

NURSES AND EMPATHY: PSYCHIATRIC NURSING TODAY

A Response to the Study by Gallop, Lancee and Garfinkel

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In psychiatric settings today, nurses are expected to perform a therapeutic role in a collaborative manner with a team of mental health professionals. Just how this role is defined is open to question. Although the nursing discipline remains unique by virtue of its presence with patients 24 hours a day, every day, there is an inherent ambiguity in the definition of the nursing role. Are psychiatric nurses psychotherapists, as the social workers, psychologists, psychiatrists and occupational therapists define themselves; or are they primarily guardians of the patients, there to assist the other disciplines in the delivery of therapeutic patient care?

This question is philosophical in nature, and underlies much of the debate on psychiatric nursing practice at the present time (Janosik & Davies, 1989). In the traditional medical model approach to patient care, nurses are primarily expected to assist physicians in the delivery of health care services. In psychiatric settings, this has inevitably led to a dichotomy between the designated therapist's role and all other non-therapist patient care activities. By definition, to be "doing therapy" in psychiatric settings means taking on the therapist's role in the context of individual, group or family psychotherapy. All other activities, such as providing physical care for the patients, organizing activity programs, dispensing medications and interacting with other members of the interdisciplinary team, may be considered essential but are definitely regarded as having less substance than the role and related activities of the therapist (Manning, 1983).

While the medical model approach to care is changing, and being supplanted by the interdisciplinary team approach, at the moment most psychiatric settings represent a composite of the two; hence, the ambiguity in the nursing role. Within educational programs in nursing, there is a definite alignment with the interdisciplinary team approach, and nursing students are encouraged to define themselves as therapists (at least in a nursing context), but this is not a view generally agreed upon or shared by other members of the interdisciplinary team. Consequently, students are often the recipients of

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conflicting messages about the level of skills and patient involvement that are expected of them.

Nursing educators have attempted to resolve this conflict by teaching models of communication to students, in the hope of establishing an ability on the part of the students to interact "in an empathetic manner" with their patients or clients (Perko & Kreigh, 1988). This attempt to inculcate one of the primary attributes of the defined therapist's role, that of being empathetic, into the realm of nursing activities, can be seen as a logical extension of an historical tradition in nursing; however, in psychiatric settings providing empathy is not a substitute for providing therapy and this lends some clues to understanding the research undertaken by Gallop, Lancee and Garfinkel, as reported on in this issue.

Their central finding is that nurses are considerably less empathetic than expected; this coincides with findings from similar studies in the literature they have reviewed. If one were to generalize from this finding, the obvious questions must be asked: what does this mean to the nursing profession, and what are the implications for psychiatric care and treatment if nurses are so lacking in empathy? At one level, this is a clear indictment of the relative ineffectiveness of the communication component in nursing education programs today, and Gallop and her colleagues suggest such a possible explanation. But there is no standardized approach to teaching communication in schools of nursing, nor has there ever been, and therefore students are exposed to a wide variety of approaches and level of material; and some may be exposed to no content in this area whatsoever. One assumes that the subjects in the study, while primarily diploma nursing graduates, were exposed to just such a diversity of educational experiences regarding communication. These subjects may or may not have been taught about empathy, but their results indicate that, at least in this study, there was little demonstrated application of the construct.

Are we to conclude that these nurses were poorly taught, or not taught at all, and therefore the results of the study demonstrate a marked deficit in nursing education? That is one possible explanation, but not an entirely logical one because it assumes that students come into a nursing program totally lacking in knowledge about empathy, or lacking in any ability to display it, and clearly, at an intuitive level, we know that this is not the case.

The authors offer another explanation: that psychiatry's closer alignment with medicine (and medical interventions) has led to the devaluing of interpersonal skills in the therapeutic milieu. This supposedly causes nurses to place greater value on immediate, practical problem-solving, rather than on entering into intensive discussion with their patients about their subjective experiences. This explanation is also less than convincing because it seems

to suggest that providing physical care (or medically delegated approaches) is mutually exclusive from providing empathy. But it is evident that empathy can be displayed regardless of the nature of the interventions being undertaken (e.g., nurses performing physical procedures can do so while they are conveying an empathetic approach or attitude toward the patient). So even if psychiatry has moved closer to general medicine in its search for new (and biologically-based) interventions, that cannot be offered as an explanation for nurses displaying less empathy in their interactions with psychiatric patients.

Empathy, according to Taylor (1990), is "the ability to recognize and to some extent share the emotions and states of mind of another and to understand the meaning and significance of that person's behavior." Empathy obviously is a central construct underlying nursing practice, and it is difficult to comprehend a nurse maintaining an acceptable standard of patient care without displaying empathy. But can it be taught, or is it an innate capacity that the individual develops early in life and therefore brings into his or her professional endeavors? Gallop, Lancee and Garfinkel have documented the relative lack of empathy among their subjects. It would be interesting to know if the subjects themselves would agree with this finding, and how their peers regard them on the dimension of empathy. This would provide additional perspectives on how the results from their study, which utilized a one-dimensional analogue scale, should be interpreted.

Alternative explanations are offered here in the light of these researchers' findings. It is possible that nurses display empathy only if they have developed their innate capacity to do so; but a more likely explanation is that in psychiatric settings today the greatest reward, and the greatest value is placed on being the patient's designated psychotherapist. Nurses rarely are formally given this responsibility; as such, it is possible that they continue to approach their work in a more procedurally-oriented fashion, and they are not rewarded for displaying empathy. The message conveyed by other members of the interdisciplinary team is that the valuable work with patients is only accomplished within the context of psychotherapeutic sessions. In fact, patients often decline to reveal "important information" unless they are talking directly to their therapist. This serves to reinforce the lower value of nurse-patient interaction, and could well account for the lack of empathetic approaches displayed by the subjects in this study. Given the equivocal context in which psychiatric nurses work, it is understandable that they might hesitate to attempt to develop depth in their patient interactions.

To return to the questions raised at the outset: what is the meaning of this study's results for the nursing profession and what are the implications for psychiatric care and treatment? It should be recognized that psychiatric patients are admitted to hospital, by and large, for one primary reason: they

require nursing care. Nurses do serve a central purpose and indeed may be regarded as being at the crux of patient activity in a psychiatric setting. But an active attempt should be made to redefine their role in terms of therapeutic interaction. University nursing programs, particularly at the graduate level, should be preparing practitioners who will be formally recognized as capable of performing as psychotherapists. Until psychotherapy becomes a central nursing function in psychiatric settings, it is unlikely that nurses will feel rewarded for dealing with patients in an empathetic manner. Meanwhile, this study provides us with a disturbing picture of the failure of the nursing profession to provide the foundation for a therapeutic environment in psychiatric settings today- nurses with empathy.

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