“Hold my hand and walk through the park with me”: Empathic relationships in acute care mental health settings

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Empathy

• Empathy is a significant part of human interaction and relationships.

• It is one of the foundations of an effective therapeutic relationship (Rogers, 1957); fundamental to specific interventions (e.g. Arkowitz & Miller, 2008; Gallop, 1997); and related to positive therapeutic outcomes (Bohart et al., 2002).
Antecedents

WHAT THE PERSON BRINGS
- Personality
- Prior learning

WHAT IS THE TYPE OF SITUATION

Processes

EMOTIONS
- Emotional matching (e.g. I feel sad when you are sad)
- Concern
- Compassion
- Sympathy
- Distress
- Anger

THOUGHTS
- Understanding’s of another’s behaviour

Interpersonal Outcomes

PERSPECTIVE TAKING

RESPONSE(S)
- Helping

Adapted from Davis’ (1994) organizational model of empathy
Empathy and nursing

• What is the relationship between cognitive (e.g. perspective taking), emotional (e.g. sympathy), and behavioural (e.g. communication) aspects of empathy?
• What is the process of development of these relationships?
• (How) can empathy be ‘taught’?
• How does empathy help the client?
• What are the challenges of empathy?
• What are client perceptions?
• AND: How does empathy work in a conflict?
Conflict

• “Conflict is broadly conceived of as those issues and behaviours likely to cause discord between staff and patients, and has been chosen as a neutral term that is not intended to allocate responsibility to either group” (Bowers et al., 2003).

• Can include self-harm, violence, absconding, medication refusal, treatment resistance, disagreements about rules.

• We also included restraint and seclusion.
Participants and methods

• Participants were 13 mental health nurses and 7 consumers of mental health services

• **Induction** to discuss a time when they:
  • empathized with a client
  • felt that a nurse had empathized/understood them

• Situations discussed had to involve a conflict
### Results: What conflicts were chosen?

<table>
<thead>
<tr>
<th>Conflict</th>
<th>Nurses</th>
<th>Consumers</th>
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</thead>
<tbody>
<tr>
<td>Medication</td>
<td>4</td>
<td>Wanting to see a nurse</td>
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<tr>
<td>Restraint</td>
<td>2</td>
<td>Leave/Absconding</td>
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<tr>
<td>Food and drink</td>
<td>2</td>
<td>Food and drink</td>
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<tr>
<td>Absconding</td>
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<td>Participation in activities</td>
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<tr>
<td>Need for another admit</td>
<td>1</td>
<td>Not being given information</td>
</tr>
<tr>
<td>Self-harm</td>
<td>1</td>
<td></td>
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<tr>
<td>Symptom intensification</td>
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<tr>
<td>Disruption to ward</td>
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</tbody>
</table>
HISTORICAL AND PERSONAL

THE SITUATION

EMPATHY DURING A CONFLICT SITUATION

WHAT NURSES DID

WHAT CONSUMERS FELT
What Nurses Did

Strategies for taking the patient’s point of view

Hard to articulate

“I don’t know what skills I used, I think at this point I was just reacting.” (N9)

Use of past experience

“I could see where he was coming from because I’ve been through relationship breakdowns.” (N2)

“Something simple like when you go to the GP surgery, you sit in the waiting room, you can feel very disempowered yourself even as a clinician.” (N12)

Switching places

“How would I act backed into this if three people approached me and said ‘take it’?” (N7)
What Nurses Did (cont.)

Listening, asking & investigating, body language

“…you can hypothesise about…what you think might be going on but you really have to check it out and you really have to ask.” (N8)

Shifting perspectives

“We hadn’t been asking the right questions.” (N1)

“…you can’t persuade all people to do what you believe is the right thing.” (N2)

“…she actually acknowledged that although she couldn’t hear the voices…for me they were a real experience at that point in time.” (C2)

“I’m not asking them to share my reality, but then they have no right to ask me to share theirs either.” (C2)
Role of emotion

“I really felt for her.” (N13)

“…that’s her emotion and not my emotions…knowing that, stepping back and saying ‘I’m putting myself in her shoes but that [the emotion] is hers not mine’, because if I carry that with me then I don’t feel I could be effective to her.” (N8)

“but it’s really about sharing that pain away but sharing that pain for gain, helping them move forward like ‘I’m a nurse, how can I help you’, those sort of things.” (C1)
What consumers felt

Being with the person

“I think they show empathy just be listening.” (C4)

“Then the shift changed over and I was really, really upset, I was in my room and one nurse whom I didn’t have a lot to do with heard me crying in my room and came into my room...It took a long time for me to actually break down that barrier but she just sat with me for that time and didn’t rush off.” (C2)

“You hear that from a lot of people, ‘thank you for being there, it helped.’” (N4)
What consumers felt (cont.)

“it’s part of education as well, but just to let them know that you haven’t forgotten them and connect with them.” (N4)

Withstands disruptions

“Hello can you remember me?...we worked together.” (N4)

“... when I got back to the actual unit the next day I didn’t feel judged at all… I felt the nurses looking after me were treating me the same as the day before…I still felt that they were being empathetic and caring.” (C1)

“I try to always think about the person in that moment as opposed to what they may have done yesterday or the week before, it’s about the moment for me.” (N9)
Discussion

• Significant similarity in nurse and consumer experiences.
• Empathy can be “intrinsically therapeutic” (Fields et al. 2004).
• Therapeutic relationships can be hampered by nurse lack of availability and consumer’s sense of distance and inequality (Forchuk et al., 1998).
• Limited or superficial contact can encumber the working phase of the relationship (Forchuk et al., 1998).
• The contradictory demands of the nursing role can create a strain on both the nurse and their relationship with the consumer (e.g. Jackson & Stevenson, 2000).
Recommendations & Future Directions

• The importance of ensuring **clinical supervision** and **mentoring** at all levels of nursing experience (Dickinson et al., 2009).

• **Training** in nursing degree/postgraduate – more time to look at **advanced communications skills** and **specialized therapies** (e.g. CBT, motivational interviewing).
Recommendations & Future Directions

• Research into conflicts from the perspective of both the nurse and consumer.

• Development of a tool to examine empathy in conflict situations, as a means for training and development.
References


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• Rogers, C 1957, 'The necessary and sufficient conditions of therapeutic personality change', *Journal of Consulting Psychology*, vol. 21, no. 2, pp. 95-103.

Questions

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inspiring achievement