

# Is there a sustainable way to care?

When caring for patients in end of life care, what is the role of empathy?

## Introduction

Nursing is both physically and emotionally demanding.

End of life care nurses are in continued contact with pain, trauma, illness, or death of patients they or their team members are working alongside (Bradham, 2008).

To empathise with those emotions on a daily basis can be very exhausting. There is potential for healthcare professionals not to be fully present when working with patients and their families to prevent deterioration of their own health and wellbeing.

## Literature review

The literature identified several positive and negative implications to the way in which empathy and the type is utilised in end of life care.

### Positive factors include:

- Setting emotional empathy aside and applying a combination of cognitive, clinical and compassionate empathy; nurses better able to enhance patients and family care and satisfaction.

- Results in greater treatment adherence

- Less complaints made

(Riess, Kelley, Bailey, Dunn, & Phillips, 2012).

- Fewer miscommunications with family

### Negative factors:

- Emotional empathy: feelings of patient transferred to the nurse

- Emotional empathy may result in emotional burnout

- Misunderstandings leading to complaints

For nurses to be effectively empathetic, it is important verbal and physical language that builds empathy is utilised. By using both cognitive, and compassionate empathy, patients and families see that the nurse has the desire to remove or alleviate cause of distress, pain or discomfort (Stepien & Baernstein, 2006).

## References

Bradham, K. M. (2008). *Empathy and burnout in nurses* (Order No. 3334413). Available from ProQuest Nursing & Allied Health Source. (304829043). Retrieved from <http://search.proquest.com/op.idm.oclc.org/docview/304829043?accountid=39660>

Image online- no author Holding hands with a loved one [Photograph]. (2014) Retrieved May 15, 2016, from <http://www.asbestos.com/blog/2014/02/13/mesothelioma-support-group-palliative-hospice/>

Image online - no author Nurse with patient [Photograph]. (2006). Retrieved May 15, 2016, from <http://online.notredamecollege.edu/nursing/trends-to-watch-in-nursing/>



Nurse with patient (2006). Retrieved May 15, 2016, from <http://online.notredamecollege.edu/nursing/trends-to-watch-in-nursing/>

## Implications for practice

Without empathy, nurses may cognitively perceive a patient's anxiety and communicate this by saying "I see you are anxious," yet their statement may appear indifferent and fall flat. However, if the desire to empathize with their patient or patients family members is added, facial expressions and tone of voice changes because they are more perceptively engaged, imagining what the anxiety might feel like for their patient. Patient feels more understood, not merely labelled.

## Recommendations

Self-compassion and emotional intelligence characteristics should be developed and encouraged by other healthcare professionals.

Continuous effort for one to understand their own emotions and ability to separate them.

A suggestion for future research would be to include representatives from differing end of life care facilities and interview individual experiences.

## Conclusion

Nurses are to be aware of their own emotions and when to set them aside. Nurses need to be able to portray understanding to both patients and family members. Clinical flexibility is necessary to work between clinical, cognitive and compassionate empathy, moving away from emotional empathy. This prevents burnout so nurses in end of life care can perform their duty effectively with the respect and understanding that all patients deserve.

Riess, H., Kelley, J. M., Bailey, R. W., Dunn, E. J., & Phillips, M. (2012). Empathy Training for Resident Physicians: A Randomized Controlled Trial of a Neuroscience-Informed Curriculum. *Journal of General Internal Medicine*, 27(10), 1280-1286. doi:10.1007/s11606-012-2063-z

Stepien, K. A., & Baernstein, A. (2006). Educating for empathy. *J Gen Intern Med Journal of General Internal Medicine*, 21(5), 524-530. Monique Waldron



**Rationale**

I chose to use the poster format to express the evidence in regard to my PECOT clinical question of “When caring for patients in end of life care, does the role of empathy outweigh sympathy?”

However for the purposes of this assignment I have rephrased my clinical question, due to limited sources of evidence available contrasting empathy and sympathy in end of life care. Therefore for the purposes of this assignment I rephrased my clinical question to “When caring for patients in end of life care, what is the role of empathy?”

Because vision is the first point of contact, a poster is an ideal form to present this clinical issue. A poster is an effective form of academic publication and knowledge transfer as it is designed to give a visual representation of an issue (Rowe & Ilic, 2009). A poster has the ability to attract viewers’ attention and allows for them to take in the information at their own pace, while giving them a simplified overview of the topic.

For a person interested in this topic, this is an eye-catching way to gain attention long enough to look further into this topic and I hope for it to provoke deeper discussion.

Poster presentations are often used to display information and used in clinical education (Maiocco, 2002). Through creating this poster I feel I have gained a greater understanding of effective ways to convey information to larger groups of people. This is beneficial learning for me as looking toward the future and the possibilities of working in a manager or role as an educator, these are important skills to obtain and seek to improve upon.

<b><u>PECOT category</u></b>	<b><u>Information relating to question</u></b>	<b><u>Explanation</u></b>
<b><u>P</u>opulation</b>	Nurses caring for patients in end of life care: patient in care and immediate family members.	Patient may be unresponsive, family members need to trust in nursing staff to make decisions and be involved in care where appropriate.
<b><u>E</u>nvironment</b>	Patients in end of life care	I will be looking for articles and literature that portray significance of empathetic care in contrast to detached sympathetic care
<b><u>C</u>omparison</b>	Empathy in comparison to sympathy	Both words are often used interchangeably; however, this literature review will focus on empathy and the significance of empathy when working with patients in end of life care. Empathy is more personal, as sympathy is more impersonal. Empathy is more therapeutic, whereas sympathy is more practical.
<b><u>O</u>utcome</b>	Nurse ability to relate to patient or family members. Improvement in communication resulting in partnership based care	By incorporating empathy into their care, nurses are more able to work alongside the patient and or family in a holistic way. By showing empathy, the nurse is more aware and attuned with the patient’s responses and needs.
<b><u>T</u>ime</b>	Time or personal stressors as a potential barrier or restraint	When working utilising empathy, nurses may feel pressed for time due to demand from their patient load. Having a time restraint may disrupt their level of empathy, this may result in their empathy not being genuine, and they may feel glorified sympathy toward patient or their family.

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