?”</td>
</tr>
<tr>
<td>2.0</td>
<td>Poor response</td>
<td>Slightly cool voice tone; slightly tense posture; face and posture show indifference; behavior and speech content convey slight disinterest in the other person. Slightly unfriendly behavior.</td>
<td>The health professional walks over to the patient and says, “I’m Dr. Smith.” The health professional sits down, avoids looking at the patient for several seconds while he shuffles through some papers. He looks up, a slightly bored expression on his face, and he says, “What seems to be the problem?”</td>
</tr>
<tr>
<td>1.0</td>
<td>Very poor response</td>
<td>Very cold voice tone; tense posture; face and posture show disinterest; behavior and speech content show disregard for the other person. Very unfriendly behavior.</td>
<td>The health professional walks over to the patient and, still standing, says, “What’s your problem?” His arms are folded across his chest, his voice is cold, and he looks as though he is in a hurry.</td>
</tr>
</tbody>
</table>

Example

A patient says: “This pain just doesn’t seem to go away. No matter what I try, it’s still there. I just don’t know what I’m going to do.

RATING SCALE FOR ACTIVE LISTENING (EMPATHY)

<table>
<thead>
<tr>
<th>Rating</th>
<th>General Description of Scale Position</th>
<th>Behavioral Description of Scale Position</th>
<th>Sample Health Professional Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>Very good response</td>
<td>Underlying feelings and content are accurately reflected.</td>
<td>“You’re afraid because you think you might not get better and you don’t know what to do to help yourself.”</td>
</tr>
<tr>
<td>3.0</td>
<td>Good response</td>
<td>Surface feelings and content are accurately reflected.</td>
<td>“You’re worried because you’re sick so much.”</td>
</tr>
<tr>
<td>2.0</td>
<td>Poor response</td>
<td>Content only is reflected.</td>
<td>“You think your illness isn’t going to go away.”</td>
</tr>
<tr>
<td>1.0</td>
<td>Very poor response</td>
<td>Neither feeling nor content is reflected.</td>
<td>“I’d like to take your blood pressure now. Roll up your sleeve please.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Presence of subtractive element (a destructive response)</td>
<td>“Don’t be silly. Of course you’re going to get better.”</td>
</tr>
<tr>
<td>Level 1</td>
<td>Instructor actively offers student advice and is indifferent to student as a person. Often indicates that instructor knows what would be best for student and is actively critical. Instructor's overconcern for student interferes with open and clear discussion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2</td>
<td>Instructor ignores student, showing little interest or kindness. Instructor responds passively. Instructor's behavior is semipossessive, telling client, &quot;I want you to...&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3</td>
<td>Instructor communicates to student that student's feelings and behavior are important to instructor. Instructor claims responsibility for student and is semipossessive, telling client, &quot;I want you to...&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 4</td>
<td>Instructor shows deep commitment, interest, and concern for student's welfare. Accepts student as a person with little evaluation or criticism of student's beliefs or feelings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 5</td>
<td>Instructor shows unconditional acceptance of student as a person. Thus, student is free to be own self. Instructor shares student's hopes and successes as well as depressions and failures.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Unconditional Acceptance

| Level 1 | Instructor introduces student to a way of thinking and doing that is unconditional. |
| Level 2 | Instructor leads discussion or responds to student in an unclear, nonspecific, overintellectualized manner. |
| Level 3 | Instructor communicates to student as important to self. |
| Level 4 | Instructor often helps student discuss personally significant feelings and experiences in specific and concise terms. |
| Level 5 | Instructor enables student to freely discuss personally significant feelings and experiences in specific and concise terms, regardless of the emotions expressed. |

### Positive Regard

| Level 1 | Instructor's verbal and nonverbal communication conveys a lack of appreciation for student. Instructor is more concerned with self. In fact, instructor may tell student more about own opinions and feelings (i.e., bragging), trying to increase own self-respect. |
| Level 2 | Instructor's verbal and nonverbal expressions show lack of esteem for student. However, instructor's interest in and response to student is dependent on what student is talking about. At times instructor may respond with recognition of student's worth. |
| Level 3 | Instructor's verbal and nonverbal expressions indicate some degree of appreciation and esteem for student's feelings and experiences. Indicates that instructor values most of student's opinions and expressions about self. |
| Level 4 | Instructor's verbal and nonverbal expressions indicate appreciation for student's feelings. Instructor's responses enable student to feel worthwhile. |
| Level 5 | Instructor's verbal and nonverbal behaviors indicate deep esteem for student's problem solving. Instructor recognizes student as important to self and others. |

### Concrete Feedback

| Level 1 | Instructor shows little concern for and appreciation of student's feelings and experiences. |
| Level 2 | Instructor shows some degree of feeling or expressiveness. Instructor's verbal and nonverbal behaviors fit the feelings and experiences. |
| Level 3 | Instructor often helps student discuss personally significant feelings and experiences in specific and concise terms. |
| Level 4 | Instructor enables student to freely discuss personally significant feelings and experiences in specific and concise terms, regardless of the emotions expressed. |
| Level 5 | Instructor is able to be self, student actively and willingly engages in careful, open, and direct communication (interpersonal). |

### Developing Trust through Self-Exploration

| Level 1 | Student mechanically talks about problems and feelings. Instructor fails to encourage student to produce personal and/or emotional material. Student, in effect, does not reveal self, either because of lack of encouragement from instructor or because student actively avoids discussing more personal concerns. |
| Level 2 | Student often responds mechanically, without exploring the meaning of experiences, and does not attempt to unveil or understand feelings. When instructor tries to encourage student to discuss personally relevant materials, student may agree or disagree, change, the subject, or refuse to respond. Student does not produce new information related to own problems. |
| Level 3 | Student willingly produces some personally relevant and new material but discusses it as if it has been rehearsed. Student shows some degree of feeling or spontaneity but often not both. |
| Level 4 | Student willingly introduces personally relevant and new material and discusses it openly, with emotional expressiveness. Student's verbal and nonverbal behaviors fit the feelings and information discussed. Instructor begins to help student get deeper into relationships with others (interpersonal), yet student is not fully enabled to discuss these relationships. |
| Level 5 | Student is able to be self, student actively and willingly engages in careful, open, and direct communication (interpersonal), and discovers new views about self, feelings, and experiences. |
APPENDIX B

CREDO FOR MY RELATIONSHIPS

You and I are in a relationship that I value and want to keep. Yet each of us is a separate person with his own unique needs and the right to try to meet those needs. I will try to be genuinely accepting of your behavior when you are trying to meet your needs or when you are having problems meeting your needs.

When you share your problems, I will try to listen acceptingly and understandingly in a way that will facilitate your finding your own solutions rather than depending upon mine. When you have a problem because my behavior is interfering with your meeting your needs, I encourage you to tell me openly and honestly how you are feeling. At those times, I will listen and then try to modify my behavior, if I can.

However, when your behavior interferes with my meeting my own needs, thus causing me to feel unaccepting of you, I will share my problem with you and tell you as openly and honestly as I exactly how I am feeling, trusting that you respect my needs enough to listen and then try to modify your behavior.

At those times when either of us cannot modify his behavior to meet the needs of the other and find that we have a conflict-of-needs in our relationship, let us commit ourselves to resolve each such conflict without ever resorting to the use of either my power or yours to win at the expense of the other losing. I respect your needs, but I also must respect my own. Consequently, let us strive always to search for solutions to our inevitable conflicts that will be acceptable to both of us. In this way, your needs will be met, but so will mine—no one will lose, both will win.

As a result, you can continue to develop as a person through meeting your needs, but so can I. Our relationship thus can always be a healthy one because it will be mutually satisfying. Each of us can become what he is capable of being, and we can continue to relate to each other with feelings of mutual respect and love, in friendship and in peace.
Section I: On Becoming a Health Care Provider

Green Pill...
Gall Bladder...
Room 201...

I hope someone nice comes by...

Think I'll see if Mrs. Jones is feeling better.
Section I: On Becoming a Health Care Provider

"WONDER HOW LIFE LOOKS TO HIM RIGHT NOW?"
APPENDIX E

Iowa Central Community College
Nursing in Mental Illness
61:135
Communication Log

Objectives: The student will be able:

1. To identify the communication skills utilized throughout the week.
2. To evaluate the effectiveness of his/her communication skills.
3. To state the effects of other people's communication on his/her, including the feelings aroused.
4. To recognize the effects of communication on relationships.

Procedure:

In a stenographer's notebook, keep a daily record of your interactions with people you come in contact with at home and on clinical. This is to be turned into your clinical instruction on Friday morning.

Data to be included:

Column I.
Describe the interactions experienced throughout your clinical shift, including those with patient, staff, peer, and instructor. Evaluate these interactions as to:

1. What communication skills did you utilize both effectively and ineffectively?
2. How did you feel before and after interactions?
3. What created these feelings?
4. How did your interactions effect relationships?
5. What did I learn about myself from the encounter?
APPENDIX E (continued)

Column II
Describe your interactions outside the clinical area. Specific quotes and private information are not necessary. Evaluate these interactions with the same guidelines described above, including thoughts and feelings.

6. What did you learn about yourself this week?

Questions are supplied on the following page if you choose to use them.
APPENDIX F

WHO AM I - PERSONAL SELF

What value system do I hold?

What is my level of irritability?

What mood changes do I experience?

Do I have an easy-going attitude toward myself and others?

Do I have a sense of humor?

Am I able to laugh at myself?

What are my habits or patterns relating to my appearance, speech, and posture?

What are my reactions to similar or different situations?

Do I underestimate or overestimate my abilities?

Can I make decisions?

Can I accept my shortcomings?

Do I like and respect myself?

How do I relate with others?

How do I see myself in relationship to authority figures, peers, loved ones, and strangers?

Am I patient or do I complain excessively?

Am I considerate of others or do I take them for granted?

Do I acknowledge and respect the differences I find in other people?

How do I function within my entire living experience?
APPENDIX F (cont.)

WHO AM I - PROFESSIONAL SELF

What is my basic level of knowledge and preparation?
To what extent do I implement my previous learning?
Do I hold myself responsible for my performance?
What were my reasons for choosing nursing as a career?
What degree of satisfaction do I receive from the work I do?
To what extent do I adhere to my professional code of ethics?
What influences do I exert over the lives of others and to what degree?
Do I push people around? Do I allow myself to be pushed around?
Can I say no?
Can I set realistic goals for myself and with my patients?
What fears do I have?
What hopes do I express?
What kind of judgments am I called upon to make?
What amount of giving is required of me?
What degree of personal investment must I make and direct toward the pursuit of increased knowledge?
Strategies Used In ADN Program

Several teaching strategies have been identified and discussed in this study. Methods to implement these strategies in classroom, clinical, and life settings have been discussed in general terms. In this portion of the paper, three of these strategies will be specifically discussed and applied to the communication portion of the course taught at Iowa Central Community College's Associate Degree Nursing Program. The course is entitled Nursing in Mental Illness. This is an eight-week course for senior nursing students involving classroom theory and clinical practice at Trinity Regional Hospital Psychiatric Unit. It focuses on communication in all areas of nursing as well as specific study of the mentally patient. The course is based on nursing process as presented by Carpenito (1985), communication process defined by Carkhuff (1968), and relies heavily on the therapies of Carl Rogers and Albert Ellis. Empathic communication for all patients is strongly emphasized. The first week of the course is confined to the classroom where a communication workshop is presented. Students actively participate in many strategies and activities on
empathic communication techniques. They spend the week learning and practicing before they are permitted to use the new skills in actual clinical practice. At the end of the first week, the students spend time in three clinical areas: an acute care psychiatric unit, a chemical dependency unit, and a community support program for the chronically mentally ill. Students spend time analyzing their own communication style as they interact with patients. Although this course does focus on the mentally ill, it also incorporates communication in all areas of nursing. Strategies are presented to enable the student to apply these communication and empathic skills in other areas of nursing as well as their own personal lives.

The strategies identified in this paper would be most appropriate for the implementation of empathic communication in nursing. Classroom teaching and clinical teaching should focus on empathy as the cornerstone of communication skills.

Three strategies discussed earlier have been chosen for use in the Nursing in Mental Illness course: self-awareness, simulations, and role playing. Self-awareness can be accomplished in many ways. It is an
ongoing process throughout the course. In order to encourage self-exploration, students are assigned the task of journal writing (see Appendix E). They must make an entry for each day, Monday through Thursday. Students are provided with sample questions to increase self-awareness (see Appendix F), or they may make their own observations about their personal and professional life.

Journals can help ventilate and clarify feelings. The more the nurse investigates feelings, the more he/she learns to cope and to adapt. We must know self before we can be effective helping others. It is not necessary for the nurse to have the same emotions the patient does; rather, empathy is an awareness and understanding of those feelings and an ability to communicate this awareness. The empathic nurse communicates verbally the perception of feelings that may be hidden even to the patient. Self-awareness can be greatly facilitated by effective use of journal entries.

Simulations in therapeutic communication increase student experience. During the communication workshop week, students practice communication skills with one
APPENDIX G (cont.)

another. They present personal situations in a simulated nurse/patient interaction. One student is assigned to each role and later the roles are reversed. This activity simulates actual patient contact in the hospital setting. Students are directed to practice empathic, therapeutic communication skills as they enact the nurse role. As the week progresses, they may tape-record these situations in order to review their progress. This will allow them to refine their techniques in a classroom setting.

Role modeling by two instructors during the eight-week course can also be of benefit in enhancing empathy skills. During the first week, students are given unconditional acceptance as they learn the new communication skills. The instructors present many patient simulations and interact empathically in a therapeutic manner. Students are allowed to observe and critique these interactions.

An added benefit of the course is the role modeling done by the psychiatric nurses and technicians in the three clinical sites. These professionals have all participated in a previous communication workshop