



Issues for Debate

Introducing nursing practice to student nurses: How can we promote care compassion and empathy

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ABSTRACT

To the population nursing and caring are synonymous. Empathy and using therapeutic relationships are ways that nurses can utilise care and compassion in their practice. However health care delivery needs to be led by evidence and one way to ensure evidence-based care is delivered compassionately and with empathy is to utilise the principles of nursing therapeutics. Nursing therapeutics allows a nurse to understand how care should be delivered as well as why. This discussion paper explores the use of therapeutic relationship building, nursing therapeutics and compassionate nursing and how neophyte student nurses can be introduced into these concepts during their first practice exposure. Using clinical case-studies, role-play and reflective discussion, student nurses explore and re-evaluate assumptions, to appraise and consider their beliefs and their impulse to care. Educational dialogue encourages a connection with the patient, to the person and their humanity. The implementation of this approach is facilitated by the use of newly devised learning resources which have been formulated to frame the encounter and to enable the student to look at their interaction and develop their therapeutic approach.

1. Background - care, compassion and empathy as key components of nursing

The term nursing therapeutics has been coined to establish the connection between a nurse's actions and patient outcomes (Richardson et al., 2015). It links the development of nursing skills/attributes of caring, compassion and empathy with the integration of evidence-based practice (Richardson and Ovens, 2016). In an educational environment it can be applied when introducing student nurses to routine nursing interventions and encourages them to be mindful of their therapeutic presence when they are delivering nursing care. Underpinning this principle is the development of the nursing encounter and therapeutic relationships. A useful model to help introduce student nurses to therapeutic relationship building was developed by Muetzel (1988). In this model Muetzel identifies three concepts; Partnership, Intimacy and Reciprocity with the point at which these three concepts overlap becoming where the therapeutic relationship commences. This paper discusses the links between care, compassion, empathy and the therapeutic relationship, and how student nurses can be familiarised with these complex conceptual constructs when they are first introduced to nursing practice.

To the population in general nursing and caring are synonymous (Ousey and Johnson, 2007, p152), yet in recent times the caring activity of nurses in the UK has been found wanting and nursing has been

described to be in a state of chaos (DH, 2012; Francis, 2013; Keogh, 2013; Prince et al., 2015). In the UK, student nurses are required to spend 2300 hours in practice where they participate in care across a range of clinical services (NMC, 2010). At University the challenge for the nurse lecturer is to ensure that while the complexities of modern care are acknowledged, the student's instinct to care and their drive to nurse is supported and given value. One way to do this is to promote the importance of care, compassion and empathy alongside evidence based practice within the curriculum. University nursing programmes and nurse lecturers need therefore to endorse the importance of nursing therapeutics (Richardson et al., 2015) alongside competently delivered evidence based care.

The ability of the nurse to demonstrate empathy is known to be valued by patients and relatives (Attree, 2001). Additionally, in an exercise to inform curriculum development and to establish what makes a good nurse, Rush and Cook (2006) investigated the views of patients relatives and carers and reported that communication, especially listening, was strongly valued. Nursing education must therefore identify robust ways to help student nurses develop a style of communication that demonstrates an empathic attitude, enables them to develop a professional caring identity and prepares them to engage and communicate with the patient in a way that is therapeutic.

Empathy is a multifaceted phenomenon which is too complicated to review in a paper of this kind so instead via the work of Carl Rogers,

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Gerard Egan and Martin Buber, we have chosen to illustrate the positive elements of empathy and discuss some of the challenges that practitioners have to guard against when building relationships with patients and clients.

Carl Rogers (1974) and Gerard Egan (2014) are discussed widely in the literature on empathy, Rogers for his client centred approach, and Egan for his conceptualisation of the principles behind being a helper who is effective. Rogers utilised empathy throughout his works and it is clear that he saw it as vital to the development of the therapeutic relationship. Similarly, Egan's (2014) interest in empathy is directed towards communication and relationship building, and in this context empathy is regarded as being a 'skill' and a 'way of being'. Both are considered central to the process of forming a therapeutic relationship.

Although not normally associated with empathy Martin Buber wrote about relationships and how to understand each other, hence we believe that through this he is important to consider when discussing empathy. As a philosopher and theologian and in the field of education, Buber has been referred to as one of the greatest thinkers of the 20th Century (Morgan and Guilherme, 2012). He discussed humanity, reality and God and introduced two contrasting foundational concepts 'Ich – Du' and 'Ich – Es'. While there has been debate about the precise translation of 'Ich – Du' and 'Ich – Es', generally the meaning of each is understood as: 'Ich – Du' becomes 'I – Thou' and 'Ich – Es' is assumed as 'I – It'.

I-Thou represents a way of viewing people that identifies their specialness and the originality of each individual which inescapably shows a relationship to empathy. I-It is diametrically opposed to I-Thou and is thought to represent the objectification of others (Gordon, 2011). Some have suggested that individuals oscillate between building relationships using the two different perspectives (Shady and Larson, 2010, p83, Morgan and Guilherme, 2012 p982). Subsequently when looking at nursing interactions it would be appropriate to promote the 'I-Thou' version and if Buber's 'I-It' relationship form is preferred by a nurse there is a potential for the patient to become dehumanised and objectified (Hemingway et al., 2012). Therefore Buber's argument has utility, as it can serve to help us to consider our 'personal dialogue' and consequently during the patient encounter, our therapeutic intent.

Philosophically Buber, Rogers' and Egan's work resonates with nursing however it is important to learn from them to ensure that only the suitable elements are appropriated. During his lifetime Rogers had concerns that his work and ideas on empathy could be deconstructed into a set of objectives thus devaluing and diluting the centrality of empathy as a philosophical standpoint. He found that some practitioners reduced his active listening to a technique and reinvented it to a set of behaviours, crude caricatures and clichés (Herdman, 2004). Teaching and learning about empathy therefore needs to account for this risk. Because of his fear that empathy could be misinterpreted Rogers (1974) returned to it to iron out its therapeutic meaning and to re-examine and re-evaluate the power of an empathic way of being. As nurse educationalists we must promote Rogers' initial ideas of empathy and promote Buber's I-Thou communication style in curricula to mitigate the potential to use hollow expressions or slick sound bites instead of true empathy.

According to Buber utilising the I-Thou perspective means recognising the other, forming partnerships, establishing mutuality, and developing reciprocal relationships characterised by solidarity and genuine fellowship (Shady and Larson, 2010 p84). These concepts are similar to those described by Muetzel's (1988) model for the development of therapeutic relationships which identifies three overlapping elements she called partnership, intimacy and reciprocity. Muetzel's model could therefore be a vehicle to apply Buber's approach into nursing education.

Previously approaches using humanism and holism and therefore care, compassion and empathy were embedded within models of nursing (Roper et al., 1996; Peplau, 1988; Neuman, 1995; Orem, 1991; Wimpenny, 2002). Central to these models was the belief that they

provided a valuable framework to guide nursing philosophy and activity. Furthermore because of their approach, they were also thought to bridge the gap between education and clinical practice (McCrae, 2012). Yet, despite their popularity, due to a range of factors e.g. poor implementation, nebulous jargon and insufficient research, these models were eventually considered flawed (Murphy et al., 2010). Subsequently new ways to introduce humanistic principles alongside the core elements of nursing, care, compassion and empathy need to be found to replace them.

Introducing nursing therapeutics into a curriculum allows the lecturer and student; to look at practice based issues by exploring the instinct to nurse, the impetus to care, and the drive to be compassionate. This could embed within the learner a professional presence and an appreciation and understanding of kindness to inform their professional identity as a registrant nurse (Ballatt and Campling, 2013). Integrating Muetzel (1988) with Rogers, Egan and Buber's theories into educational delivery could help to encourage the student nurse to give thought to their therapeutic presence and act as a catalyst to encourage deeper learning and ultimately create a caring, compassionate and empathetic professional character. The following sections outline how this might be achieved and describe how we have chosen to introduce it into our educational practice.

2. Introduction of student nurses to practice

One way to incorporate all of the above into the curriculum is to analyse the encounter with the patient and the therapeutic actions taken by the student nurse. Therefore student nurses should be encouraged to reflect upon practice by looking to the principles of what it is to be a professional nurse and to build on this knowledge. Using a 'scaffolding' pedagogical approach (Rieber and Robinson, 2004) the aim is for the student to revisit their encounters with patients/clients and other professionals to process experiences, evaluate assumptions and appraise beliefs. This could be achieved by examining the role of care, compassion and empathy within the encounter and will enable them to build on their core communication skills (Attree, 2001; Bramhall, 2014; Griffiths et al., 2012).

Student nurse learners in the UK are exposed to the front line of care, the realities and complexities of health/ill-health and the myriad of services and professional groups. The core educational principles should be to promote the value of compassion, recognising the humanity of the patient and developing the learners understanding of the role of the nurse as part of the multidisciplinary team in care delivery. However it is not easy for a student nurse to process the important components due to the intensity, complexity and overwhelming nature of the work that nurses undertake. Nursing therapeutics which makes the link between building the therapeutic relationship and evidence-based practice (Richardson et al., 2015; Richardson and Ovens, 2016) is an important pedagogical marker to instil care, compassion and empathy however the student nurse also needs assistance early in their practice exposure to enable them to crystallise their use of the I-Thou and seeing the humanity of their patient/client.

The student's first practice experience should be an opportunity to acquire, and apply basic therapeutic skills to practice nursing and in so doing support the acquisition of the practice-based competencies. Additionally the first practice exposure could be a vehicle to contribute towards the formulation of a graduate identity: an individual who is recognisable to other professionals, the public and future employers as a graduate nurse. One way to do this would be to ring fence university days to collaboratively reflect on the exposure to nursing and their experience of caring and the use of compassion in order to develop their professional nursing presence and nursing identity.

3. Implementation

Utilising a mix of educational approaches the lecturer and student

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