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Teaching Nursing Students Empathic Communication: A Mandate from the Code of Ethics for Nursing

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Abstract

Empathy is the foundation of understanding patient's needs, concerns and emotions, and is fundamental to nursing practice. Empathy is the attribute that gives the nurse the ability to truly understand another person. Do nursing educators, students, and patients acknowledge the value of empathic communication? Two key questions emerge which are centered in a critical care scenario regarding a patient and his family. These questions explore whether nursing educators view their teaching role as inclusive of empathic communication with patients from both an ethical perspective as well as consideration of accreditation. Also identified is the saliency of the ANA (American Nurses Association) Code of Ethics for Nurses and the ICN (International Council of Nurses) Code of Ethics for Nurses in addressing the realm of empathic communication. Nursing faculty must be cognizant of any aspect of nursing education that compromises their ethical responsibility. The inclusion of teaching empathic communication to nursing students and ensuring their competency is vital to all the patients and family encountered along their professional journey.

**Teaching Nursing Students Empathic Communication: A Mandate from the Code of Ethics
for Nursing
Case Study**

Mr. B struggled for his life in ICU Bed 229 in the early morning hours of a busy shift at Central General Hospital. His family had been emotionally drained from a conference previously requested by the Nursing and Physician care teams to discuss the family's wishes as to whether or not to discontinue life support measures. In short, medically there was nothing left to do other than to continue life for him with IV drugs carefully regulated to maintain blood pressure, artificial airways and ventilator support to provide vital oxygen to his deteriorating aged body tissues, and a stiff feeding tube curled through his crusted nose to ensure nutritional support. Tubes were connected to every orifice, and monitors beeped, pulsated and alarmed frequently as he was seemingly nearing his final chapter in life. Family had been counseled by the physicians and nurses that he could exist in this state an indefinite length of time. Bobby, the eldest son, conferred with the other family members present as to what decision they wished to make regarding the possibility of stopping all resuscitative measures. The verdict was finally reached after the family and nursing staff had shed many emotional tears. The family spokesman rendered the answer, "Do everything you can," as the primary nurse, Brenda, charted the words "Full Code" in red letters on the front of the chart.

Suzy, a senior nursing student, came to Brenda with a bounce and a smile and exclaimed that she was going to lunch soon with her peers, because she was trying her best to avoid talking with the renal failure patient in Room 229's family. Brenda queried Suzy as to why she was uncomfortable with this situation. Suzy explained that she preferred to do "real nursing" on patients and she had already mastered titrating vasopressor drugs, as well as managing the ventilator.

Brenda encouraged the student to go to lunch immediately, largely due to herself feeling heartsick. While the student had clearly demonstrated superb cognitive and technical skills that day, Suzy had failed in what was the most critical element in this situation. This student had failed miserably in demonstrating empathy and communicating effectively with the patient and family. This scenario certainly contained components of utilizing high technical and cognitive abilities to titrate life-saving drugs, while managing blood pressure and surveying and interpreting endless laboratory results. The student, however, never addressed the other side of the clinical picture, which dealt with the impact of the family's journey of making decisions that could never be reversed in respecting and impacting their father's final days and wishes.

Sadly, this situation is not entirely unique to seasoned nursing professionals or educators. There is sufficient evidence to suggest that students are seemingly prepared to function in clinical settings on a technical and cognitive level, but severely lack an equally vital skill base in the realm of empathic communication. The student that recognizes, appreciates, and captures the magnitude of the impact his or her management of patient-nurse communication is well poised to enter their chosen profession. However, students are often not taught or are unaware of the level of damage, destruction, and sorrow left in their wakes because they do not possess a high degree of empathic communication skills.

Do nursing educators, students, and patients acknowledge the value of empathic communication? Two key questions emerge from this scenario regarding Mr. B and his family.

Question 1: As nursing educators, do faculty view their role as educating nursing students to include empathic communication with patients from an ethical perspective as well as consideration of accreditation?

Empathy is the foundation of understanding patient's needs, concerns and emotions, and is fundamental to nursing practice. Empathy is the attribute that gives the nurse the ability to truly understand another person. There are many researchers that posit that empathy is the single-most important ingredient in the helping relationship (Kunyk and Olson, 2001; Lauder et al, 2002; Thorne et al, 2005; Freshwater and Stickley, 2003). Lauder, Reynolds, Smith, and Sharkey (2002) describe the presence and developing of therapeutic relationship as the cornerstone of nursing practice that improves the patient's wellbeing. It is through this understanding that the nurse can effectively promote the health of that person and establish a therapeutic relationship with the patient (Kunyk & Olson, 2001).

Through the perspective of viewing nursing as an art as well as a practice discipline, the concept of empathy is critical in terms of providing the unique element that has been philosophically identified as part of holistic nursing. This art extends well beyond the technical aspects of performing a nursing assessment, but includes understanding how a patient attempts to maintain his or her health. Empathy is what involves the nurse in this process. Reynolds and Scott (2000) further elaborate on the results of the absence of empathy. These researchers posit that a lack of nursing empathetic awareness of the patient's goals and capabilities results in an inability to provide care that is appropriate to the patient's needs.

There are several reasons why empathy is an essential part of the patient-nurse relationship. Among these are the links to positive role in patient outcomes, which allows the patient to have a dual role in problem-solving (Lauder et al, 2002). Medical research has linked empathy with promoting healing, detouring malpractice suits resulting from heightened anger, improving patient satisfaction, and improving patient perspectives of the illness experience (Fields, et al, 2004; Thorne et al, 2005; Hojat, et al, 2003; Kruijer et al, 2001).

Reynolds & Scott (2000) cite six meaningful nursing goals that empathy enables the nurse to achieve in order to help the patient. Among these are (a) empathy enables the nurse to create a climate of trust and establishes the patient's perception of need, (b) empathy enables nurses to judge the patient's state of willingness to talk, (c) empathy helps nurses understand the origins and purpose of patient's responses to health problems, (d) empathic nursing works to help facilitate positive health outcomes for the patient, (e) empathy leads to reduction of physiological distress, improved self-concept and reduction of anxiety and depression, (f) the ability to provide empathy in high levels correlates to the success of outcomes.

Since empathy has been linked with improving patient care outcomes by allowing the patient to feel understood, this has important implications for nurse educators because they are the primary conduit of exposure to empathic principles that prepare nursing students for the profession (Chant et al, 2002; Cook & Cullen, 2003; Reynolds et al, 1999). An important step toward understanding the phenomenon of effective empathic communication and the role of nursing school educators is the need to analyze descriptions of how empathy is experienced and "lived" within clinical practice and how the phenomenon of empathy "shows" . One way of obtaining this understanding is through obtaining faculty perspectives and gathering evidence of curricular content, methods of instruction, and evaluation of core empathic communication competence through an ethical attentiveness.

The implications for nurse educators stems from the daunting task of preparing nurses to meet the demands and expectations of the profession in the current world of health care. As nursing educators in Baccalaureate programs, there is the professional commitment to adhere to standards set forth by the American Association of Colleges of Nursing (AACN), which provides a core set of values and behaviors. In the context of professional nursing as a discipline, as

defined by the AACN, the role of the nurse is to provide care as an active partner with patients. This is expanded to include individual patients, families, groups, or communities in order to foster and support active participation in determining health care decisions. The method in which nurses learn to know patients within this professional context is through relationship. Developing a nurse-patient relationship helps the nurses to understand the patient perspective as well as communicate therapeutically their understanding of what the patient considers his or her feelings, perspectives, and concerns (Beckman & Frankel, 2003; Cook & Cullen, 2003; Hojat, 2007).

Layton (1979) approached the measurement of empathy from the standpoint of nursing students and teaching effectiveness of modeling behavior by faculty. The results of this study suggested the need to introduce the learning of interpersonal skills early in the student's education (junior level) before habits become set. Core competencies as stated in AACN standards include critical thinking, communication, assessment, and technical skills. The standards, as related to empathic communication, elaborate on how course work or/and clinical experiences should provide the graduate with the knowledge and skills to (a) demonstrate communication skills during assessment, intervention, evaluation, and teaching, (b) adapt communication methods to patients with special needs, such as psychological or sensory disabilities, (c) use therapeutic communication within the nurse-patient relationship, and (d) elicit and clarify patient preference and values. In terms of critical thinking, the core competencies related to empathic communication include the behavior of engaging in self-reflection about professional practice.

In preparing students for empathic communication instruction, it is imperative to overcome the challenges built into curriculum and policy that threaten the effectiveness of programs. Haq

et al (2004) posits that among these challenges to educators are (a) communication skills may be devalued and not considered teachable, (b) teachers and students may assume skill will automatically improve with experience, (c) expectations of teaching and evaluation methods may be vague or inconsistent among different faculty and throughout courses, (d) skills introduced in pre-clerkship years are not applied or evaluated in clerkships, (e) resources and time are insufficient to teach and evaluate skills, (f) improving communication skills requires faculty and students to possess self-awareness, interpersonal sensitivity, and willingness to be self-reflective and accommodating, (g) few faculty have received formal training in communication skill teaching and evaluation, and (h) the presence of inconsistent feedback from faculty resulting in confusion among learners.

The consequences of failure as nurse educators to train and motivate nursing students effectively have tremendous ramifications to the student and to patient care delivery. In terms of the student, when inadequately prepared to communicate effectively with patients, the student may develop feelings of frustration, helplessness, anxiety, uselessness, and guilt. Failure to improve this communication may result in negative patient care, poor patient outcomes, and negative health care experiences by the patient (Butler et al, 2005). The most common content areas where nursing faculty must motivate nursing students to perform competently are included in the literature as described by Butler et al (2005). These include psychosocial issues, breaking bad news, bereavement, problem situations, sexual issues, pain, anxiety and injury. These are content areas that nurse educators are frequently exposed to in the clinical setting and fertile soil for ethical dilemmas to emerge.

Question 2: Do the ANA (American Nurses Association) Code of Ethics for Nurses and the ICN (International Council of Nurses) Code of Ethics for Nurses address or encompass the realm of empathic communication?

Butts & Rich (2008) provide detailed descriptions of the Code of Ethics for Nurses. In this document, there are descriptors such as “the nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development” (p.520). This document speaks to the necessity of nursing educators to provide settings where planned learning activities occur. These settings are the conduit to facilitating the student nurses in possessing knowledge, honing skills, and establishing competencies in their nursing programs.

It is imperative for nurse educators to apply the elements of the ICN Code of Ethics for nurses, and assist with the translation of these into practice. The Element of Code #2 speaks to the importance of educators in providing teaching and learning opportunities that foster lifelong learning and competence for practice.

Summary

Further qualitative research through an ethical lens is necessary to consider options for training needs of students and faculty as addressed by both the ANA (2001) Code of Ethics for Nurses with Interpretive Statements and the ICN Code of Ethics for Nurses. There are numerous ramifications to nursing education that expand throughout a student’s tenure in an institution from entry to completion if a student nurse is not trained to be an empathetic communicator. There needs to be a proactive consideration of student possession of empathic communication as an integral selection criterion for entry into the nursing program. The potential landmine of

student selection through current practices by many institutions of utilizing sole cognitive criterion for admission to coveted and scarce student slots should be reexamined.

Resources of adequate allotted classroom time for discussions of empathy are necessary. There is also the need for policies centered on standardization of empathic communication competency, accountability of faculty inclusion of empathic content into clinical and lecture experiences, professional development consisting of therapeutic communication courses and qualifications of faculty.

The implications of policy revision and paradigm shifting are numerous and comprehensively encompass those in positions of power. If not supported with adequate resources, nursing educators will continue to struggle with time constraints while trying to ensure that technical skills and cognitive content are covered adequately in lecture and laboratory settings. Operational nursing professionals will continue to feel frustrated and bewildered as they seek to provide damage control and restore the dignity and respect the patient and family deserve. Nursing school administrators will be placed on the defensive as the need will exist in seeking to avoid litigious realities.

The commitment to empathic communication between nurses and patients applies to those nursing professionals in the role of nursing educators, as well. Nurse educators must be dedicated to preparing their nursing students to be committed empathetic communicators. This commitment encompasses the need of understanding the patient's and family's perspective and communicating the understanding of this perspective (Hojat, 2000). Nursing faculty must be cognizant of any aspect of nursing education that compromises their ethical responsibility. The inclusion of teaching empathic communication to nursing students and ensuring their competency is vital to all the "Mr. Bs" they will encounter along their professional journey.

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