

The ebl concept essay nursing essay



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The purpose of this essay is to elaborate on the Enquiry Based Learning presentation and discuss in depth the given concept. The concept given to my group is 'empathy' to support this concept relevant literature will be used along with example experienced during my clinical placement. To maintain patients' confidentiality pseudonym name will be used in the example. This is in line with the Nursing and Midwifery council code of conduct guideline (2010), which states that the people in our care have every right for their privacy and confidentiality. The EBL process will be reflected upon with supporting literatures and critically discussed using Gibbs (1988) model of reflection followed by a conclusion.

Critical discussion

Empathy is widely accepted as a basic component of all helpful relationships, including relationships in nursing practice (Williams & Stickley, 2010). Walker & Alligood (2001), criticised empathy in nursing as a concept borrowed from the Carl Rogers field of counselling psychology. Despite all these criticisms, it suggests that empathy will continue to be a fundamental concept in the nursing practice.

According to Carl Rogers (1980) as cited by Vincent (2005), empathy can be describe as entering the private perceptual world of another person and becoming completely at home in it, being sensitive, moment by moment, to the changing felt meanings which flows in this other person, to the fear or whatever the person is experiencing. More specifically empathy forms part of the Carl Rogers ' core conditions' along with genuiness and positive regard that are vital for the formation of relationships in counselling. According to

Rogers (1980) as cited by Vincent (2005), being empathic is a complex, demanding and strong yet also a subtle and gentle- way of being.

This is in contrast with the interpretation of empathy nursing literature. In nursing literature, empathy seems to be valued as a concept to be used alone rather than within a relationship that contains all the core conditions as used in counselling literature. In the nurse patient relationships, empathy is theorised as having therapeutic value and, as such, is promoted to nurses as being desirable (McCabe, 2004). Empathy within the nursing relationship is defined as the ability to understand the patient's situation, perspective and feelings, and to communicate that understanding to the patient (Coulehan et al. 2000 cited by Mercer and Reynolds, 2002). This definition emphasises that empathy is a way of perceiving, as well as a way of communicating. It has shifted the emphasis from a personality trait that individual possess to a form of interaction.

This definition of empathy would also appear to be congruent with the cognitive and behavioural components of empathy alluded to by Morse et al. (1992). Following an extensive review of the literature, Morse et al. summarised the components of empathy under four key areas: moral, emotive, cognitive and behavioural. The moral element shows an internal altruistic force that motivates the practice of empathy, the emotive element shows the ability to subjectively experience and share in another's psychological state, the cognitive element show the intellectual ability to identify and understand another person's feelings and perspective and the behavioural element shows the communicative response to convey understanding of another's perspective. This shows that clinical empathy can

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be seen as a form of professional skills rather than personal characteristic (Mercer and Reynolds, 2002).

Similarly, Rogers (1975) as cited by Vincent (2005) who tended to view empathy as an attitude highlighted the communicative part of the construct. This suggests that when attitudes and understanding are shown to the patient, empathy is skilled behaviour. Also Zoske et al. (1983) views empathy as an interpersonal skills, rather than being an instinctive quality possessed by individuals. In addition, Yu and Kirk (2008) also suggest that empathy can be taught as a skill and developed with practice and experience. In this context empathy is not only a “ way of being” with another as stated by (Rogers, 1975) but it also communicates to the patients the professional’s understanding of their world so that this perception can be validated by the patient. In effect, both are necessary and one without the other is rather hollow.

Despite the differences between counselling and the nursing practice, what the empathy outcome research have shown is that even if nothing else happens with a patient, being exposed to an empathetic person who can accurately communicate that empathy can have a healing outcome on the patient health (Williams & Stickley, 2010). Therefore, empathy can be a vital component of any nursing plan of care. For example, La Monica et al. (1987) explored the effect of nurses’ empathy on the anxiety, depression, hostility and satisfaction with care of clients with cancer. They found less anxiety, depression and hostility in clients being cared for by nurses exhibiting high empathy. Reynolds (2000), says to achieve above outcomes is dependent on the ability of the nurses to offer high levels of empathy to their patients. In <https://assignbuster.com/the-ebl-concept-essay-nursing-essay/>

addition Moore (2006) suggests that the connection between the patient and practitioner that facilitate a positive influence in treatment is empathy.

According to Tschudin (1995), some people communicate their understanding of empathy through action, others might use words, and still others might use both to communicate empathy to the patient. For instance, a nurse can explain medical diagnosis and results to the patient in lay terms so that the patient can understand and feel in control of the situation.

Researchers' agreed on the positive role empathy plays in interpersonal relationships when providing health care. However, Hills & Knowles (1983) reported that nurses do not show empathy by actually blocking client's expressions by changing the subject. It could be argued that nurses lack the skill to communicate empathy with their patient. Although, William (1992) said hospital systems seem conducive to flattening the humanity of its employees. Also Wong (2004), have questioned the importance of seeking to develop empathetic nurse patient relationship within busy acute healthcare settings. This suggests it might be difficult to develop an empathetic relationship in this setting. However, Yu and Kirk (2008) asserted that empathy can be taught as a skill and developed with practice and experience.

Clinical placement example

This example was when I had the opportunity to experience working as a student on a breast unit. The patient that are seen in this unit are those with breast cancer and those with family history of breast cancer. Joan came to the hospital for an appointment following her GP referral due to a painful

lump on her breast. Joan's both family have a history cancer, her mother died fourteen months before the day of her appointment and she lost her mother's younger sister 3 years ago to cancer also the father's side have a history of bowel of cancer.

I was chaperon the doctor whom Joan came to see and my mentor asked me to follow her up throughout her treatment. She has not seen the doctor before, but was so kind to her and understands how devastated Joan was. The doctor did physical examination on her breast and discovered the lump; he said it could be benign or cancerous. She realised that this was the same thing the doctor told her mother the first day she was diagnose. All the feelings of anxiety and distress came to her. The doctor requested her to for Scan and mammogram same day and come back to see him.

Joan went to the nurse that book patients for investigations and the nurse quickly said sit down and continue looking at the computer screen. Joan sat in the chair facing the nurse, who still did not look up to see the anxiety on this patient. After sometime, she told Joan I will be with you in a minute; Joan sat still, waiting, but feeling apprehensive more and more. It became worse for the fact that she want to go for these investigations because she is having that gut feeling it could be cancer. I could see her anxiety levels rising and considering that she has history of panic attacks and depression. And hope she really she could hold it all together at that moment.

The nurse been on her own and seems to have a lot of paper work to complete and feels that the paperwork got in the way of her relationship with patients at times. The nurse told Joan I need to ask some quick questions

about her health and family history with a frown face. The nurse started with family history without still looking up to her patient and asked about her parents' history. Joan said her father is alright and was silence when asked about her mother. The nurse looked up and was surprised to Joan crying and the anxiety on her face. Before the nurse realise what is happening Joan had run out from the room, saying she could not stay any longer. The nurse had no idea of what had just happened or why Joan was dismayed and felt that she must have done something to hurt her, but could not understand what she did to Joan.

Discussion

Judging from the above example, it is clear that the nurse was not able to form an empathetic relationship and unable to deliver empathetic care. Is not as if the nurse does not want to deliver an empathic care, but she was so preoccupied and focused on the paper work and also considering the fact she is the only one at that moment. The nurse did not communicate to the Joan as she should and did not even look up to see the anxiety on Joan's face. According to La Monica et al. (1987) explored the effect of nurses' empathy on the anxiety. They found out that patient exhibit less anxiety, depression being cared for by nurses exhibiting empathy.

As stated by Moore (2000) cited by Chambers and Ryder (2006), if the clinician is in a bad mood, this may put the client in a bad mood as well; basically, it is like looking into a mirror. In Joan's case, it was not the fact that the nurse was necessarily in a bad mood that was the issue. However, the nurse frowning during the short time they had together, which could have been seen as her being in awful mood. Joan so felt that she was not

interested in her, and possibly that she was causing a problem by just being around. In addition, Reynolds (2000) raised a concern that low level of empathy in professional relationships can make the recipients of help may not perceive that their situation is understood. As nurses, we need to be aware that if seem unconcerned or stressed it will have a negative impact on the relationship with patients.

Cowdell (2010) refers empathy as “ feeling into” another’s world to comprehend that person’s world experience. The nurse was not able to form a relationship with Joan, and was totally unable to sense her anxiety and distress. Furthermore, McCabe and Timmins (2006) say that if nurses fail to empathise with their patients then they cannot help them to understand effectively as individual with their illness. In other words, it was certainly the case in the lack of effective interaction between the nurse and Joan.

In addition, Vincent (2005) says that nurses find it more difficult to sustain empathy if they are extremely tired or distracted. As already stated it could be because the nurse was the only one attending to the patients’. This could hinder her ability to perceive and reason as well as to communicate understanding of Joan’s feelings.

Reflection

According to Johns (2005), reflection is a fusion of sensing, perceiving, intuiting and thinking related to a specific experience in order to develop insights into self and practice. Reflection promotes actions that transform individuals practice so they resolve contradictions, to build on their strengths. According to Sully and Dallas (2010), reflection also allows for the

structured exploration of the knowledge, skills, attitudes and perceptions - tacit and overt- that underpin professional practice. Gibbs (1988) reflective cycle will be used as indicated in my introduction. It was used because the reflective cycle encouraged me to think systematically about the phases of the EBL process.

Description; my group subgroup was the video group and everyone was allocated a role play. My role was to act as the ward sister who showed no empathy to her junior staff who came to ask her for information regarding the patient she is looking after.

Feeling; The EBL process gave me the opportunity to know what it feels like to be the nurse in charge where you have to use your management skills effectively. Also a nurse in charge not shown empathy could send wrong message to the junior staff. I think the whole process promotes my personal research skills and made me become more familiar with the various resources at my disposal, such as databases and e-journals.

Evaluation; During the EBL process my sub-group were very supportive to each other, listen to other people's opinion and communicated with other as professionals. As stated by Sully and Dallas (2010), that through effective communications, information sharing and partnership nurses can deliver excellent care. We were able to achieve our aim through effective communication between the team. The EBL experience becomes one of interchange where we shared our opinions, research and experience in order to achieve an end result.

However, we faced some challenges with fixing the time and getting the right venues for the recording, sometimes we have to travel the main campus even when we do not have lectures over there. On the first day our equipment disappointed us, but we stayed positive and rearranged time. We had criticisms of ideas but we accepted it and created room for improvement. For example I did not support the video from YouTube by Hepburn and Astaire that was included in the presentation. Cottrell (2008) says that, if you disagree with another person's idea in a positive way and suggest ways forward for improvement rather than criticising.

Analysis; the EBL process gave the group the opportunity to improve their wide range of skills: knowledge creation; presentation; creative skills; problem-solving skills and team-working. The EBL made us gain extra perspective and point of view about the given concept, which otherwise we might not have considered. It has been shown in Cottrell (2008), group working create the opportunity to tap into a wider pool of experience, background knowledge and styles of work.

Conclusions; looking back at the EBL presentation, we should have explained the video we used. Also recognise that I need to develop the confidence to challenge ideas that I do not agree to, as well as how it could be improved. I could have used other strategies to get my point across to the group.

Action plan; In future, I will aim to develop my assertive skills when working in a group, in order to ensure that we are awarded great marks. I will make this a goal for my learning, and work out strategies for how I can achieve this

in future. As suggested by Sully and Dallas (2010) that using assertive skills is an essential component of working in a proficient manner.

Conclusion

In conclusion, empathy whether borrowed from the counselling literature or derived from nursing practice (Walker & Alligood 2001), empathy is widely considered as a crucial component of multiple helping professions, including nursing practice. How empathy is portrayed in nursing literature seems different from its portrayal within counselling literature. The concept of empathy in nursing literature is separated from the core conditions of congruence and unconditional positive regards, so therefore it is presented as tool. As stated by Yu and Kirk (2008), empathy can be taught to healthcare professionals and also be taught how to improve their level of empathy through experience rather than formal instructions.

Empathy is crucial to a non-defensive relationship and can facilitate satisfactory and productive outcomes for patients. Lack of empathy could mean that patient who needs to be understood, may not be understood, or feel understood. Lack of empathy in nursing could prolong healing process in a patient.

In addition, the EBL process played an important role in promoting the group interaction, we shared opinions and experience. All this suggest that, empathy is a vital part of caring in nursing practice and especially critical to the provision of quality nursing care. Thus can be effectively taught to student and experienced nurses.

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