**Empathy in Nursing Care**

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NURS3542-10

Professor Lindsay Borg

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**Student statement:** By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

Student Name: Reem Boudali Student Number: 110007510 Date: October 5, 2021

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| **Category** | **Satisfactory** | **Unsatisfactory** | **Student Reflection (must be typed)** |
| **Look Back****(L)** | * Identifies **ONE** relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences.
* Describes this **ONE** clinical event so that the reader can gain an understanding of what occurred.
* Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience.
 | * Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity.
* Does not provide own feelings related to the clinical experience.
* Identified event, experience, or learning opportunity is not relevant to clinical practice.
 | On September 28, I had a conversation with a patient who had a traumatic experience having a drain inserted post-appendectomy. The patient explained to me that when she first arrived at radiology, there had been some minor disturbances that already made her feel uncomfortable such as discrepancies information about healing time given to her by the physician and the radiologist. During the actual procedure, she underwent a lot of pain. When she voiced her concern, she was simply told, “that is normal, you are overreacting”. The overall experience made her doubt herself and her experience and made her lose trust in her health care providers.When I heard about her experience, I felt ashamed on behalf of her providers, though I was not surprised. I often witness nurses and other healthcare staff belittle patient experiences. For example, when someone is scared of getting an injection or blood work, they tell the patient that it is “no big deal” and that they should stop making the situation bigger than it is. |
| **Examine Experience****(E)** | * Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article).
* Briefly summarizes key ideas/findings of the article.
* Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation.
 | * Does not incorporate a scholarly article.
* Summary of the key ideas/findings of the article are not included.

 * No explanation of the author’s ideas/thoughts compared/contrasted with own.
 | The article I found discusses the concept of empathy in healthcare workers. Moudatsou et al. explain that when healthcare providers provide care in an empathetic manner, it results in better patient outcomes (2020). They further clarify that empathy establishes trust in the nurse-patient relationship that results in decreased stress, aggression, and depression from the patient. I agree with all the points and findings made in the article. I believe that if a provider does not deliver care in a manner that considers the patient’s situation, it can result in more harm than good like creating a trauma for the patient. |
| **Appraise** **and** **Analyse** **(A)** | * Discusses at least **two** other people’s ideas/opinions/ perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.).

**\*\***A reflection graded as ***excellent would also include the following:**** Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians).
* Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things).
* Poses questions that should be considered due to their significance to nursing practice.
 | * No other perspectives are discussed.
* Only one other perspective is discussed
 | Moudatsou et al. note that although healthcare professionals do view empathy as a valuable aspect of the care they provide, patients often find that providers lack the skill (2020). There are many reasons as to why this is so. Personally, I think that after so many years in the field and having done certain procedures so many times, the providers forget the fear and emotions associated with it; it becomes clockwork. Communication is another factor; healthcare providers understand situations from a medical standpoint along with the associated jargon that comes with it (Moudatsou et al., 2020). Not explaining plans of care in a simple manner to the patient, can make things stressful for the patient and further push the idea that the provider does not see things through the patient’s perspectives. As a profession, we need to challenge our thinking and figure out ways to be more empathetic to patients. Empathy is not something that can be taught as it relies on the ability to understand and relate to someone else’s situation. However, if we note the current flaws in the system, we can open discussion and implement models like feedback systems to incorporate patient’s voices into our care. |
| **Research** **and** **Revision****(R)** | * Provides summary of learning from this clinical experience and from the article findings.
* Identifies what they could have done differently in this clinical experience.
 | * Summary not provided
* Does not identify what they could have changed about their own role/actions/performance in this clinical experience.
 | Overall, I learned how important it is to be empathetic in healthcare. As providers, we can become desensitized to patient experiences because they are procedures we do every day. It is important to have open conversations with patients and constantly gauge their feelings to ensure we are empathetic.Regarding my clinical experience, although I am limited in what I could have done as a student, I could have ensured that the proper people received feedback on my patient’s experience. The purpose of feedback is not to belittle the efforts of the providers, but rather ensure an effort is made to reduce such errors from reoccurring in the future.  |
| **New Perspective****(N)** | * Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse.
* Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.).
 | * No specific examples for implementation into future practice are incorporated.
* Does not identify a nursing resource to assist with learning
 | When leaving the patient’s room, I honestly thanked her for sharing her experience and told her I would make a greater effort to be more considerate and cognisant of my patients’ experiences in the future. Even if I haven’t necessarily gone through the same experience as my patient, I should still try and put myself in their shoes. While no amount of literature can guarantee a person to be empathetic, there are a few resources that may help broaden a nurse’s perspective. In high school, I read a book titled “How Doctors Think” by Jerome Groopman. It detailed some of the thought processes doctors use and how it can lead to medical errors. When I entered nursing, I became much more aware of some of the points he made such as making assumptions on a patient’s condition based on their appearance and not what they tell you. I also think that reading/listening to patient’s stories and engaging in quality initiatives can help improve patient experiences in this regard. |
| **Concept Identification** | * Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year)

(critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics) | * Does not identify and/or describe related curricular concepts that relate to the experience/reflection.
 | Person family centered care – considering the patient/family situation, experiences, and emotions are all key factors for empathy.Communication – empathy is delivered through communication and utilizes specific communication techniques including body language and affect. |
| **References and APA Format** | * Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format.
* Title page in correct APA format
* Reference in correct APA format
 | * Incorrect APA format throughout reflection
* Incorrect APA format on title page
* Incorrect APA format for article(s) and/or other sources.
 | **Student Reference(s) in APA Format:** Moudatsou, M., Stavropoulou, A., Philalithis, A., & Koukouli, S. (2020). The role of empathy in health and social care professionals. *Healthcare (Basel, Switzerland)*, *8*(1), 26. https://doi.org/10.3390/healthcare8010026 |
| **Grade:** | **□ Satisfactory □ Excellent**  |  **□ Unsatisfactory**  |  |
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