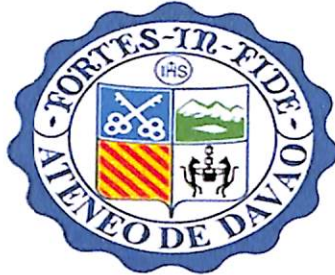


**Intensive Care Unit Nurse's Empathy towards Critically Ill Patients:
A Phenomenological Approach**



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ABSTRACT

The study originated as the researcher questioned if whether empathy is still present as the health care industry is very dynamic nowadays.

This study utilized a qualitative type of research, specifically the Hermeneutic Phenomenological Analysis. Six, one on one, interviews were conducted to discover the lived experiences of the Intensive Care Unit Nurses of the Davao Doctors Hospital in regard to the concept of empathy.

The study had two questions, what is the construal of ICU nurses on empathy and of how they practice it. The data gathered twelve subthemes for the first question which illuminated five emerging themes namely, development of affection, heightened awareness, altruism, essential for nursing and caring approach. These themes exemplified how ICU nurses construe empathy. The second question was answered with eleven subthemes which then emerged into four themes, ensuring patient welfare acts of beneficence, amending strict policies, protocols and job description and reciprocity. These themes illustrate how the nurses experience empathizing with critically ill patients.

The findings of the study enhances the nursing practice by showing the different definitions and practices of nurses in utilizing empathy for the betterment of their health care delivery to their clients. The discoveries of the study may aid the nurses develop their skills, attitudes and personalities as the participants have illuminated how important empathy is, not only to their patients and watchers, but also to their own careers.

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Chapter 1

Introduction

Background of the study

Empathy being a widely used term especially in health care has a lot of different meanings (Fishman & Josselson, 2001 and Larsen, 1997). Such term came from the Greek word “*emphatheia*”, which literally means “to enter feelings from the outside”. The term empathy was coined in the early 1900s, yet such concept started to be practiced only in the 20th century. Specifically, empathy entered the world of nursing when Carl Rogers addressed the American Nurses Association in 1957 about how important such concept is in developing therapeutic relationship with clients (Larsen, 1997). It is “a complex multi-dimensional concept that has moral cognitive, emotive and behavioral components” (Mercer & Reynolds, 2002). In relation to the clinical setting, empathy involves the ability to understand the patient’s situation, perspective and feelings. Thus, empathy is considered to be a fundamental component of the nurse-patient relationship (Alligood, 2005; McCarthy & Russell, 2009).

Despite the several definitions mentioned above, there are still dilemmas on how empathy is truly applied and understood among human beings. Several studies show that due to the diverse and globalization of the world, the true meaning and application of empathy is still questionable (Larsen 1997 & Chung et.al. 2004).

Similarly, the findings of this study which contains the construals of the Intensive Care Unit Nurses have produced bountiful and different contexts regarding empathy. Their definitions may somehow be similar but are applied and understood differently from one another. Some

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participants have offered simple definitions while others were complex and multifaceted. However, their concept or construal on empathy are united by one thing, according to the unique and lived experiences of the participants, empathy is for the goodness of not only their patients but also for their personal and professional development.

Then, in regards to the Filipino setting, empathy is often translated or is considered closest to "*pakikiramdam*" (Mansukhani, 2005). "*Pakikiramdam*", is one of the Filipino traits that allow Filipinos to be more open minded in handling interpersonal situations wherein they are able to accommodate the uniqueness of other human beings. It enables them to somehow disregard criticisms and instead find similarities with the persons their dealing with in order to establish a meaningful relationship (Gripaldo, 2005).

In relation to the Filipino trait mentioned above, the study produced several findings wherein the ICU Nurses involved in this study have exemplified "*pakikiramdam*" in their everyday interaction and empathizing with their clients. Through "*pakikiramdam*", the participants were able to adjust to the dynamicity and uniqueness of their patients. With it, they were able to accommodate the different needs of their patients. Also, with "*pakikiramdam*", the participants were able to extend their patience and be more compassionate and considerate to their clients.

Intensive Care Unit (ICU) Nurses, or others may refer to them as Critical Care Nurses, who are most of the time at the bedside during the whole critical and demanding process of a patient's disease rather than other specialties in nursing. ICU nurses deal with death and dying almost every day of their nursing career. Yet, there is still limited information regarding their helpful behaviors in providing end of life care for dying patients and the patient's families.

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(Karin et.al. 2000) Their primary function might be to support and sustain the life of critically ill patients, yet, they also have the duty to provide a caring and compassionate type of care to the dying patients and to the patient's significant others (Farrell, 1989). The complicated demands of the work in the Critical Care are often contributory to the stress, burn out and dehumanization which inhibits the ICU nurse to practice empathy towards their patients.

I myself am an ICU Nurse. I have first handedly witnessed how the type of care in the ICU is different from that of other specialties in nursing. Our work is always demanding. One mistake and the life of our patients are at stake. We administer complicated and dangerous drugs. We manipulate complicated and high technology machines. We deal with different types of personalities from medical technologists, pulmonary therapists, patients, doctors and even our colleagues themselves. Hence, such work load may be contributory to the notions that we may tend to focus more on the proper execution and completion of tasks rather than meaningfully interacting with our clients. However, through the findings of this study and through my personal experiences, I could say that empathizing or having therapeutic relationships with our patients indeed aid for the betterment of our clients.

On the other hand, when I was still starting at my job as a staff nurse, a colleague of mine once said, that "as Nurses go along with their profession and as they gain more experience and know-how, there might come a time that nurses will be treating their patients as robots". I then was astonished of how he saw Nursing despite of the notions that nursing is a caring profession or is a calling. Hence, as I went along my journey in becoming a therapeutic Nurse, I began to have some questions and some observations regarding the notion mentioned by my colleague. Frankly, I have noticed some of my senior Nurses that may have lost the "therapeutic touch" in dealing with their clients. They were considering their work as routines wherein the true and

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deep connection with patients somehow diminishes. I could somehow notice that some of them just rush in order to finish their work without establishing some connection with the patients they care for.

Nurses may only tend to manage the patient symptomatically and not as a whole being or person. Such assumption may be supported by Mynatt's (1985), argument that as a nurse gains more experience in his or her workplace, the practice of empathy declines. Such argument is based on the supposition that as nurses grow old in their environment, they often give more importance to the completion of tasks rather than having meaningful interaction with their clients. Concern with the manipulation of high technology machines and delivery of complicated drugs were contributory to the hindrance of emphatic relationship between the nurse and the patient (Larsen, 1997).

However, on the bright side, as I finished conducting my study, I have found out that such instances wherein some Nurses lost the essence of the caring profession are somehow isolated. The participants of this study are senior Nurses of the hospital; they have lengthy experience and knowhow about the practice. They have been interacting and dealing with patients for a long period of time, yet, they have still practiced empathizing with their patients. The experiences of the participants exemplified that despite the workload and stressful scenarios on their shifts, they are still able to develop a meaningful and therapeutic relationship with their patients.

Moreover, due to the high emotional stress brought about by the work in healthcare, nurses are very much prone to the development of compassion fatigue. The demand of displaying empathy towards critically ill patients predisposes Intensive Care Nurses to be

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emotionally and physically exhausted into such a point wherein the display of empathy and caring diminishes (Mathieu, 2007 & Mchholm 2006). However, this study will not be focusing on such concept and will be directed onto what is the construal of Intensive care nurses on empathy.

Nevertheless, there have been already a lot of quantitative studies involving the measurement of empathic ability of nurses, but somehow it still comes into debate of how empathy is truly understood and practiced. According to Larsen (1997), the “use of the term empathy has been questioned because of its poor conceptual clarity”. She added that a lot of quantitative research has been more focused on measuring the empathic traits of individuals but not that of the qualitative meaning of empathy.

The complexity and dynamicity of practicing empathy in nursing care, especially in the Intensive Care Unit, amidst a lot of quantitative research makes this research personally and qualitatively interesting. The different, unique and genuine lived experiences of the participants in this study have produced bountiful construals on empathy. More so, the participants have shared different ways on how they showcase empathizing with their critically ill patients.

Questions of the Study

This study aimed to explore the construal of Intensive Care Nurses on empathy. Specifically, the researcher aimed to discover the answers of these following questions:

- 1) What are the construals of Intensive Care Nurses on empathy?
- 2) How do Intensive Care Nurses demonstrate empathy towards their patients?

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Significance of the study

The study may be significant to the nursing profession, specifically to the Intensive Care Nurses, as it discovered new experiences and themes that may serve as basis for personal and professional development towards empathic dealing with patients. The discoveries of the study might be of good reference for nurses to use for self awareness or analysis. The themes that were discovered in this study may be of help to the nurses to serve as a guide in developing more meaningful nurse-patient relationship.

The discoveries of this study may also be beneficial to the patients. The inputs that have been gathered in this study might be contributory to the betterment of health care services, specifically, the nursing service. This study may be able to generate ideas and lessons for future nurses for them to use as a key for more therapeutic nurse-patient interaction.

The experiences gained through this study may also be vital for nursing schools. The findings of the study may be of help in fine tuning old subjects or perhaps develop new ones in order to harness and build up the empathic characteristics of future nurses. Nursing schools may be able to produce nurses not only skilled with technical prowess but also with an empathetic mindset.

Moreover, the findings of the study may serve as basis for training grounds for the nursing personnel. Hence, the findings of this study may be a key for the hospital administration to develop seminars that would aid their nurses develop their skills at the same time nurture their empathetic values.

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The results of the study may aid future researchers in developing qualitative data regarding empathy in the health care setting, especially in the intensive care units. The findings may offer vital information for future studies involving the similar phenomena.

Lastly, the experiences of the participants of the study may enhance my caring skills as I myself am an Intensive Care Unit Nurse. I may use the findings of this study as tools for my own self introspection in order for me to develop personally and professionally.

Scope and Delimitation

The study comprised six purposely selected participants. The selection was based on the expertise and tenure of the staff nurses. I believed that these participants had more vital inputs for the outcome of this study. The participants came from the Davao Doctors Hospital. It has a 250 bed capacity and is staffed with more than 300 nurses offering different nursing care. Specifically, the participants of the study came from the different Intensive Care Units of the hospital namely, the Adult Intensive Care Units 1 and 2, the Coronary Care Unit, the Pediatric Intensive Care Unit and the Neonatal Intensive Care Unit. There was at least one representative from each area, specifically two Adult Intensive Care Unit 1 Nurses, one Adult Intensive Care Unit 2 Nurse, one Coronary Care Unit Nurse, one Pediatric Care Unit Nurse and 1 Neonatal Intensive Care Unit Nurse, in order to collect substantial understanding of empathy. Moreover, the experiences gathered were more diverse since the participants are dealing with different age groups and different types of patients.

Moreover, the participants have been working in the present area assignment for more than 1 year, and have a cumulative work experience of more than 3 years.

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The primary limitation of the study was the number of the participants and the method of selection. I used the help of gatekeepers, specifically, the head nurses or officers in charge of the respective departments to help me choose the participants who will give the most tantamount narrative regarding the experience of empathy.

Moreover, the greater number will offer a bigger view in terms of the phenomenon being studied, thus, the decision of the number of participants was selected.

Furthermore, the study will be limited to the two most common used and or discussed components of empathy, cognitive and emotional empathy. Cognitive empathy is defined to be the ability to understand or perceive another person's inner experiences and thoughts. On the other hand, emotional empathy is the ability not only to understand what the other person is feeling but it entails a person to share the same feelings and emotions (Hojat et.al. 2002) In simpler terms, cognitive empathy is the experience of understanding what the person feels or his or her emotions, while, emotional empathy is the ability of experiencing the said feelings and emotions.

Lastly, the study utilized a qualitative method of research. Specifically, the researcher used a Hermeneutic Phenomenological approach for this study. Such method was chosen due to the expectation that it will produce honest, narrative and real life understanding of different staff nurses towards empathy.

Definition of Terms

The following terms and meanings enlisted below are based on how the researcher understands them and on how they used in this study:

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Cognitive empathy is defined to perceive what the patients or watchers feels or understanding what the other person's emotions.

Compassion fatigue is defined to be a combination of physical, emotional, mental and spiritual exhaustion of healthcare professionals who deals with critically ill patients.

Critically Ill patients are patients have very poor prognosis and the chance of dying is more likely than the chance of recovery. Most of these patients are already on "NHM (No Heroic Measures)" status or they are wholly supported by life support machines such as, but not limited to, mechanical ventilators, inotropic drugs and the like.

Death refers to the absence of life. It is when there is permanent cessation of all vital parts of the human body.

Emotional empathy is the experience of sharing and or feeling the experience of another person. For this study, it is experiencing the world of the patients or watchers.

Empathy is the experience of being inside another person's world as if it is your own. It is the ability of a person to feel and or understand what the other person is feeling from their own point of view.

End of Life Care involves the scope of nursing wherein the nurse renders his or her care towards a dignified death of a patient.

Hermeneutic Phenomenology is a branch of phenomenology wherein the researcher interprets the experiences of the participants into qualitative findings.

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Intensive Care Nurse is a type of nurse which specializes on rendering care to critically ill and or unstable patients. Most of the patients that they cater have life threatening conditions.

Intensive Care Unit is a specialized department of the hospital that renders intensive care medicine via specially trained medical and nursing personnel.

NHM (No Heroic Measures) is an advanced directive which directs health care professionals to allow natural death to a patient.

“Pakikiramadam” is a sense of finely tuned sensitivity and awareness wherein a person attempts to understand and experience the feelings of another person.

Phenomenological Approach is a type of inquiry that attempts to understand people's construal, experiences, perceptions and understandings of a particular situation or phenomenon.

Watchers are the significant others of the patients. They may be the family, relatives or even guardians of the patients.