



Clinical education

Influence of the type of patient in the emotional response of nurses and nursing students

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ABSTRACT

Nurses are playing a vital role in caring for patients. However, this can be very emotionally taxing. In two studies, professional nurses and nursing students from two different countries (Spain and United States) were compared on different measures—objective and self-perspective-taking, personal distress, and emotional impact—when facing different types of patients who suffered from the same illness: One terminally ill and one non-terminal. Results showed that the type of patient (terminal vs. non-terminal) only affected significantly the nursing students, who reported a higher self-perspective taking, personal distress, and emotional impact when the patient was terminal. Nursing students, compared to professional ones, seem to be more vulnerable to the type of patient they care for as they exhibited higher levels of negative emotional experience when the patient described was terminal. The significant implications are discussed.

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1. Introduction

One of the key roles of nurses is to provide care to patients. Providing care and support, however, can be highly stressful (Schulz et al., 1997), especially when providing end of life care (Edo-Gual et al., 2014). Dealing with others' suffering on a daily basis may undermine professional's and students' well-being and may lead to compassion fatigue (Figley, 1995). Compassion fatigue is defined as the reduced capacity of, or interest in, being empathic or bearing the suffering of others (Figley, 1995). Compassion fatigue is characterized as an extreme form of distress which is likely to affect nursing professionals' and students' well-being, job satisfaction, and willingness to remain in the nursing profession (Kalliath and Morris, 2002). It may also lead to clinical errors and poor treatment planning (Bride et al., 2007).

1.1. Emotional impact of providing care in nursing professionals and students

Previous research has shown that nursing students are more likely to experience compassion fatigue, distress, and its

consequences compared to professional nurses (e.g., Laschinger et al., 2009). Thus, nursing students might be more likely to suffer emotional exhaustion, especially in an unsupportive environment (Cho et al., 2006; Kanai-Pak et al., 2008).

Nursing professional and students are often engaged with the suffering of others. They often deal, likewise, with terminally-ill patients and death (e.g., Gray, 2009). Nursing students will likely encounter terminal patients for their first time during their placements, which is considered as one of their main stressors (e.g., Burnard et al., 2008). However, research has shown that dealing with death is not only difficult for nursing students but also for professionals (e.g., Mallory, 2003). Despite that, nursing professionals, compared to students, who have dealt with a dying patient, reported that their skills improved as a result of the experience (Huang et al., 2010).

Learning about palliative care is an important part of the basic training for health professionals (Ballesteros et al., 2014). In the USA it has been incorporated as part of the basic training (Dickinson, 2007); in Spain, in contrast, it is not a mandatory module in all nursing schools (Valles and García, 2013). Despite the fact that palliative care is part of the nursing curriculum, nursing students still encounter difficulties when dealing with death (Edo-Gual et al., 2014). For example, Kent et al. (2012) found that nursing students may exhibit ruminative thinking after being exposed to terminally ill patients. Furthermore, nursing students also prefer to minimize

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contact with terminally-ill patients in order to reduce its emotional impact (Mutto et al., 2010). Thus, it is important to study further nursing students' emotional responses when facing dying patients, to better understand the variables that may underlie such reactions as they can be targeted in palliative care training.

1.2. Perspective-taking and personal distress in nursing professionals and students

Why nursing professionals are not adversely affected when managing terminally-ill patients, whereas nursing students are? Psychological research has shown that when perceiving others in need people may experience two qualitatively different emotional reactions, with distinct behavioral consequences (Batson, 2011). First, a person may experience empathic concern, which entails care and concern for the other and it is related to providing help (Batson, 2011; Davis, 1996). Secondly, one may experience personal distress, which entails an aversive emotional reaction (e.g., anxiety), associated with avoidance and withdrawal from the situation (Davis, 1983; Decety and Lamm, 2006; Eisenberg and Eggum, 2009). Thus, nursing students, compared to nursing professionals, may experience higher personal distress when providing care, especially in cases which involved terminally-ill patients.

Feeling personal distress may be associated with the type of perspective-taking adopted. Perspective-taking refers to the process that determines how one individual comes to understand others' thoughts and feelings (see Hoffman, 2008). Within perspective-taking a further distinction has been made, separating *objective perspective* (i.e., remaining detached and not emotionally involved), and *self-perspective* (i.e., imagining one-self in the other's situation). These types of perspective taking strategies may have different emotional consequences, as objective perspective tends to minimize feelings of emotional distress, whereas self-perspective tends to produce high levels of personal distress (see Batson et al., 1997).

It is feasible, therefore, that nursing students will rely on self-perspective taking when dealing with patients, whereas nursing professionals will use an objective perspective taking approach. Previous research supports this idea, showing that professional nurses scored higher in objective perspective taking compared to students, and the latter reported higher levels of empathic concern and personal distress (López-Pérez et al., 2013). These results suggest that professional nurses "learn" to adopt a healthier perspective taking, whereas nursing students are likely to be emotionally drained. That being said, we have little data on whether the type of perspective taking and the emotional reaction differ between the two groups when exposed to terminally-ill vs. recovering patients.

Based on the review above, a number of hypotheses were developed. It was predicted that only nursing students would be affected by the type of patient confronted (terminal vs. non-terminal); that professional nurses would score higher on objective perspective taking, whereas nursing students would score higher on self-perspective taking; that nursing students facing a terminal patient would exhibit lower objective perspective taking and higher self-perspective taking; that professional nurses would exhibit lower personal distress compared to nursing students. Finally, it was expected that professional nurses would experience reduced emotional impact compared to the nursing students.

2. Method

2.1. Participants

Sixty participants took part in this study (30 nursing students and 30 professional nurses). Nursing students were aged between

18 and 45 years ($M = 21.15, SD = 5.19$), and all were in their first to fourth year of study ($M = 2.10, SD = 1.24$). Participants were recruited from two different nursing schools in Spain. Professional nurses were between 25 and 56 years of age ($M = 37.12, SD = 9.72$), with an average experience in the nursing field for 14 years (63% worked in the oncology department, 35% worked in the obstetrics department, and 2% worked in the cardiology department). They were recruited from two different hospitals in Spain.

2.2. Procedure

Prior to data collection ethical approval was obtained from the appropriate institutional review boards. Before testing, materials were assembled to ensure that the researchers conducting the study were blind to the experimental condition. Participants were informed about the purpose of the study and thereafter provided consent to take part in the study.

The main manipulation was the type of patient (terminal vs. non-terminal) presented. In both conditions (terminal vs. non-terminal) the same picture of a sick man in hospital was presented. Together with the picture, participants were given information about the condition of the sick man (terminal vs. non-terminal) (see, López-Pérez et al., 2013).

After reading either scenario, participants were asked to answer a range of questions. First, two questions were designed to evaluate the extent to which participants remained objective (i.e., "I tend to remain objective and not emotionally involved") and imagined themselves in the patient situation ("I tend to imagine myself in that situation"). Rating was provided on a 7-point Likert Scale ranging from 1 = Not at all, to 7 = Completely. After reading the story about the sick man, participants were asked the degree—on a 7-point Likert type scale ranging from 1 = Not at all, to 7 = Completely—to which they experience a number of emotions (sorrow, distressed, heavy hearted, alarmed, and anxious). Finally, participants answered two questions designed to measure the emotional impact they would experience if they were asked to look after a patient similar to the one described in the scenario ("If I had to look after a patient like James, my personal life would be affected" and "If I had to look after a patient like James I would feel distressed"). Upon finishing answering the questionnaires, participants were debriefed.

3. Results and discussion

3.1. Perspective taking strategies

We conducted a multivariate analysis for each perspective taking strategy. For objective perspective taking, there was a significant effect of role $F(1, 56) = 10.48, p = 0.002$, such that professional nurses reported higher ability to maintain an objective perspective ($M = 4.50$) compared to nursing students ($M = 3.43$). There were no significant effects for the type of patient or the interaction, $F_s(1, 56) < 0.65, p > 0.42$. For self-oriented perspective taking, there were significant effects for role and the interaction ($F(1, 56) = 20.00, p = 0.0001; F(1, 56) = 4.58, p = 0.037$, respectively). Nursing students ($M = 4.77$) reported higher self-oriented perspective taking compared to professional nurses ($M = 2.87$). Post-hoc analyses revealed a significant pattern 1 vs. 3, such that nursing students in the terminal condition reported higher self-oriented perspective taking ($M = 5.20$) compared to nursing students in the non-terminal patient condition, $t(56) = 3.90, p = 0.0001$ (see Table 1). We also tested for both, students and professional nurses, whether the academic year and years of experience (respectively) may predict the type of perspective taking adopted. Results showed that academic year did

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