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Reviewing Tribunal cases and nurse behaviour: Putting empathy back into nurse education with Bloom's taxonomy

Kerrie Doyle *, Catherine Hungerford, Mary Cruickshank

Discipline of Nursing & Midwifery, Faculty of Health, University of Canberra, ACT 2601, Australia

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SUMMARY

Recent events in the UK and Australia have shown how poor patient outcomes are achieved when the behaviour of nurses lacks empathy. The UK's Francis Inquiry and the Keogh Report both call for an increase in the 'caring and compassion' of health care workers. A review of cases presented to the nurses' disciplinary tribunal in New South Wales' (Australia) also suggests that the majority of complaints against nurses in this jurisdiction is the result of callousness or lack of empathy. Such events reinforce the need for nurse educators to support nursing students to develop the affective attributes of caring and empathy. This paper considers how to raise the awareness of undergraduate students as a first step to developing empathy by using Bloom's Taxonomy of Educational Objectives; and includes a description of how to facilitate interactions with undergraduate nursing students about caring with empathy. Enculturating empathy is an evidence-based method of increasing compassionate care in health organisations generally.

Introduction

Nursing has been viewed traditionally as a 'caring' profession (Brown 2011), with the attitude and action of 'empathy' an important means by which this caring is expressed (Spry, 1989; Crumpei, & Dafinoiu, 2012). It is telling, then, that the Francis inquiry into the years of "appalling care" (Francis, 2013, p7) provided to patients in the Mid Staffordshire General Hospital NHS Trust, in the United Kingdom (UK), reveals a failure to "put the patient first in everything that is done" and called for "improved support for compassionate, caring and committed care" (Francis, 2013, p66). Also in the UK, the Keogh Mortality Review into the quality of care and treatment provided by 14 hospital trusts reports a limited understanding of the importance of "genuinely listening" (Keogh, 2013, p2) released by the Chief Nurse states that nurses must deliver high quality healthcare that includes the '6Cs': care, compassion, competence, communication, courage, and commitment, thereby recognising that practical care is an outcome, not only of skills and knowledge, but also the attitudes of nurses.

Likewise, in Australia, a review was undertaken as part of this study, of the complaints received by the Health Care Complaints Commission (HCCC) between 2009 and 2012. It was found that 63% of cases were directly related to nurses' unprofessional conduct, including but not limited to sexual abuse of client/s, forging prescriptions and registration, denying compassionate care, and/or ignoring and stigmatising patients. As a consequence of these behaviours, protective orders were given to the respondents, leaving them deregistered as nurses. Such scenarios raise the question of what has happened to the care and empathy that have been traditionally associated with nursing?.

This paper considers this question in light of a selection of complaints made to the nurses' disciplinary tribunal in New South Wales (Australia); and also Bloom's Taxonomy of Learning Objectives within education. Included is a discussion of the knowledge, skills and attitudes learned by undergraduate nurses as a means of discussing the important role of empathy in informing caring behaviours, and enabling nursing students to develop empathic attitudes and actions. While there is a strong correlation between high scores in empathy and clinical competence in nursing students, nurse educators continue to be challenged by the teaching of the affective domain of attitudes. The paper also offers suggestions for nurse educators who work with students to develop empathy and caring attitudes as part of their clinical practice; and calls for more research in this area.

Nursing practice standards in Australia

Traditionally, empathy has been recognised as an essential attribute of nurses (e.g. Kalisch, 1971; La Monica et al., 1987; Sutherland, 1993), and fundamental to quality care (Reynolds, Scott and Jessiman, 1999). In contemporary contexts, however, nurse educators tend to consider empathy to be a mostly behavioural attribute of individuals that involves an understanding of the experiences, concerns and perspectives of the patient or peer as another person (McKenna et al., 2011). This attribute is combined with a capacity to communicate this understanding: that is, empathy must be demonstrable or observable, to be experienced by the other (Barret-Lennard, 1981; Williams & Stickley, 2010).

* Corresponding author.
E-mail address: doyle@canberra.edu.au (K. Doyle).

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Consequently, it is by the behaviours of a nurse that others may determine the levels or lack of empathy in that nurse (Yu and Kirk's 2009).

At the same time, and with the advent of evidence-based practice and growth of clinical governance across health contexts (Bonell, 2001), a body of practice standards has been developed to guide, measure and assess the practice of nurses and nursing (Rafferty, 1996, p.24; NMBA, 2006). In Australia, the governing body that regulates these standards for nurses and midwives is the Nursing and Midwifery Board of Australia (NMBA).

(NMBA, 2006)– that is, they are "an integral component of the regulatory framework to assist nurses… to deliver safe and competent care" (NMBA, 2006, p. 5). Currently, four domains comprise these standards: professional practice, critical thinking and analysis; provision and coordination of care; and collaborative and therapeutic practice; with each domain comprising different aspects of practice and behaviour that must be demonstrated by every registered nurse in Australia (NMBA, 2006). The standards are regulated at national (NMBA), organisational (health service organisation) and also individual professional (e.g. the nurse and life-long learning) levels. It would seem, then, that maintain standards has become more important for nursing than being caring or empathic.

There are many examples, however, in the academic and also the grey literature, of nurses who do not meet the standards and so are referred to a statutory body. For instance, the Government of the Australian state of New South Wales (NSW) has established has the Health Care Complaints Commission (HCCC), a statutory body that reviews complaints against health professionals and makes recommendations to the individuals, organisations and also the Australian Health Practitioner Regulation Agency (APHRA) based on a full investigation of the complaints. The HCCC website details the cases of nurses who have practiced outside of the competencies published by the NMBA (http://www.hccc.nsw.gov.au) and have been sent before the Nursing and Midwifery Council of NSW, with a view to reporting back to APHRA. This Council manages notifications (complaints) about the conduct, performance or health of nursing and midwifery practitioners and students. Preliminary investigation then occurs to decide whether the nurse in question needs to be referred to the Nursing and Midwifery Tribunal of NSW ('the Tribunal').

Review of HCCC and Tribunal Cases: 2009–2012

More than one quarter of Australia's nurses work in NSW, which is one of eight states and territories that comprise the nation of Australia. For example, in 2012, there were 346,508 nurses (registered or enrolled) or midwives in Australia, and of these 26%, or 92,367 identified NSW as their primary place of employment (NMBoA, 2013). Between 2009 and 2012, an average of 23 cases per year was brought before the Tribunal to determine and/or mandate Protective Orders, excluding dismissed cases and appeals against previous decisions (see Table 1). Protective orders occur when the respondent's registration is cancelled, with or without time off the register, or if their conduct is such that removal of their names from the register of nurses is required to protect the public. While even one case of professional misconduct can leave victims, families, and also the profession of nursing devastated, the rate of professional misconduct in NSW is less than one in every 10,000 nurses, suggesting that the nurse who abuses the profession of nursing is not typical of all nurses.

Between 2009-2012, a total of 93 cases were brought before the Tribunal. These cases were coded into five categories: 1) Impairment of practitioner (including mental health issues, or addiction to drugs and alcohol); 2) skill deficit in practitioner (i.e. the nurse/midwife made a serious clinical error, often resulting in death of a client); 3) diverting drugs from the hospital setting (including stealing from schedule 8 drug cupboard); and 4) behaviours not consistent with good reputation of nursing (including professional boundary breaches such as acting above educational level, having sexually intimate relationships with mental health clients, sexual and physical abuse of clients and staff, forging registration documents, and denying care to patients, and/or being verbally abusive). A fifth category created was to capture overseas-trained nurses who were de-registered for poor clinical skills, including poor competence in the English language, which is the dominant language used in Australia.

The category with the highest number of cases (65/93, or 62% of all complaints) was the behavioural category (see Tables 2 & 3). While there were some particularly disturbing cases, such as stealing $33,000 from elderly patients (see for example, HCCC V HORWOOD [2009] NSWNMT 6; HCCC V BELKADI (No 2) [2012] NSWNMT 14); and physically and/or sexually assaulting a patient, usually in health settings with vulnerable populations such as mental health, or jail health settings (see for example, TAYLOR V HCCC [2009] NSWNMT 22; HCCC V ABAD [2009] NSWNMT 23; HCCC V TATE [2009] NSWNMT 29; HCCC V GONZALEZ (No 3) [2009] NSWNMT 28; HCCC V ADAMS [2011] NSWNMT 2; STRUIK V HCCC [2011] NSWNMT 7); other reasons for loss of registration were the lack of caring in the nurses' attitudes and behaviours. These cases included professional misconduct (HCCC V GATENBY [2011] NSWNMT 26) such as sleeping on night duty (HCCC V DEANO [2011] NSWNMT 27); witnessing abuse on a developmentally delayed client, but not stopping it (HCCC V GREGORIO (No 2) [2010] NSWNMT 23); forging time sheets (HCCC V SOHLER [2010] NSWNMT 18; HCCC V Yule [2010] NSWNMT 22); prescriptions (HCCC V MOORE [2010] NSWNMT 20); or nursing registration (HCCC V BALMECEDA [2010] NSWNMT 25); and disconnecting a patient's nurse call bell (HCCC V AXON [2010] NSWNMT 32). Each of these cases demonstrate the nurses' failing to meet the standards required by the NMBA. At the same time, many of these cases also demonstrate the nurses' lack of caring and empathy.

Table 1
Number of HCCC cases brought before the Tribunal 2009–2012 by gender.

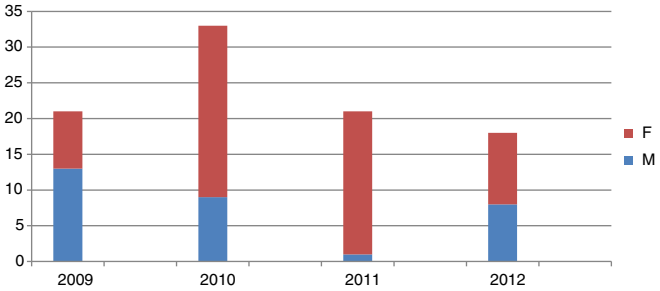
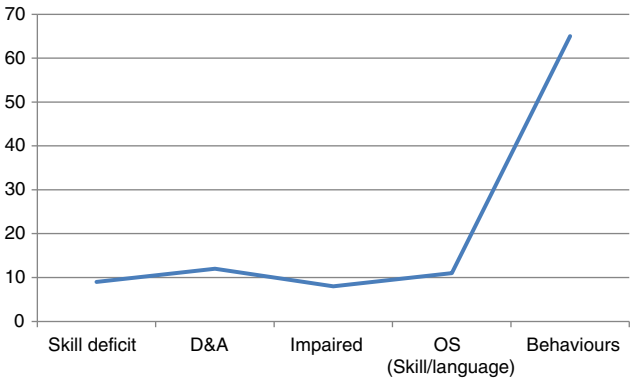


Table 2
Raw scores of cases in the five categories, 2009–2012.



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