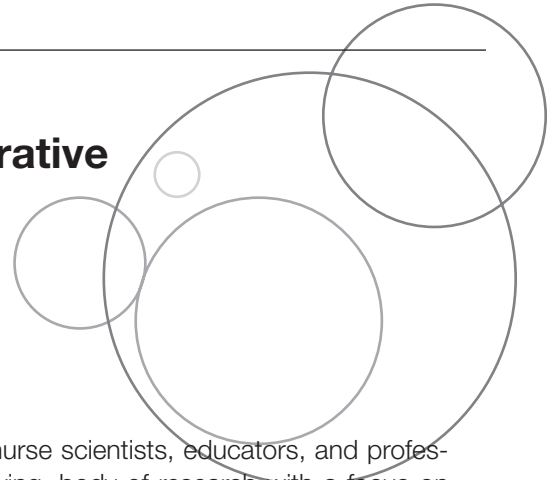

Empathy as an Ethical Imperative

Sara B. Adams, PhD, RN



Empathy is an often-discussed topic among nurse scientists, educators, and professional practitioners. There is a small, but growing, body of research with a focus on empathy and its direct impact on clinical patient outcomes. However, nurses continue to place value on behavioral aspects of empathy, such as understanding the thoughts and feelings of others, caring, and perspective taking (Hojat, 2016; Kunyk & Olson, 2001). These empathic behaviors are foundational to establishing the nurse–patient relationship. The nurse–patient relationship is also central to the delivery of ethical patient care (American Nurses Association [ANA], 2015). Ethical care directly reflects elements of professional empathy, such as providing compassionate care, understanding the patient’s perspective, and thoughtful consideration of the needs and values of each person (ANA, 2015). Empathy and ethics are connected, and both play a vital role in the decision-making process of nurses, particularly for decisions involving some level of uncertainty that require moral reasoning or values-based judgment (Barlow, Hargreaves, & Gillibrand, 2018).

Keywords: empathy; ethics; decision making; caring

Year after year, nursing is rated as the most trusted profession in the United States (Brenan, 2017). Some may attribute this public trust in nurses to the fact that nurses follow a *Code of Ethics* that stresses professional values such as honesty, integrity, accountability, and respect for human dignity (American Nurses Association [ANA], 2015). However, most health-care professions have professional codes of behavior, yet do not command the same level of public trust. Trust is a result of relationship building and a central characteristic of the nurse–patient relationship (Strandås & Bondas, 2018). According to Provision 1 of the ANA *Code of Ethics*, the nurse–patient relationship is fundamental to the delivery of ethical care (ANA, 2015, p. 1), and empathy has been identified as one of the cornerstones of this relationship (Doyle, Hungerford, & Cruickshank, 2014; Stein-Parbury, 2013). Empathy in the nurse–patient relationship involves the nurse’s ability to walk in the patient’s shoes, garner a complete cognitive understanding of the patient’s perspective, and respond effectively as a result (Hojt, Gonnella, & Maxwell, 2009). When the nurse is able to explore the patient’s “unique experience,” the nurse is more likely to appreciate the patient’s perspective (Strandås & Bondas, 2018, p. 17). Understanding of the patient’s perspective is imperative when decision-making situations are ethical in nature. In order to carry out complex decisions of this magnitude, the nurse must use empathy to build the nurse–patient relationship.



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Knowledge gained, as a result, is able to be used as a guide to ethical decision making that reflects an understanding of the patient. The purpose of this article is to explore the concept of empathy in nursing, its connection to ethical care provision, and how this connection plays a role in the decision-making process.

EMPATHY IN NURSING

Empathy is a broadly studied topic, both within and outside of nursing (Yu & Kirk, 2009); the various, often ambiguous, definitions of empathy have made it difficult to find a concrete and precise meaning of the concept, specifically for nursing. Although some definitional uncertainty exists in nursing, principles of empathy in nursing have been defined as the ability to understand another's feelings and thoughts (Kunyk & Olson, 2001), as the ability to "stand in the patient's shoes" (Hojat, 2016, p. 96), as essential for the "helping relationship" (Campbell-Yeo, Latimer, & Johnston, 2008, p. 712), as caring (Kunyk & Olson, 2001), and as the ability to understand the "experience(s) of others" (Petrucci, La Cerra, Aloisio, Montanari, & Lancia, 2016, p. 1), and the "perspectives of the patient" (Ward, Cody, Schaal, & Hojat, 2012, p. 34). Many scholars agree that professional empathy, also known as cognitive or state empathy, in nursing and other health professions, is a clinical skill that can be learned, taught, cultivated, improved upon, and measured (Alligood, 1992; Cunico, Sartori, Marognolli, & Meneghini, 2012; Hojat, 2016; Kunyk & Olson, 2001; Williams, Brown, & McKenna, 2013; Williams & Stickley, 2010; Wróbel, 2013; Yu & Kirk, 2008; Yu & Kirk, 2009). Emotional empathy, also called basic, affective, or trait empathy, is seen as a human developmental characteristic which is nurtured and fostered throughout childhood and into adulthood (Alligood, 1992; Hojat, 2016; Lucas, 2014). Empathy in the nursing literature has been described as a human trait, a professional state, and a combination of both (Sutherland & Wiseman, 1995; Kunyk & Olson, 2001; Campbell-Yeo et al., 2008). However, a more recent focus has been placed on professional empathy.

Professional empathy is easier to measure due to its concrete nature. This may explain the more recent concentration on this component of empathy in health care. This concentration draws attention away from the emotional aspect of empathy in the context of professional practice environments. In other health-related disciplines, Hojat, Fields, and Gonnella (2003) suggest that detachment and sympathetic distance should be employed to avoid a situation in which an emotion might impair decision making and clinical objectivity. However, both nurses and patients value nursing care that involves a level of emotive understanding, affective connection, compassionate concern, and the ability to communicate feelings (Campbell-Yeo et al., 2008; Lee et al., 2003). In fact, in one study of patient perspectives of nursing care, the patients reported that the best nurses are caring and that "caring was not simply an acquired empathy but was viewed as the very core of their being" (Tyrrell, Levack, Ritchie, & Keeling, 2012, p. 2472). Caring, compassion, empathy, and altruistic attachment support some of the basic principles of nursing care.

Some studies have shown that empathy is a "risky strength" (Tone & Tully, 2014, p. 1547), with empathic tendencies leading to negative emotional outcomes including emotional exhaustion, interpersonal guilt, anxiety, and depression (Wróbel, 2013; Tone & Tully, 2014). Some even suggest that empathy, since it is a learned behavior, may be suppressed to diminish the potential negative impact

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on nurses, yet this is far from conclusive (Campbell-Yeo et al., 2008). Measures such as repeated exposure to difficult situations, increased education, and improvement in work conditions are suggested mechanisms that might suppress empathic responses (Campbell-Yeo et al., 2008). These all may be mechanisms to improving nursing care. However, to address these mechanisms as a way to suppress empathy seems incongruent with the current definition of the concept. The nurse engaging in empathy is expected to place the patient at the center of care, understand the patient's perspective, and listen with compassionate understanding during traumatic, difficult, and even grave situations. Thus, it appears that improvements in experience and education might serve to enhance empathy rather than suppress it.

In one study of empathy (Adams, 2016), nurses responded that years of experience made it easier to stand in the patient's shoes and that they were more likely to use empathy to guide decisions made about patient care as a result of experience. In this same study, experience was also thought to strengthen the nurse-patient relationship (Adams, 2016). Empathic nurse behaviors are vital to building a trusting nurse-patient relationship and trust is a key component of ethical nursing care (Doyle et al., 2014; Olshansky, 2011; Stein-Parbury, 2013).

ETHICAL NURSING CARE

Ethical nursing care includes the integration of "moral principles such as fidelity, loyalty, veracity, beneficence, and respect for the dignity, worth, and self-determination of patients" (ANA, 2015, p. 15) and is "focused on matters of obligation or what ought to be done" (Carper, 1978, p. 29). In ethical care situations nurse ask questions such as, "Is this right?" and "Is this responsible?" (Chinn & Kramer, 2011, p. 88). Ethical nursing care requires a "respectful, open exchange of views" (ANA, 2015, p. 20) in which nurses hold the responsibility to "render compassionate, respectful and competent care" (p. 20). The value-laden and ethical challenges of caring for people dealing with a diagnosis often place nurses in decision-making positions that are not outlined in textbooks or in instructional guides. These are often referred to as ethical dilemmas.

Ethical dilemmas occur when questions cannot be answered using a policy and procedure manual or a strategy involving "simple logic" (Bennett-Woods, 2015). Ethical decision-making usually involves more than one potential answer to a question, and it is often that these answers may be conflicting and unclear (Beauchamp & Childress, 2013; Thompson, Aitken, Doran, & Dowding, 2013). Ethical decision making involves weighing information and making judgments, and ethical guidelines may serve as decision support. However, even when presented the same information about a patient, nurses vary in how they form judgments (Thompson et al., 2013). Empathic nurse behaviors such as taking the patient's perspective into account, walking in the patient's shoes, and using compassion (Hojat, 2016) can support the process of making decisions and judgments of an ethical nature. Ethical judgments must reflect the nurse's commitment "to affirm and respect patient values and decision making processes" (American Nurses Association, 2015a, p. 3), as an advocate and as an unbiased care provider. In order to appreciate the values of the patient and incorporate these values into the decision-making process, the nurse must have firsthand knowledge and an understanding of the patient's experience and perspective.

DECISION MAKING

Decision making in nursing is complex. Nurses are required to make multiple decisions addressing a variety of patient needs throughout the clinical day (Thompson et al., 2013). Although the use of ethics is essential to all decisions made in nursing, technical and ethical care decisions differ with regard to the process the nurse uses to make the decision (Dowding et al., 2012). When a patient problem is highly technical or well-defined, the decision-making process is primarily task-oriented and based in logic (Welsh & Lyons, 2001). Technical judgments made in nursing are often supported by policies and procedures (Barlow et al., 2018). However, when decision-making situations in nursing are more complicated or involve conflicting elements, additional decision-making factors are utilized (Dowding et al., 2012). Many decisions nurses make, particularly in situations that are not as well-defined, require a level of emotional understanding and experience and rely on cognitive, affective, behavioral, and intuitive aspects of professional decision making (Thompson & Stapley, 2011; Welsh & Lyons, 2001). An ethical patient care dilemma presents an example of a situation in which the use of the aforementioned professional decision-making aspects is critical. Empathic and ethical behaviors merge as foundational to decision making when patient care situations are ethical in nature.

In one study of nurses' perceptions of the use of empathy to guide patient care decisions, Adams (2016) found that empathy was primarily used in values-based decision making as opposed to procedural or technical decision making. The nurses believed that patient care situations that were difficult or that challenged conventional beliefs were the instances when the use of empathy was most essential. Nurses presented situations of ethical concern and spoke about how empathy was used to guide their decisions.

One nurse participant in Adams's (2016) shared a story of a patient who needed an oxygen mask to maintain an oxygen saturation level above 90%. The patient's spouse was admitted to the oncology unit at the same facility and was actively dying. The patient's family needed to speak to the patient about this, and the patient asked if he could remove the mask so he could communicate the end-of-life wishes of his spouse to his children. The nurse was concerned, but applied a nasal cannula and stayed near the patient while he had this important discussion with his children. The nurse shared that "his O2 sat. dropped but I knew the conversation was important and sometimes you need to make the call in favor of the patient's wishes....even if that might go against keeping a higher oxygen saturation."

In Adams (2016), knowing the patient, hearing the patient, and having an emotional connection to the patient were themes that emerged when nurses were asked about how they used empathy to guide decisions in complex patient care situations. Additionally, several nurses stated variations of, "If it were me" and/or "If it were my family member, I would want to be treated in a similar manner." The nurses also recognized that experience was important to using empathy effectively to guide decisions. One nurse stated that experience caring for patients helps create a "passion for caring" that connects the nurse to the patient situation. Another nurse recognized that the perspective-taking component of empathy supports the nurse in acting as an advocate, and wrote "I knew I needed to advocate for the patient because I was the one who understood him best." One nurse noted that when "I stand in the patient's shoes" and use empathy to guide patient care, "I feel my patient and I...both trust each other more."

A study of practicing nurses' perceptions of the use of empathy to guide patient care decisions found that patient care situations that were difficult or that challenged conventional beliefs were the times when the use of empathy was most essential.

The nurse engaging in empathy is expected to place the patient at the center of care, understand the patient's perspective, and listen with compassionate understanding during traumatic, difficult, and even grave situations.

In this example, there are distinct connections between the use of empathy to guide decisions and the recognition that the ethical imperatives of advocacy and trust are integral to this process. The nurse must understand the patient's perspective in order to participate in the reciprocal trusting relationship between the nurse and the patient that is crucial to ethical care delivery (ANA, 2015). As an advocate, the nurse "promotes, advocates for, and protects the rights, health, and safety of the patient" (ANA, 2015, p. 9). Since self-determination is a patient right, the patient's perspective is of the utmost importance for the nurse to understand in order to adequately advocate for the patient.

SUMMARY

Empathy and ethics, when examined in conjunction with one another, are interconnected in the decision-making process of nurses. An unbiased understanding of the patient's perspective, gained through the use of empathy, allows the nurse to establish a trusting nurse-patient relationship. The imaginative process of being able to envision what it is like to walk in the patient's shoes is essential to support ethical decision making. Using empathy allows nurses to be authentic in the face of demanding and emotional situations, and to make difficult decisions with the patients' individual interests in mind. Support for enhancing empathy in nurses has the potential to improve trust, authenticity, and connection in the nurse-patient relationship which is foundational to providing ethical care. A dedicated focus on these processes in professional nursing practice and nursing education will create the continued support necessary to reconfirm public trust in nurses year after year.

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