

EXPERIENCE EXCHANGE

An in-class exercise to promote empathy

Julia C. Paul*

School of Nursing, Oakland University, Rochester, Michigan, United States

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ABSTRACT

As nursing curricula are focused on technology and advancing science, it is increasingly important to promote empathy and the art of nursing. This article describes a simple exercise that can be used in nursing education to build empathy for persons who suffer with chronic progressive illness. The preparation and conduct of the exercise are described with a sample narrative included which can be revised for application to other conditions.

Key Words: Empathy, Nursing education, Chronic illness, Loss

1. INTRODUCTION

Empathy is the ability to understand another person's perspective, situation, frame of reference.^[1] As nursing curricula are focused on technology and advancing science, it is increasingly important to promote empathy and the art of nursing.^[2] Empathy is essential to caring, so that it should not be forgotten in nursing education.^[3] An in-class exercise, the Game of Loss, that can be used to build empathy for persons with chronic progressive diseases is described. This author has used real experiences of a person known to the author to create the scenario. A similar in-class activity was experienced by the author as an undergraduate some years ago, and the experience was never forgotten. The exercise or similar activities have not been found in the literature; however, the exercise has been used in face-to-face courses, and its applicability persists.

2. BACKGROUND

2.1 Empathy defined

Empathy has been described as a complex, social and emotional competency of inherent value for nurses so that they

might provide person-centered care.^[1,4,5] It requires self-knowledge and emotion in interpersonal understanding. Two types of empathy have been described: 1) cognitive empathy which is intellectual understanding of another person's perspective and 2) affective empathy which is the ability to share the emotional state of another person.^[1] While empathy is not usually described as a behavioral response, it enables a person to demonstrate that understanding of another person's frame of reference.^[1,3,6]

2.2 Empathy in nursing students

As self-knowledge is a prerequisite, empathy is evidence of professional identity formation.^[5] Nurses demonstrate empathy with their verbal and non-verbal communication in developing therapeutic relationships.^[6] Empathy helps nurses with critical thinking and decision-making; it results in benefits for patients, caregivers, and healthcare institutions.^[7]

Lovan and Wilson^[8] surveyed 25 students at the beginning of their first course in a baccalaureate nursing program and 25 students in their last semester of the same baccalaureate

*Correspondence: Julia C. Paul; Email: jcpaul@oakland.edu; Address: School of Nursing, Oakland University, 344 Meadow Brook Road, Rochester, Michigan, United States.

nursing program and found that nursing students' empathy did not change significantly as they progressed through a nursing program. Teaching empathy can, in fact, increase it. Cunico and colleagues^[9] conducted a longitudinal cohort study to determine if a training course would enhance empathetic skills in student nurses (n = 103, 76% female) compared to a control group. Balanced Emotional Empathy Scale scores increased from 31.60 to 40.22 in women which was a significant increase in emotional empathy for those who participated in the training course. The Balanced Emotional Empathy Scale includes 30 items with fifteen items worded so that agreement with them shows higher emotional empathy and 15 items worded so that disagreement with them shows higher emotional empathy.^[9] Webster^[3] used the Interpersonal Reactivity Index to measure empathy in nursing students in a baccalaureate nursing program. The control group (n = 44) completed a 14-week clinical rotation while the comparison group (n = 29) participated in a community psychosocial program during four of the weeks and completed a reflective assignment concerning a patient with mental illness. While statistically differences were not found between the groups, the authors discuss students' demonstrations of empathetic care that followed.^[3] As self-knowledge is a prerequisite, empathy gives evidence of professional identity formation.^[5] Sheehan and colleagues^[2] explored the effect of an elective nursing course about dimensions of human suffering on empathy in baccalaureate students over five years. The Jefferson Scale of Empathy was used to measure levels of empathy. The instrument is a 20-item questionnaire with established internal consistency and reliability.^[2] Students who took the course scored approximately seven points higher ($p < .001$) than their peers who did not take the course.^[2] If nurses are to continue caring, investment must be made in teaching empathy.^[10]

2.3 Methods of teaching empathy

Creative approaches are needed to effectively teach empathy.^[5] Methods used to teach empathy include seminars, laboratory experiences, videos, individual and group exercises, poetry with creative reflection or guided questions, dancing, imagery, and simulation.^[3,5,11,12] The Game of Loss which is described here is a group exercise to promote empathy. This exercise has not been studied for its effects on participant empathy, but participant responses to the exercise indicate an increased understanding of the ill persons' perspective and a shared emotional response with the ill person described.

3. GAME OF LOSS

3.1 Game Requirements

To play the game, the following are preferred:

- (1) Small group of 8-12 players, gathered around a table;
- (2) Sticky notes or small tablet to allow for 8-10 pages per participant;
- (3) Writing instrument for each participant;
- (4) The narrative to be read by the narrator.

3.2 Game instructions

The activity should be done in small groups of 8 to 12 people. Participants should ideally be seated around a table facing each other as the narrative is read. Participants are given small pieces of paper at the start of the exercise and instructed to write on the various pieces of paper as follows (or as indicated for the narrative): a short-term goal, a favorite fatty food, a long-term goal, a friend, a significant other, the type of home lived in, most important source of savings, and some unfinished business. The pieces of paper are turned in throughout the scenario. The leader of the activity (narrator) reads the narrative. Instructions to participants are enclosed in brackets and bolded in the following game narrative.

3.3 Game narrative

It is Friday morning. The alarm goes off. Your dreams are interrupted by the realities of the day ahead, with a busy agenda of errands researching, reading . . . You decidedly step out of bed, but falter as your leg seems to give out beneath you, buckling. You catch yourself and straighten up again, now set to go. What was that?

It is two days later – a Sunday. After a late start, you head outside to the car and - again! - your leg gives out beneath you as you hit the sidewalk. You're able to catch yourself and correct your stance, but you are quickly reminded of the episode two days ago. It was your same side – your left – that was weak.

Over the next week your gait becomes guarded as you distrust your left leg. Sometimes it seems almost asleep, heavy, like rubber. You resolve that it must be some sort of strain or pinched nerve.

Several weeks pass without really any improvement despite trying various over-the-counter medications. In fact, maybe from your unnatural gait, your right leg also seems to be heavy, fatigued, sluggish to move as you're used to moving! As you're walking to class with one of your classmates you realize that you can't keep up with her quick pace. Your frustration is apparent as your classmate asks, "Are you OK?" You wonder what is going on. This is not your imagination: it's noticeable!

You prioritize getting to a doctor despite your crazy schedule with deadlines for two papers approaching. Tests are inconclusive, but you are referred to a neurologist. You finish the

semester fearful, frustrated, always fatigued.

Despite being into the start of the next semester, you get to the neurologist. You endure an EMG (electromyogram), MRI (magnetic resonance imaging), and lumbar puncture. Deductively, a diagnosis of multiple sclerosis (MS) is made – the chronic progressive type. Your research efforts are diverted toward MS – it's predicted course and treatment alternatives. You begin injections as recommended. Over the summer you resolve to use a cane and notice a progressive fatigue.

Time passes. Your lack of lower extremity motor control progresses. You're unable to drive. While your significant other has been great about supporting you through the work-up, you realize that getting around to classes is getting to be too much. You'll have to hold off on classes. You had hoped to get through the Progressions Exam with your classmates but realize that you'll have to try it with the next group – hoping the progression will slow some.

[Give up your short-term goal.]

Time passes. Your left arm (luckily, not your dominant side) begins to have episodes of numbness. You and your family members recognize the importance of maintaining muscle flexibility and strength despite spasms and weakness. Your family members muster their resources. And a pool is built into your home. You swim daily.

Over time you try various diets – especially the macrobiotic diet, and chelation therapy, aiming for a healthy body. You give up your favorite fatty foods.

[Give up your favorite fatty food.]

A family wedding is coming up. All you want to do is make it down the aisle. Twenty steps would do it. You lean on your cane as those gathered for the wedding watch you, silently urging you on. But you can't keep moving. Your family member brings you a back-up wheelchair.

Your significant other alters work to maintain an income, but also to be more available for you. You realize your dependence on your significant other. You don't want to be a burden. You long for independence but realize that this is your life. This is how it is – and is the best it will be.

[Give up your long-term goal.]

You can attend occasional social events and visit with family, but always need to consider timing and accessibility. Your significant other cooperates to get you places, buying various vehicles. Finally, a wheelchair van is purchased. Your family members can transport you when they are available.

Urinary incontinence is a problem, so you go from an in-

dwelling urinary catheter to a suprapubic catheter. Then your urologist cautions against a long-term foreign body in the bladder as carcinogenic, so you agree to undergo a ureterovesicostomy over a Christmas break, so your significant other can be off work. You continue to leak urine, and, so, require a pouch and a diaper. Urethral Botox is tried to seal up the leak, but ultimately a second major bladder surgery is required.

Over time you must relocate, hours from your family members and far from your friends, but to allow for your significant other to earn an income while you have become so much more dependent.

[Give up your friend.]

You are wheelchair bound, able to use your right upper extremity only grossly. You are essentially a functional quadriplegic with a urine pouch, bowel protocol, flaccid – often painfully spastic – limbs. You can press controls on your electric wheelchair. A series of home health aides (untrained and trained) for help with daily care a home maintenance is tried but lost for various reasons. Your phone and computer are your links to the outside world.

Your significant other grows accustomed to turning and transferring you but develops a heart dysrhythmia. One evening, after hoisting you into bed from your wheelchair, your significant other lays down beside you and says, "I'm exhausted. I think I'll lay down just a minute." You hear an odd gurgling noise next to you and ask, "What was that? Are you awake?" No answer. No response to your increasingly frantic inquiries. You cannot move yourself. You cannot turn. You soon realize that your significant other is not breathing but lies stiff and lifeless next to you. Your arm is pinned beneath him, but you cannot free yourself. Your phone is over there on your wheelchair – out of reach. You cry out in your home, but no one hears.

[Give up your loved one.]

You are discovered the next day when your significant other's co-workers wonder what is up when he doesn't show up and there is no answer to phone calls.

Pressure injuries have developed on your hand and arm from the weight of your significant other's body. Family members gather from a distance for the funeral. Where will you go? Who will take such care of you?

You need to be placed in an extended care facility.

[Give up your home.]

Life insurance monies and savings will get you into a private room at a nicer place, but when money runs out you will

have to switch to Medicaid and a semi-private room. [Give up your savings.]

You're younger and sharper than most of the residents. You relish calls and visits. You play bingo to win dimes for stamps and Dial-a Ride fees. But your muscles grow weaker. Your cough on healthy days is nothing more than a quiet puff of air. A nagging pain over your lower back is attributed to your disease so that some days, despite analgesics, you cannot tolerate sitting, and so, stay in bed.

A flu sets in around the nursing home. You develop pneumonia. Hospitalization, antibiotics, fevers, suctioning, profound

weakness. This seems to be the end. [Give up your unfinished business.]

3.4 Debriefing and closing

To debrief and summarize, discuss the nursing diagnoses encountered throughout the narrative including: fatigue, weakness, immobility, dependence, incontinence, pain, spasticity, pressure injuries, isolation, and powerlessness. Additionally, discuss the feelings and emotions encountered through the course of the experience. Suggested prompts for debriefing address cognitive empathy and affective empathy and are included in Table 1.

Table 1. Suggested debriefing prompts

Prompt	Affective empathy	Cognitive empathy
1. Describe how you are feeling now (at the end of the exercise).	X	
2. Discuss what aspect/s of the exercise contributed to your feelings.	X	
3. In addition to those items given up throughout the exercise, what other losses is the person with a chronic progressive condition enduring?		X
4. Do you anticipate that this exercise will influence your nursing practice? How?		X

3.5 Modifications

The narrative can be modified based on the story of someone who has experienced such illness and loss but should be applied to the current state of the participants (for example, students). Participants "give up" aspects of life which they value as they progress through the narrative. The items to be noted and later given up can be modified according to the losses experienced in the narrative.

4. CONCLUSION

Empathy is necessary for optimal nursing practice and should be promoted in nursing programs. Examples of increases

in empathy resulting from educational activities have been described. In this era of expanding technology, complex interventions, and rapid scientific advances, the art of nursing should not be forgotten. The exercise described can be used to build participant empathy for those who are enduring chronic progressive disease. It is a simple but effective means of teaching this important nursing competency. Research involving the use of the exercise and its effects on participant empathy is indicated.

CONFLICTS OF INTEREST DISCLOSURE

The views expressed in the submitted article are the author's own and not an official position of the institution or funder.

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