

# Empathy in nursing



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In nursing profession empathy is considered to be one of the most significant characteristics of therapeutic relationship and play a vital role in controlling human behavior. Accurate empathic perceptions on the part of the nurse assist the patient to identify feelings which will be suppressed or denied. Whereas understanding the client's thoughts and feelings, the nurse is able to maintain easy objectivity to permit the client to realize problem resolution with minimum support.

But now our day we only concentrate on medical management to enhance patient's health and rare attention has been paid to patient psychological health, patients are treated as objects and with less empathy. (Coatsworth Puspoky, 2004) outlined the results of the event of a relationship in absence of empathy. In their study they had shown that nurses withdraw to recognize the client as an individual who has a health problem. The client's experienced feelings of rejection led to anxiety, disappointment and guilt about being sick or mentally ill.

The clinical encounter has rightly attracted attention, particularly in the primary care setting where the vast majority of consultations take place. Progressively, attention is being paid to patients' views on care and to developing a more patient targeted approach. (S. W. Mercer and W. J. Reynolds, 2002)

Moreover, there is no specific laboratory test for diagnosing mental health disorders, Communication and MSE are the only diagnostic tools. Empathy is one of the most important parts of communication which lays the foundation of Nurse-Patient Relationship. In Karwan-e-Hayat, it has been observed that

patients were treated with less empathy. Patients were referred as mad; this tagging is also common in our society. It has been observed that empathy demonstrated by nursing student had brought positive changes in patient's behavior.

54 year old female with complain of auditory hallucinations, obsessions and suspiciousness admitted to Karwan-e-Hayat with the diagnosis of Schizophrenia . According to the subjective data recorded at Karwan-e-Hayat, she is a smoker and is non-complaint towards medications. On observation, patient looked neat and clean having flat gaze. She was frequently found alone in her room and was mostly ignored by the staff because she is very talkative and demonstrates tangentiality in her thought process. Instead of considering it as the sign of for her disease process, staff treated her with less empathy and respect. At Karwan-e-Hayat a nursing student understood patient's condition empathically and treated her therapeutically with empathy which had brought great improvements in patient's behavior i. e. patient feel this change that she came out of loneliness and participated in activities which student nurse had brought.

According to Literature shackelford (1985) developed abstract model of empathic nursing. This model is based on four-phase process which composed of identification, introjections, intervention and evaluation. (E. M. Varcarolis, 1994).

Phase I: Identification: in this phase nurse use cognitive skills to evaluate what is happening with the client. This included four main client-oriented categories.

Appearance-physical state: The nurses assess client general appearance and physical status.

Behavioral-emotional state: The nurses assess client behavior and emotional status s expressed in verbal and nonverbal message.

Physical-emotional state: The nurses assess client physical status and expressed emotional status.

Behavioral-physical-emotional state: The nurses assess client behavior and physical and emotional status.

Phase II: Introjections: in this phase nurse internalized the information and deal emotionally with the client's experience. It is indicated by nurse's expressions of her feeling in relation to client's experience.

Phase III: Intervention: this intervention occurs when the nurse takes action and intervenes as a result of information obtained from cognitive phase (identification) and emotional understanding that experience (introjections). Most common intervention arises from this cognitive and affective processes are

Restorative: the nurse satisfies a client's need and restores or attempts to restore the client to a new physical state, emotional or both.

Consolatory: the nurse seeks to provide comfort. Physical or verbal actions are instituted to bring comfort, peace and consolation to clients.

Sustentive: nurse supports the client and emotional support is provided through encouragement and instillation if hope.

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Validative: nurse acknowledges verbally or non-verbally the clients emotional state or experience.

Explorative: the nurse seeks to obtain more information from client by direct verbal inquiry.

Phase IV: Evaluation: it evolves continuous assessment of the client's response to nursing intervention. And the most common response from client based on the previously cited intervention is

Metamorphic: verbal and non -verbal message indicates a change in client's physical, emotional and mental status.

Gratuitous: verbal and non-verbal expression of gratitude or pleasure.

Compliant: the client agrees verbally and non-verbally or behaviorally to a nursing intervention.

Protective: the client expresses a caretaking feeling for the nurse.

According to nursing research has established a connection between nurse-expressed empathy and positive patient outcomes: (Olson, 1995) Nurse expressed empathy as the skill of understanding what a patient is saying and feeling and communicating this understanding verbally to a patient.

According to (Mansfield, 1973), Patient perceived empathy is a patient's feelings of being understood and accepted. One nursing study identifies that verbal and non verbal behaviors sent high levels of empathy to patients. (D. Kunyk and J. K. Olson, 2001)

Several studies in psychopathology have connected empathy and the therapeutic relationship to improved outcomes from each psychological and medicine interventions. An empathic relationship seems to be more necessary to the clinical outcome of psychotherapy than the sort of therapy itself. Even in cognitive behavioral therapy an extremely technical and brief variety of psychotherapy the importance of therapist empathy in recovery from depression has been demonstrated. In recent times, proof has steadily accumulated in support of the utility of empathy in clinical nursing. For example, a study of the effect of nurses' empathy on anxiety, depression, hostility, and satisfaction of patients with cancer showed vast reductions in anxiety, depression, and hostility inpatients being cared for by nurses exhibiting high levels of empathy (S . W. Mercer and W. J Reynolds, 2001)

The importance of empathy within the therapeutic relationship is said to the aims of such relationships. No matter the context of the therapeutic relationship, there seems to be a center of common aims or purposes. These include:

1. Initiating supportive, interpersonal communication in order to understand the perceptions and needs of the patient.
2. Authorize the patient to learn or cope more efficiently with his or her surroundings
3. Reduction of the client's problems

There are some strategies to promote mental health of the client by increase empathy in clinical practice by emphasized in understanding of the clients'

situation and Different techniques or methodologies should be utilized to promote and maintain empathy among health care professionals and the culture of medicine should be such where empathy should not be undervalued and under-taught. Empathy should be focus while teaching students.

In conclusion Empathy is considered a basic component of all helpful relationships. According to model of empathic nursing it is based on four-phase process which composed of identification, introjections, intervention and evaluation. Recent researches and study in various areas of nursing care have shown that empathy plays a key role in building trust relationship between a nurse and a patient. Once this trust relationship is built, patients allow a nurse to enter into their world and understand their feelings and thoughts and there are some strategies to promote mental health of the client.