

Boston College

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THE MEANING OF EMPATHY IN THE CONTEXT OF CLINICAL NURSING PRACTICE  
AMONG SENIOR BACCALAUREATE NURSING STUDENTS

A Dissertation by

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### **Abstract**

Empathy is a vital element in the formation of meaningful and trusting relationships between nurses and patients. Studies indicate that empathetic providers promote both increased patient satisfaction and better health outcomes for patients. Given the significance of empathy, what stood out is the gap in knowledge regarding the meaning of empathy from the perspective of senior baccalaureate nursing students just prior to entering the health care context as registered nurses. The purpose of this study was to understand the meaning of empathy, in the context of clinical nursing practice from the perspective of senior baccalaureate nursing students. A hermeneutic phenomenological approach was used in the research analysis. The key research questions were: What is the meaning of empathy in the context of clinical nursing practice among senior baccalaureate students? How does clinical nursing practice shape and nurture empathy for senior baccalaureate nursing students? The researcher anticipates this study to be the first, which delineates the meaning of empathy in the context of clinical nursing practice among senior baccalaureate nursing students. Three essential themes surfaced during analysis, discovering every patient is a human person, empathy helps patients feel visible, heard and understood, and empathy breaks through bias towards patients. The results also suggest that clinical nursing practice among undergraduate nursing students shapes and nurtures empathy.

*Keywords:* Empathy, hermeneutic phenomenology, nursing

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## **Chapter 1**

### **Statement of the Problem**

Empathy is essential to effective nursing practice (Fernandez & Zahavi, 2020; Penprase, Oakley, Ternes, & Driscoll, 2014; Stavropoulou, Rovithis, Sigala, Pantour, & Koukouli, 2020). In this study, empathy was defined as the capacity to understand, grasp, appreciate, and/or be acquainted with another's feelings or perspective without having undergone the same experience of the other. Nursing scholars consider empathy a vital element in the formation of meaningful and trusting relationships between the nurses and patients (Fernandez & Zahavi, 2020; Turner, Locke, Jones, & Carpenter, 2019). When used by nurses and healthcare providers empathy transforms and improves patient-centered outcomes (Roche & Harmon, 2017; Stenke, Abrahamson & Bair, 2016; Vangronsveld & Linton, 2011). Empathy also increases the well-being of nurses and other healthcare providers (Bas-Sarmiento, Fernandez-Gutierrez & Baena-Banos, 2017). Moreover, empathy reduces the probability of burnout and improves work satisfaction, as well as improves patient satisfaction (Yu, Quio & Gui, 2021; Ward, Cody, Schaal & Hojat, 2012).

Empathy can be improved among undergraduate nursing students using immersive and simulation-based interventions (Levett-Jones, Cant & Lapkin, 2019). Yet, limited data exists on the efficacy of the structured educational simulations to help students maintain or enhance their empathy over time (Levett-Jones et al, 2019; Bas-Sarmiento et al., 2017). Dissonance can exist between ideal scenarios in simulation-based interventions and the development of empathy in complex and volatile healthcare environments. For example, expectations of empathy or empathic behaviors may be diminished by a lack of organizational support (e.g., inadequate

staffing, experiences of discrimination) (Taylor, 2020). Educational opportunities (simulation and otherwise) aimed at teaching undergraduate nursing students' empathy are in decline (Sheehan, Perrin, Potter, Kazanowski & Bennet, 2013). That is, nursing schools place emphasis on accreditation and healthcare employer mandates that center on proficiency in clinical skills and the use of technology as opposed to other critical elements of nursing (Sheehan et al., 2013). Moreover, empathy simulations may focus too much on behavioral techniques or behaviors rather than learning a way of being with and understanding another human being as an essential manifestation of empathy (McKinnon, 2018).

Learning empathetic behavioral techniques (e.g., empathic words, holding patients' hands) from simulation without actual clinical nursing practice to develop empathy comes with the risk of obscuring another human being's experience (Fernandez & Zahavi, 2021). There remains an additional perspective of acquiring empathy besides educational simulation. Learning empathy through direct encounter with a person in the real-world clinical nursing practice where human-to-human connections are essential and may be more effective to nurture and enhance empathy in the real-world of patient care. When students discover details of an experience by hearing unique stories directly from the patient, the story can overturn the student's ready-made beliefs (Gao, 2019). The experiential learning of empathy through person-to-person interaction allows one to listen to the unique description of a phenomenon given by another person, such as the experiential phenomena of pain, an important patient-centered outcome.

Furthermore, the direct clinical encounter with a patient with pain teaches the student to understand the patient's experience by listening to their description of pain and suffering and try providing nursing care to relieve pain for this particular patient. Such clinical experience enhances the students' ability to exercise empathy in actions, in turn, to actualize patient-

centered care (Gao, 2019). Direct clinical nursing practice allows the student to attend to the needs of the particular person in the particular time. In the context of direct clinical nursing practice, the student gains an understanding as to the individuality of the patient's experience that in turn can enhance the student's capacity for empathy (Fernandez & Zahavi, 2021). As an experiential phenomenon, empathy may be nurtured and enhanced through nursing students' clinical nursing practice. Limited research has been done to understand the meaning of empathy in senior baccalaureate nursing students in the context of clinical nursing practice.

### **Significance of the Problem**

The practice of empathy remains linked to improving a substantial range of patient-centered outcomes (e.g., pain, anxiety) and increased patient satisfaction. For example, when a nurse or healthcare provider conveys understanding of the patient's experience from the perspective of the patient, the patient feels respected, believed and taken seriously (Roche & Harmon, 2017; Stenke, Abrahamson & Bair, 2016). Trust is created between the provider and the patient as a result. It is plausible that a provider's empathy might then empower the patient to step back from the subjective experience of chronic pain, for example, to carefully analyze and explore new adaptive processes (Roche & Harmon, 2017; Stenke et al., 2016). Empathy validates the patient's experience of living with chronic health problems and can result in greater patient satisfaction with the provider (Roche & Harmon, 2017). Furthermore, by conveying empathy, the provider could discover what is important to the patient and then recommend more focused therapies (Roche & Harmon, 2017). The strength of different study suggested that a validating communication style by the provider enhanced patient satisfaction (Vangronsveld & Linton, 2012). This same study also suggested that greater patient satisfaction with the provider

seemed to diminish pain intensity ratings of patients suffering from recurring low back pain (Vangronsveld & Linton, 2012).

Empathy can improve surgical recovery time, as well as improve care for individuals with chronic illness. In a study aimed at evaluating the influence of an empathetic patient-centered approach on preoperative anxiety and surgical outcomes among ambulatory surgical patients, the intervention using empathy reduced preoperative anxiety and increased surgical recovery, wound healing, and patient recovery (Pereira, Braga & Carvalho, 2016). Another study was aimed at confirming that physicians' empathy was associated with positive clinical outcomes for diabetic patients (Hojat, Louis, Markham, Wender, Rabinowitz & Gonnella, 2011). Indeed, physicians with high empathy scores significantly increased the likelihood of good control of hemoglobin A1c levels in their patients compared to patients of physicians with low empathy scores (Hojat et al., 2011). Empathy also promoted patient sharing without concealment so patient needs could align better with treatment plans (Hojat et al., 2011).

Several studies stand apart in illustrating that when patients perceive clinicians as empathetic, the severity and duration of illness decreased and levels of trust and satisfaction with the provider increased. In a study to evaluate the effects of empathy in the patient-provider interaction and the severity and duration of the common cold, when patients perceived clinicians as empathetic the duration and the patient reported severity of the common cold was significantly reduced (Rakel et al., 2011). A study to determine patients' personal experiences and expectations of empathy from their clinical practitioner, the results indicated that empathy increased feelings of satisfaction, relief, and trust (Derksen, Hartman, van Dijk, Plouvier, Bensing & Janssen, 2017). Furthermore, empathy from the clinician resulted in new coping strategies (Derksen et al., 2017).



Empathy improved nurses' job satisfaction and decreases nurse burnout. In a review of the literature to determine the relationship between nurse burnout and its relation to empathy, the review determined that a nurse's ability to self-regulate emotions during empathetic engagement may reduce the risk of burnout (Hunt, Denieffe & Gooney, 2017). In a cross-sectional survey of emergency department nurses, this study suggested that empathy protects against compassion fatigue and burnout among nurses working in the emergency department (Yu, Quio & Gui, 2021). The results of a study to investigate how empathy is developed and maintained when there is conflict between nurses and patients in the psychiatric inpatient setting revealed that empathy allowed the maintenance of the therapeutic relationship during conflict and influenced satisfaction of both nurses and patients (Gerace, Oster, O'Kane, Hayman & Cochrane, 2018).

Given the significance of empathy positively affecting patient outcomes and nurse satisfaction, little or nothing was known regarding the meaning of empathy from the perspective of senior baccalaureate nursing students as they begin their life's work as registered nurses, prior to this study. Senior nursing students have experienced more direct nursing care than other students seeing the potential impact and difference empathic experiences may make on patient-centered outcomes. They have more acquaintance engaging the experiential source of empathy, recognizing and grasping another's experience (e.g., pain, anger, loneliness, joy) through an empathic face-to-face encounter that is direct and immediate (Fernandez & Zahavi, 2020). Among all undergraduate students, senior baccalaureate nursing students have more time to potentially nurture empathy through clinical nursing practice. Yet, research is lacking to understand the meaning of empathy from the perspective of senior baccalaureate nursing students. This study addressed this knowledge gap by using a hermeneutic phenomenological

approach to uncover the meaning of empathy from the perspectives of senior baccalaureate nursing students in the context of clinical nursing practice.

### Definitions and Assumptions

Empathy and compassion are very often used interchangeably in the nursing literature (Morgan, 2017; Fernandez & Zahavi, 2020). The fundamental definition of *Empathy* indicates that it tends to be used to mean imagining, or having the capacity to imagine feelings that one does not actually have (Merriam-Webster, 2021). *Empathy* is the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience, fully communicated in an objective explicit manner (Merriam-Webster, 2021).

Empathy differs from compassion in that *compassion* refers to both an understanding of another's pain and the desire to somehow mitigate that pain (Merriam-Webster, 2021). Based on the Merriam-Webster dictionary, *compassion* refers to both a feeling and the action that stems from that feeling (Merriam-Webster, 2021). Empathy refers to 'the ability to understand and share the feelings of another', whereas *sympathy* means 'feelings of pity and sorrow for someone else's misfortune' as in, they had great sympathy for the flood victims (Merriam-Webster, 2021). The Oxford Dictionary of English defines empathy as the ability to understand and appreciate another person's feelings and experience (2019). While compassion always involves actions for the sake of the other who is suffering, empathy tends to emphasize one's ability to understand and share the feelings of another.

In the fundamental definition of empathy, the assumption holds that there remains always a difference between what one is aware of when one empathizes with the other, and that which

the other is experiencing. The assumption in the basic definition of empathy does not mean one has the same mental state or feeling as another (Fernandez & Zahavi, 2020). Rather, with the fundamental notion of empathy, the assumption maintains that one is experientially acquainted with another's experience, yet, it is not one's own (Fernandez & Zahavi, 2020). The otherness of another remains. One can grasp or perceive the feelings of another but one is not undergoing the same kind of experience (Fernandez & Zahavi, 2020). Empathy occurs as an immediate and direct encounter with another human being, it is experienced during face-to-face interactions with another human being (Fernandez & Zahavi, 2020).

### **Overview of the Philosophical Underpinnings**

The lengthy development in the philosophy of phenomenology, during the late 19<sup>th</sup> and mid 20<sup>th</sup> century, remains complex. Key figures in this development, Edmund Husserl and Martin Heidegger, advanced their own distinctive approaches to phenomenology. Their divergent philosophical approaches remain in usage today as frameworks to underpin research methodologies among nurse scientists. Husserl's approach remains associated with descriptive phenomenology. For Husserl, the goal of phenomenology is to vividly describe the reality of the actual experience of the phenomena (Husserl, 1962). As a result, one comes to know the actual reality, 'lived experience', of the phenomena experienced by the study participants (Husserl, 1962). The researcher puts aside all preconceptions of the phenomena, referred to as reduction (Husserl, 1962). This first step, gives greater objectivity to the data, against the researcher's self-interest (Koch, 1995). For Husserl, this prevents the researcher putting cultural influences or presumptions upon the participant's description. The researcher seeks to discover the reality of the participant's experience with fresh eyes untainted by the researcher's preconceptions

(Husserl, 1962). Only a vivid description of the experience remains, no attempt is made to derive meaning or interpretation as to the other's experience (Husserl, 1962).

Heidegger's approach differs. His focus remained uncovering the meaning of being or entities. Heidegger's concerns center on what makes phenomenon what they are (Heidegger, 1972). One is what one takes one's self to be (Koch, 1995). The world was a key part of one's understanding of the meaning of being. The context impacts both existence and the experience (Heidegger, 1972). The meaning cannot stand alone separate from the world. He suggests that human beings live in a world that they both experience and interpret. All understanding is interpretive from a particular perspective (Heidegger, 1972). Heidegger maintained that one's preconceptions cannot be removed as people can only be understood in their world (Heidegger, 1972). Awareness of one's preconceptions (reflectivity) can help the researcher gain understanding as to the phenomenon of study (Heidegger, 1972; Cohen, Kahn & Steeves, 2000).). The researcher does not need to put aside his/her preconceptions of the phenomena and remains a part of the study, then, as one brings one's understanding to the text (Koch, 1995; McConnell-Henry et al., 2009). The researcher's understandings can be corrected and modified through an iterative process of going back and forth through the text with other researchers (Heidegger, 1972; Koch, 1995; Cohen et al., 2000). Heidegger's philosophy offers a way to understand one's being in the world. What one takes one to be and how one interprets oneself (Heidegger, 1972; Koch, 1995).

While empathy remains a central concept in nursing (Fernandez & Zahavi, 2020; Penprase et al., 2014; Stavropoulou et al., 2020; Levett-Jones et al., 2019) there remains a lack of consensus as to the meaning of the concept of empathy. Furthermore, no studies have been done to understand what empathy means for senior baccalaureate nursing students in the context of

clinical nursing practice. This dissertation research was aimed at uncovering the meaning of empathy among senior baccalaureate year nursing students. Senior baccalaureate nursing students have greater clinical experiences among all undergraduate nursing students as their studies come to completion. As a result, empathy has potentially shaped or nurtured to a greater extent among the senior baccalaureate nursing students than all other nursing undergraduates. Heidegger's philosophy offered a framework to uncover the meaning of empathy in the context of clinical nursing practice among senior baccalaureate students in this study. Hearing stories of their experiences using empathy with patients, including exemplars of empathic nursing care, adds understanding and clarity as to the meaning of empathy in nursing.

### **Purpose of the Study and Research Questions**

The purpose of this hermeneutic phenomenological study was to understand the meaning of empathy in the context of clinical nursing practice from the perspective of senior baccalaureate nursing students. A qualitative and cross-sectional design with a hermeneutic phenomenological method was used to answer the following questions.

1. What is the meaning of empathy in the context of clinical nursing practice among senior baccalaureate students?
2. How does clinical nursing practice shape and nurture empathy for senior baccalaureate nursing students?

Empathy is essential to patient-centered care in professional nursing. Empathy helps providers understand and appreciate the patient's perspective and by validating their feelings. Studies on empathy are associated with increased patient satisfaction and improved health outcomes of patients. Empathy remains a remarkable tool in clinical nursing practice. Little

was known about the meaning of empathy among senior baccalaureate students. This study addressed this gap in knowledge.

## **Chapter 2**

Chapter 1 described the overall purpose and specific aims to the study and introduced the phenomenon of concern – the meaning of empathy from the perspectives of senior baccalaureate nursing students in the context of clinical nursing practice. This chapter will describe the philosophical underpinnings for the methodological approach that was used in the study. It will be followed by a discussion on the phenomenon of empathy, its significance, and a review of the work on this topic to date and will conclude with identifying the gap in knowledge about the meaning of empathy among undergraduate nursing students.

### **Philosophical Underpinnings of Phenomenology**

**Phenomenon and Discourse.** This study used a hermeneutic phenomenology approach as described by Martin Heidegger, whose philosophical approach focuses on describing the lifeworld and uncovering its meaning within a particular context (Heidegger, 1972). Heidegger's focus centers on what makes a phenomenon what it is and how it impacts the person experiencing it (Koch, 1995). Heidegger suggests that humans are impacted by their history, background and/or culture, and cannot be separated from it. The influences of a person's history, background and/or culture inform their understanding of being in the world and inform the meaning they ascribe to experiences (Heidegger, 1972; Koch, 1995). Contextual events also impact existence and the way things are experienced (Heidegger, 1972). Heidegger's philosophy

offers a way to simultaneously understand both being in the world and the interpretation of what it means to be in the world (Heidegger, 1972; Koch, 1995).

For the purposes of this study, Heidegger's approach provided a philosophical tradition to uncover the meaning of the phenomenon of empathy revealed in the everyday context of clinical nursing practice among senior baccalaureate nursing students. Students had the potential to uncover what empathy means to them by describing it, telling a story about it and reflecting on it. As a philosophical approach, Heidegger gives a structure for inquiry as a way to understand the nature of reality, and specifically for this study, the meaning of empathic patient-centered care in the context of clinical nursing practice. According to Heidegger, the ordinary everyday context is rooted in temporality, which is the unity of future, past and present (Heidegger, 1972). For example, events in a person's past cannot be left completely behind. The past can be carried forward as memories and understood 'proximally,' that is lived out in the present (Heidegger, 1972). However, the present holds potential freedom toward the future and new actions (Heidegger, 1972). In talking about and reflecting on empathy, students have the opportunity to reveal or uncover the meaning of the phenomenon. Further, in their telling of stories from the context of clinical nursing practice they draw upon personal experiences that inform their understanding, as well as help them envision new actions in the future.

From Heidegger's perspective, telling a story about a phenomenon, such as empathy or the way of being with patients in the context clinical nursing practice, is personal and uniquely defined by the person sharing the story. Moreover, it is possible to find common meanings of a situation across individuals when there is a shared perspective about persons in relationship with another (Heidegger, 1972; Koch, 1995; Mulhall, 1996). Hermeneutic phenomenology as informed by Heidegger, allows persons to describe the characteristics and meaning of empathy

through telling of their stories about moments of empathy. The intonation, modulation of the voice and the tempo of the talking express and disclose the inner mood of the person (Heidegger, 1972). The person communicates their affective state. These elements of the interview were captured in the researcher's field notes. In telling their stories, the participants shared the events and provided their self-interpretation of the clinical situation through descriptions of the phenomenon (Koch, 1995).

Heidegger maintained that one's preconceptions cannot be bracketed or removed from the interpretation as people can only understand experiences within their own world context (Heidegger, 1972). Awareness of one's preconceptions (i.e., reflexivity) can help the researcher gain understanding as to the phenomenon of study (Heidegger, 1972; Cohen, Kahn & Steeves, 2000). In a hermeneutic approach, the researcher does not need to bracket or put aside his/her preconceptions or prior knowledge of the phenomenon. Instead, one describes and brings his/her own understanding of the phenomenon into the process of analyzing the data. The researcher becomes as much a part of the study as the participant, bringing his/her own knowledge into the analysis of the data (Koch, 1995; McConnell-Henry et al., 2009). The knowledge of the researcher guides much of the process. The researcher's knowledge informs who participates and why, as well as, the overarching questions that were asked of the participants. In interpreting the data, the lens of knowing the phenomenon informs the interpretation.

Credibility of the findings rely on both transparency about the procedures used to generate and analyze the findings, as well as researcher reflexivity in the describing the researcher's perspectives, judgements or influences (Lowes & Prowse, 2001). The analytic process involves a hermeneutic circle or a team approach to inform the iterative process of data collection and analysis. The researcher's interview approach and/or analysis can be modified



through an iterative process of going back and forth through the text with other qualitative researchers based on their feedback (Heidegger, 1972; Koch, 1995; Cohen et al., 2000). For the study, the iterative process was conducted in consultation with the dissertation committee, which included methodological experts.

Heidegger's position is that one's preconceptions are not limitations to interpretation or understanding of a text. Instead, preconceptions are an essential precondition for comprehending a text. The interpretation of the texts cannot be free from one's preconceptions or 'fore-conceptions' (Heidegger, 1972). One would not be able to grasp the object of study without some orientation to what one is about to interpret. For Heidegger, openness to evaluation and critic as to the legitimacy of the interpretation makes the interpretation secure: rigor in this process is maintained by working out preconceptions and uncovering them and then subjecting them to repeated critical analysis (Heidegger, 1972). Ongoing dialogue about the data collection and analysis is preserved in a hermeneutic circle of others who have knowledge of the approach and the phenomenon. This iterative process is inherent in Heidegger's philosophical approach to phenomenology (Heidegger, 1972; Mulhall, 1996). It allows those in the circle to dialogue and to consider the need to reframe questions asked of participants and interpret findings while considering all perspectives and preconceptions. As part of this process, the researcher's reflexive process must be described as part of the data collection and analysis procedures (Mulhall, 1996). Additionally, all the steps followed in the implementation of the study were completely transparent, and made known to anyone reading the results.

### **State of the Science on Empathy**

According the *Oxford Dictionary of English*, empathy is defined as the ability to understand and appreciate another person's feelings and experience (2019). *Empathy* is the

action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts and experience of another of either the past or present without having the feelings, thoughts and experience fully communicated in an objective explicit manner (Merriam-Webster, 2021). Empathy is widely considered fundamental to effective nursing practice (Fernandez & Zahavi, 2020; Penprase, Oakley, Ternes, & Driscoll, 2014; Stavropoulou, Rovithis, Sigala, Pantour, & Koukouli, 2020; Morgan, 2016; Gerace, 2020).

Empathy differs from compassion. *Compassion* is a broader construct: it refers to both an understanding of another's pain and the desire to somehow mitigate that pain (Merriam-Webster, 2021). Compassion always involves actions for the sake of the other who is suffering. Therefore, *compassion* refers to both a feeling and an action that stems from that feeling to help others (Merriam-Webster, 2021). People often confuse the terms empathy and sympathy. *Empathy* means 'the ability to understand and share the feelings of another', whereas *sympathy* means 'feelings of pity and sorrow for someone else's misfortune' as in, they had great sympathy for the flood victims (Merriam-Webster, 2021). The *Oxford Dictionary of English* too defines empathy as the ability to understand and appreciate another person's feelings and experience (2019). In this proposed study, empathy is defined as the capacity to understand, grasp, appreciate, and/or be acquainted with another's feelings or perspective without undergoing the same kind of experience that one observes in another.

In the nursing literature, there is a lack of consensus as to the definition and meaning of empathy (Fernandez & Zahavi, 2020; Gerace, 2020; McKinnon, 2018). This lack of consensus gives rise to ambiguity or confusion as to the role empathy plays in nursing care, as well as, research on empathy. Findings of studies on empathy in the nursing literature sometimes blur the differences between compassion and empathy (Gerace, 2020; Su, Masika, Paguio, & Redding,

2020). Some nurses suggest the focus on empathy is more relevant compared to compassion, which is viewed as a character-based trait or personal quality or virtue (Morgan, 2016).

Compassion is often thought of as an emotional trait that one generates from one's emotional resources (Morgan, 2016; Radcliff, 2012). Furthermore, compassion has two parts. First, grasping another's experience, for example pain, and, second, a response, that is, an attempt to alleviate that experience, such as pain (Morgan, 2016).

When a healthcare provider lacks the character-trait of empathy or personal quality or virtue, there is a concern for the dehumanization of patients or seeing them as less than (Morgan, 2016). Lack of compassion or imaginative identification with a patient, could even lead to disgust for the patient (Morgan, 2016; Fernandez & Zahavi, 2020). This disgust could occur if a patient has a severe psychiatric disorder or a patient with the loss of control of bodily functions, for example (Morgan, 2016). Some nurses argue that empathy has a high-level cognitive element that overcomes the challenge of not seeing another person as if they were not fully human, which could lead to feelings of disgust toward others (Morgan, 2016). For example, some nurses argue that empathy offers a cognitive aspect on the part of the person that differs from the emotional character trait notion of compassion (Morgan, 2016). Some understand empathy as one's ability to simulate another's experience from one's own experience of mind through one's imaginative reconstruction of other's experiences, sometimes called perspective taking (Morgan, 2016; Patterson, 2018; Fernandez & Zahavi, 2020). Simply stated as, 'putting oneself in someone else's shoes'.

Other nurses see a problem with this notion of empathy (Fernandez & Zahavi, 2020). For example, consider the phenomenon of disability. Many disabled individuals experience a good or excellent quality of life (Fernandez & Zahavi, 2020). However, if a nurse thinks of individuals

who have recently been paralyzed and permanently confined to a wheelchair as living undesirable or miserable lives, the nurse is imposing their views or perspective upon another (Fernandez & Zahavi, 2020). Thus, projecting one's perspective on to another, in the example of the paralyzed person, not only is this a stark mismatch of what another experiences, but one also imposes judgment that the person lacks value in some way.

Nurses have put forth other notions of empathy as well. For example, in a relationship model of empathy nurses have claimed that the patient needs to make an effort or active role to accurately express him or self to the provider (van Dijke, van Nistelrooij, & Joachim, 2020). The active role patients are expected to play suggested that the patient has more power in the relationship with the provider (Fernandez & Zahavi, 2020). This contrasted with a simple confirmation or denial by the patient that the provider understood him or her. Some nursing scholars suggested that one should not think of empathy as something that is purely a capacity of the empathizer (van Kijke et al., 2020; Fernandez & Zahavi, 2020). However, a lack of trust in the relationship might interfere with the provider's ability to accurately know the patient. Alternatively, if the patient does not trust the care provider, they may mislead the provider (Fernandez & Zahavi, 2020).

Some scholarly inquiries rejected the definition of empathy as being about identification, fusion, or similarity with another, requiring affective sharing or using cognitive imagination, such as putting oneself in the perspective of the other. Instead, some philosophers argued that by necessity there is always a difference between what one is aware of when one empathizes with the other, and that which the other is experiencing (Fernandez & Zahavi, 2020). Rather, empathy is being experientially acquainted with an experience that is not one's own. For example, if a person empathizes with another person's sadness, there is a sense of what it is like for the other

to be sad, without one feeling sad his or her self (Fernandez & Zahavi, 2020). One does not undergo the same kind of experience one observes nor does empathy require one to share or reproduce the other's experience (Fernandez & Zahavi, 2020). An empathetic person recognizes they do not undergo the experience of another to be open to and care about the other's experience. There is differentiation between one's self and the perspective on the other person (Gerace, 2020). In fact, having a shared emotional experience with a patient, such as loss of child, might even drive one away in distress, causing one to be non-empathetic or non-caring to escape a shared personal experience (Gerace, 2020). Empathy is viewed as a tool for patient-centered care, yet, it remains a topic that is poorly understood within the nursing literature.

### **Significance of the Problem**

A review of the literature published between 2011 and 2021 about the impact of empathy on both patient outcomes and provider outcomes using CINAHL, PubMed, and Ovid MEDLINE was conducted. The keywords are empathy and patient outcomes, as well as, empathy and provider outcomes.

**Positive Healthcare Outcomes.** Drawn from a total of 1,486 studies, eight studies met the inclusion criteria, which was the impact of an empathetic patient-centered approach in improving patient outcomes, as well as, increased patient satisfaction.

Vangronsveld and Linton (2011) conducted a study that examined the effects of validation communication, that is expressing acceptance of the patient's pain, worries, without judgment, with invalid communication, that is, patient's feelings were questioned, judged or viewed as unlikely. The participants (N=28) were persons seeking care as a result of suffering from back pain. They were recruited to be randomly interviewed with one of the two communication approaches. A pre-test was given to measure pain, fear of movement and

negative affect. A post-test measured satisfaction, current pain and negative affect, sadness, anger and frustration. The results indicated that participants receiving validating communication had decreased pain intensity, and significantly decreased their sadness, anger and frustration immediately after they had been interviewed.

Sternke et al., (2016) did a secondary analysis of focus group data (N=18) from patients with chronic pain and depression and their perspectives on the emergent theme of empathy. The researchers analyzed how patients constructed their experiences and expectations surrounding empathic interactions from providers. The data was obtained from semi-structured questions that addressed barriers and facilitators to the use of self-management strategies introduced during the behavioral intervention of the primary study. The results indicated that patients with chronic pain and depression reported that empathy from providers and family members helped them feel understood, believed, taken seriously, and was meaningful for both patients and providers.

Another study was found that evaluated the influence of an empathic patient-centered approach on preoperative anxiety and surgical outcomes in an ambulatory surgery setting (Pereira, Figueiredo-Braga & Carvalho, 2016). Participants (N=104) were randomly assigned to the intervention and the control groups. Before the surgery, the intervention group received personalized information through an empathic patient-centered interview. The control group received standardized information on surgical procedures. Anxiety was assessed before and after the preoperative interview and after the surgery. Wound healing, post-surgical recovery and satisfaction with the quality of preoperative information were assessed after the surgery. The two groups were identical at baseline regarding anxiety and clinical characteristics. The intervention group demonstrated lower levels of preoperative anxiety and pain, as well as better surgical recovery, higher levels of daily activity and satisfaction of information received compared with

the control group. The intervention group also exhibited better wound healing. The study suggested that an empathic patient-centered intervention can reduce preoperative anxiety and increase surgical recovery, wound healing and patient satisfaction.

In another study, it was found that an empathetic encounter reduced the severity and duration of the common cold (Rakel, et al., 2011). Participants (N=719) were randomized to three groups. Either, no patient-provider interaction, “standard” interaction or an “enhanced” interaction. Cold severity was assessed twice daily. A consultation and relational empathy (CARE) measure rated clinician empathy. Interleukin-8 and neutrophil counts were obtained from nasal wash at baseline and 48 hours later. The results indicated that when patients perceive clinicians as empathetic in the clinical encounter, rated as high on the CARE measure by the patient, the severity (decreased neutrophil count) and duration of the cold (5.85 days compared to 7.0 days) significantly changed.

In a focus group study of primary care patients (N=28), expression of empathy in the patient-provider communication resulted in greater feelings of satisfaction, relief, and trust (Derksen et al., 2017). Furthermore, the study indicated that patients who felt greater trust with their provider were open to learning new coping strategies. The study indicated that lack of empathy caused patients to experience stress and other negative feelings during and after consultations. These negative feelings result in patients avoiding primary care and made it difficult for patients to seek or obtain adequate primary care.

Using a correlational study design Hojat, et al., (2011) tested the hypothesis that physicians' empathy is associated with positive clinical outcomes for diabetic patients. Participants (N=891) were diabetic patients, treated by 29 family physicians. Results of the most recent hemoglobin A1c and LDL-C tests were extracted from the patients' electronic records.

The results of hemoglobin A1c tests were categorized into good control ( $<7.0\%$ ) and poor control ( $>9.0\%$ ). Similarly, the results of the LDL-C tests were grouped into good control ( $<100$ ) and poor control ( $>130$ ). The physicians, who completed the Jefferson Scale of Empathy, were grouped into high, moderate, and low empathy scorers. Associations between physicians' level of empathy scores and patient outcomes were examined. Patients of physicians with high empathy scores were more likely to have good control of hemoglobin A1c (56%) than were patients of physicians with low empathy scores (40%,  $P < .001$ ). The hypothesis of a positive relationship between physicians' empathy and patients' clinical outcomes was confirmed.

In a prospective observational study on the association between physician self-reported empathy and after-care instant patient-to-provider satisfaction among emergency department healthcare providers with varying year of medical practice was evaluated (Wang, et al., 2018). Guided by a prospective observational design, the study was conducted in a tertiary care hospital emergency department involving 41 physician's interactions with 1,308 patients across 1, 572 encounters over a four-month period. The Jefferson Scale of Empathy was used to assess provider empathy. An after-care satisfaction survey was conducted prior to the patient leaving the emergency department. The relationship between provider empathy and patient satisfaction was estimated using risk ratios and their corresponding 95% confidence limits from a regression model. The study provided evidence of a positive association between high self-report of empathy from providers was associated with higher patient satisfaction (Wang, et al., 2018).

In a study to examine the association between primary care practitioners' empathy and the incidence of cardiovascular disease events among individuals a year after diagnosis of type 2 diabetes, positive patient experiences of empathetic providers indicated an association with beneficial long-term clinical outcomes (Dambba-Miller, Felman, Kinmonth & Griffin, 2019).



This study was a population-based prospective cohort study of 867 participants with screen detected type 2 diabetes in 49 practices. One year after diagnosis the patients assessed practitioner empathy (using the consultation and relational empathy measure, CARE) and their experiences of diabetes care during the preceding year using the consultation and relational empathy measure questionnaire. Outcomes measures of cardiovascular disease events (stroke, non- trauma amputation, myocardial infarction) were obtained from electronic searches of the practitioner records and hospital records. The potential impact of empathy on patient outcomes was significant and indicated exclusive focus on biological characteristics are not enough to prevent poor patient outcomes (Dambba-Miller, et al., 2019).

In sum, three of the studies were intervention studies designed to determine the impact of an empathic patient-centered approach by the provider on both patient satisfaction and health outcomes (Vangronsveld and Linton, 2011; Pereira, et al., 2016; & Rakel, et al., 2011). Each of these studies randomly assigned participants to intervention groups or to control groups. The intervention groups received empathic interactions from a provider and the control groups received the standard approach or limited provider interaction (Vangronsveld and Linton, 2011; Pereira, et al., 2016; Rakel, et al., 2011). What stands out among these studies is that the findings in all three studies indicated that when patients perceived clinicians as empathetic both patient satisfaction and health outcomes improved across all differences in clinical specialty areas. Furthermore, it's striking that the participants had a widely different set of health problems and all noted health outcome improvements and increased patient satisfaction with the providers.

A positive association between an empathetic provider and increased patient satisfaction was consistent in the findings of a prospective observation study involving emergency department physicians' self-reports of empathy and a convenience sample of patients

immediately following the interaction with the physician (Wang, et al., 2018). This study stands apart in two ways. First, the results indicated that senior attending physicians measured higher for empathy and the associated higher patient satisfaction scores than the resident physicians who had the lowest scores of both self-reported empathy and patient satisfaction. It is plausible that frequent patient interactions and sustained training in patient-centered care approaches to promote high quality care enhanced provider empathy and associated increased patient satisfaction for senior physicians (Wang, et al., 2018). Second, the setting for this study was an extremely high volume, busy and stressful environment and yet the findings suggested an association between increased patient satisfaction when the provider conveys empathy even while working in difficult, high acuity conditions (Wang, et al., 2018).

A consistent theme that stood out among the studies in this review of the literature is that empathetic providers conveyed understanding and appreciation of their patient's perspective (Hojat, et al., 2011; Sternke, et al., 2016; Dambba-Miller, et al., 2018; Derksen, et al., 2017; Vangronsveld & Linton, 2011; Pereira, et al., 2016; Rakel, et al., 2011). To grasp, believe, or appreciate a patient's perspective of their health situation is a key feature in the definition of empathy. A strength in some of the studies on empathy suggested that when the provider conveyed understanding or appreciation of what a patient is going through patients were more candid about their health conditions. As a result, a more accurate diagnosis was possible and the provider could better align treatment plans to patient's needs, which resulted in better outcomes for patients (Hojat, et al., 2011; Sternke, et al., 2016, Dambba-Miller, 2019; Rakel, et al., 2011) Furthermore, some studies suggested that patients with empathetic providers possessed greater feelings of satisfaction and trust, which in turn empowered patients to explore new treatment strategies and openness to self-healing influences (Derksen, et al., 2017; Hojat, et al., 2011;

Rakel, et al., 2011). Another salient feature mentioned in the findings of some of the studies is that a lack of empathy from a provider resulted in patients feeling increased frustration, disappointment and anger and it is plausible that such feelings can lead to patients avoiding visiting primary care providers, potentially increasing their risks for future health problems (Vangronsveld & Linton, 2011; Derkson, et al., 2017).

### **Empathy Improves Provider Outcomes**

In exploring the CINAHL, PubMed, and Ovid MEDLINE databases with the search terms, empathy and provider outcomes two studies and one literature review were found related to increased provider satisfaction when empathetic patient-centered approach was used. One used a cross-sectional survey of emergency department nurses. The study indicated that empathy protects against compassion fatigue and burnout among nurses working in the emergency department (Yu, Quio & Gui, 2021). Another study to investigate how empathy is developed and maintained when there is conflict between nurses and patients in the psychiatric inpatient setting. Findings suggested that empathy allowed the maintenance of the therapeutic relationship during conflict and influenced increased satisfaction of both patients and nurses, including following problematic situations (Gerace, Oster, O’Kane, Hayman & Cochrane, 2018). The study indicated that nurses understood empathy as a means to manage safety on a psychiatric unit and ameliorate damage from conflictual interactions, patients understood empathetic care as the nurse ‘being there’ for them (Gerace et al., 2018).

Empathy may improve nurses’ job satisfaction and decreases nurse burnout. In a review of the literature to determine the relationship between nurse burnout and its relation to empathy, the review determined that a nurse’s ability to self-regulate emotions during empathetic engagement may reduce the risk of burnout (Hunt, Denieffe & Gooney, 2017).

### **Empathy and the Education of Nurses**

Research on the effectiveness of immersive and simulation-based interventions for teaching empathy to undergraduate nursing students suggests that students may have higher levels of empathy following the intervention, when measured pre- and post-intervention (Levett-Jones, Cant & Lapkin, 2019). One overall review of the literature showed mixed results as to the effectiveness of empathy simulation (Levett-Jones, Cant & Lapkin, 2019). Only nine of the twenty-three studies reviewed demonstrated practical improvements in empathy learning. The authors of this systematic review noted that the research designs of many of the studies reviewed were limited in terms of evidence and the use of subjective measures (Levett-Jones, Cant & Lapkin, 2019). The results of this systematic review showed that limited data exists on the efficacy of the structured educational simulations to help students maintain or enhance their empathy (Levett-Jones et al, 2019; Bas-Sarmiento et al., 2017).

Furthermore, dissonance can exist between ideal scenarios in simulation-based interventions and the development of empathy in complex and volatile healthcare environments where expectations of empathy or empathic behaviors may be diminished by the lack of organizational support (e.g., inadequate staffing, experience of discrimination) (Taylor, 2020). Students gain vital experiential knowledge when they see and feel the impact of empathy in unpredictable, complex health care settings.

One qualitative study was found, which was conducted with undergraduate nursing students aimed at describing the meaning of an experience in a real cardio event for third- and fourth-year bachelor of nursing at a university in southern Thailand (Matchim & Kongsuwan, 2015). This study used a hermeneutic phenomenological approach. The data analyzed came from

eighteen in-depth interviews of nursing students who had attended a real cardiac life support event. The investigators of this study determined six essential themes emerged from the data, including one of the themes, a sense of feeling empathy toward the patients (Matchim & Kongsuwan, 2015).

Educational simulations offered to teach empathy to undergraduate nursing students is declining (Sheehan, Perrin, Potter, Kazanowski & Bennet, 2013). Nursing schools must balance accreditation mandates that require graduates proficient in clinical skills and technology as well as, healthcare employers who demand graduates possess skills competency (Sheehan et al., 2013). Moreover, empathy taught through educational simulations can appear as teaching nursing students a set of behavioral techniques or behaviors rather than learning a way of being with and understanding another human being, an essential manifestation of empathy (McKinnon, 2018). Direct face to face encounter with another, hearing their story and seeing their bodily expressions of feelings helps one gain experiential acquittance with differences in patient experiences.

Learning empathetic behavioral techniques (e.g., empathic words, holding patients' hands) in simulation without actual clinical nursing practice with patients risks obscuring the human connection enhancing empathy (Fernandez & Zahavi, 2021). An overemphasis on simulation might diminish the importance of learning empathy through direct encounter with a person in clinical nursing practice. Human-to-human connections with persons suffering with health problems, for example, brings into the light and acquaints students the varied, unique experiences of others. Direct encounters with patients may shape and nurture empathy for undergraduate students. When nursing students hear the patient's unique story, directly from the patient, the student - patient connection may open the student to appreciating the patient's

perspective. As a result, the students' ready-made beliefs about a phenomenon may be overturned (Gao, 2019). The direct encounter may afford the student an opportunity to validate the patient's unique experience. Feeling a sense of being heard is a key feature of empathy and has been linked to both improved patient satisfaction and health outcomes.

### **Gap in the Literature**

Given the significance of empathy positively affecting patient outcomes and nurse satisfaction, there was a paucity of research exploring the meaning of empathy from the perspective of senior baccalaureate nursing students as they begin their life's work as registered nurses. Senior nursing students have experienced more direct nursing care than other students seeing the potential impact and difference empathic experiences may make on patient-centered outcomes. They have more acquaintance engaging the experiential source of empathy, recognizing and grasping another's experience (e.g., pain, anger, loneliness, joy) through an empathic face-to-face encounter that is direct and immediate (Fernandez & Zahavi, 2020). Among all undergraduate students, senior baccalaureate nursing students have more time to potentially nurture and shape empathy through clinical nursing practice. Clinical nursing practice is the experience of making direct human connections. Yet, research was lacking to understand the meaning of empathy from the perspective of senior baccalaureate nursing students. This study addresses this knowledge gap by using a hermeneutic phenomenological approach to uncover the meaning of empathy among this population.

The research process in this study used a hermeneutic phenomenological approach from the perspective of the philosopher Martin Heidegger. A discussion of the philosophical underpinnings of the approach delineated features of it that was incorporated into the data analysis process. The meaning of empathy in the context clinical nursing practice as told by each

senior nursing student is both personal and uniquely defined by each person and is a key feature of the research process. In this approach, as laid out by Heidegger, the researcher's notions or preconceptions of the phenomenon of study can help the researcher gain understanding of it.

A synthesized review of the literature provided a background as to the significance of the empathy in the context of clinical nursing practice. Studies revealed that empathetic providers promote increased patient satisfaction and better health outcomes for patients. Given the significance of empathy, what stands out was a gap in knowledge regarding the meaning of empathy from the perspective of senior baccalaureate nursing students just prior to entering the health care context as registered nurses, prior to this study.

### **Chapter 3**

Chapter 2 described the philosophical underpinnings of the methodological approach that was used in the study. The previous chapter also included a discussion of the topic, its significance, and reviewed the work that has been on the topic to date, as well as identified gaps in knowledge as to the meaning of empathy among undergraduate nursing students. Chapter 3 will describe the study design and include a description of the study setting, the sample size, and the recruitment strategy. The study procedures are described in detail, as well. Rigor and strategies for potential problems are also discussed in this chapter.

#### **Research Process (Method)**

##### **Study Design**

The purpose of this hermeneutic phenomenological study was to understand the meaning of empathy, in the context of clinical nursing practice from the perspective of senior baccalaureate nursing students. A qualitative and cross-sectional design with a hermeneutic phenomenological method was used to answer the research questions:

1. What is the meaning of empathy in the context of clinical nursing practice among senior baccalaureate nursing students?
2. How does clinical nursing practice shape and nurture empathy for senior baccalaureate nursing students?

##### **Ethical Considerations**

Approval for conducting the study was obtained from the university's Institutional Review Board (IRB). Privacy and confidentiality were ensured in accordance to the rules and requirements of the IRB. Participation in the study was voluntary. Participants were permitted to



withdraw from the study at any point. They were assured that participating in the study or withdrawal from the study would have no impact on student coursework.

### **Study Setting**

The setting for the study was Boston College, a Jesuit R1 research university, located in Chestnut Hill, MA, a historic district in suburban Boston. The Connell School of Nursing at Boston College is a professional nursing school that offers bachelor's degrees, master's degrees, D.N.P. degrees, and Ph.D. degrees.

### **Population, Sampling, and Sample Size**

The study population consisted of senior baccalaureate nursing students. A purposive sampling technique was used to recruit the participants among senior baccalaureate nursing students who share similar experience of having at least 280 hours of clinical nursing practice students while attending a nursing school within a research university in the northeastern U.S. The inclusion criteria were: (1) senior baccalaureate nursing students: (2) having completed 280 hours of clinical nursing practice. The exclusion criteria included senior baccalaureate nursing students who were: (1) younger than 18 years old: (2) students enrolled in the researcher's classes: (3) students who were the academic advisees of the researcher. The separation of teaching and advising from the research process prevents what might otherwise be viewed as coercive. The minimum sample size in phenomenological studies can range from 7 participants to up to 15; however, some suggest that the ultimate sample size is determined by saturation of data, that is, when no new information emerges from the interviews (Lincoln & Guba, 1985; Finlayson, et al., 2019; Cohen, Kahn & Steeves, 2000; Fu & Rosedale, 2009).

### **Recruitment**

The researcher started recruiting participants for the study once IRB reviewed and approved the study. A study flyer was posted in a bimonthly student newsletter, created by the nursing school's undergraduate office and sent to each student via email. The study flyer had a brief introduction of the study (see appendices for the recruitment flyer). Permission was obtained for the researcher to go to two different classes where senior baccalaureate nursing students attended to introduce the study. The study flyer was distributed to the class. Flyers were also placed on the bulletin boards in the nursing student study lounge. If a student was interested in the study, the student contacted the researcher via email and the researcher arranged either in-person or zoom call to verify eligibility and to ensure the student's willingness to participation. The researcher also explained again the purpose of the study and interview process and provided some sample questions. If eligible and the student was willing to participate in the study, the researcher obtained an informed consent in-person with the participant, which each participant signed prior to the interview.

## **Procedures**

**Data Collection.** Data collection was achieved through a semi-structured, in-depth interview with each participant using an interview guide. Each interview lasted approximately 34 to 58 minutes. A \$25 gift card was given to each participant to acknowledge their time contributed to the study.

The interviews took place in-person at the university in a quiet room that prevented distractions or interruptions. The interview was recorded and transcribed verbatim. Prior to the interview, the participant was informed that their name and other identifying information will be confidential and that their identity was only known to the researcher. A pseudonym was used to

identify them for the study to ensure privacy. Participants were assured that their name will never appear in any publication.

The researcher then gave the participant a brief review of the purpose of the study and the data collection process prior to the start of the interview. The data collection process was also explained in the written consent. For example, this interview will be recorded and a verbatim text of the narrative will be transcribed through an encrypted platform. The participant was asked if they have any questions prior to commencing the interview. The researcher notified the participant when the recording started and ended.

The interview resembled a conversation; therefore, it differed from a tightly structured approach (Cohen et al., 2000). The interview worked like a dialogue between two persons, in which one person is listening to the other in order to learn from the speaker, and not vice versa (Munhall, 2012). The interview involved three overarching questions.

1. “Please tell me what empathy means to you in the context of providing patient care during clinical nursing practice?”
2. “Please tell me a story about how you use empathy as you provide patient care during clinical nursing practice?”
3. “Please tell me what helps or limits you in shaping your perspective of empathy as you provide patient care during clinical nursing practice?”

Prompts were used to elicit more information, such as, “Please tell me more,” or “What else?”

The researcher assumed that the participants will want to discuss the topic, but may be challenged to stay on topic. When this occurred, the researcher used refocus techniques to bring the conversation back to the topic by reiterating the questions established in the interview guide.

Talking about one's view of empathy might have elicited some uncomfortable feelings. If the participant showed any signs of emotional distress at any point during the interview process, the researcher would ask the participant if they wanted to stop or pause the interview. If a participant were to become emotionally distraught, they were offered a referral to Boston College student counseling services. If after pausing the interview, a participant wished to resume the interview, they would be told when the recording re-started again and ended. However, during the interviews conducted for this study, these procedures were not needed, as no participant showed signs of emotional upset during the interview.

Field notes were part of the data collection. The researcher completed the field notes immediately following each interview to capture observation data and the researcher's perception of the interview and the phenomenon under study (Cohen, Kahn, & Steeves, 2000). The observation data included the participant's body language, tone of voice, or changes in the participant's facial expression. These notes also served as tools for the researcher to reflect on the narrative while it was fresh in one's memory, and served as a self-evaluation of the interview, as well (Cohen et al, 2000). The field notes also helped with data analysis since the immediate impressions of the interview helped the researcher record one's own construction of meaning (Cohen et al, 2000).

**Data Management.** The researcher uploaded the digital audio content onto the NVivo transcription application using a password protected file behind Boston College's firewall. The uploaded NVivo transcription data were encrypted and securely stored. The researcher obtained the text and listened to the audio while reading the text to ensure the accuracy of each individual transcription. Once the transcriptions were corrected and approved as accurate, the interview

recordings, transcripts, the researcher's fieldnotes, and the signed informed consent forms were stored within a folder in the university's server, designated for protecting research data securely in a password protected file behind Boston College's firewall. The server was only accessible by the researcher via a secure password to ensure confidentiality. The participant was identified by a pseudonym to ensure confidentiality and privacy.

**Data Analysis.** Descriptive statistical analysis was used for demographic data. In this hermeneutic phenomenological study, data analysis began during data collection (Cohen et al., 2000). To ensure the credibility of data analysis, a modified iterative seven-step qualitative data analysis method, as described in other research using hermeneutic phenomenology was used to examine data, compare codes, challenge interpretations, and inductively develop themes (Dory, Qiu, Fu, Ryan, 2017; Fu & Rosedale, 2009; Fu, Xu, Liu, & Haber, 2008; Qiu & DelVecchio, 2020). This iterative data analysis method enhanced the hermeneutic phenomenological approach, which focused on the interview texts to inductively develop themes that reflected the meaning of the phenomenon of empathy from the perspectives of the participants (Cohen, 2000).

The steps in the iterative process were: (1) the interview transcripts were read several times to gain a broad understanding of the text; (2) the researcher and the undergraduate research fellow met weekly, after reviewing selected texts separately numerous times prior to meeting, in order to identify key quotations and discuss key codes related to the research questions; (3) coded quotations were combined into a single file and accuracy of the code and quotation was confirmed through the weekly discussions; (4) quotation files were carefully and systematically analyzed, identifying the major themes by putting key coded quotations together for each research questions; (5) during the weekly meetings the researcher and the research fellow reviewed the major themes that surfaced in relation to the texts of the transcripts in an active

dialogue and any discrepancies were resolved; (6) the texts of the transcripts were reviewed again, so the themes can be validated alongside interview data; and (7) immersion and re-immersion deeply into the texts occurred multiple throughout the analysis process until consensus was achieved for each aspect of the process throughout data analysis. (Dory, et al., 2017; Fu & Rosedale, 2009; Fu, et al, 2008; Qiu & DelVecchio, 2020). The dissertation committee chair received regular updates during the data collection time period, as well as, during the analysis period for the study and was shown examples of the coded transcripts for individual participants.

The use of this iterative qualitative data analysis method ensured that the researcher was able to capture the experiences from the perspective of the participants (Cohen et al., 2000). The use of the iterative seven-step data analysis also ensured credibility of the findings through transparency (Dory, et al., 2017; Fu & Rosedale, 2009; Fu, et al, 2008; Qiu & DelVecchio, 2020). Immersion and re-immersion deeply in the texts occurred multiple times during the seven-step data analysis process (Van Manen, 1990). Transparency, making clear exactly what was done for data analysis and interpretation, such as the iterative seven-step data analysis, helped to establish the rigor of the study (Cohen et al., 2000). The seven steps make it clear how the data was examined and how decisions are made and any ramifications that were considered.

### **Trustworthiness**

Four criteria established by Lincoln and Guba (1985) helped to establish trustworthiness of the qualitative data: credibility, confirmability, transferability and dependability. A reflexive stance of recognizing the experiences of the researcher, helped establish confirmability of the study's results (Cohen et al., 2000). For a hermeneutic phenomenological study, the researcher is part of the study and the research instrument. The researcher has years of teaching undergraduate

clinical nursing courses. He also has experience of both teaching nursing ethics courses, as well as participating as a researcher in two qualitative secondary analysis studies on men who have experienced childhood maltreatment. The researcher has a passion for mitigation of human suffering, one the primary goals and purposes of professional nursing. This passion has led the researcher to conduct this qualitative study. The researcher's background and teaching experiences helped to ensure the credibility of the study. A reflexive stance toward the data meant that a researcher is self-conscious, aware of his or her participation in the narratives that are collected and how one's background shaped the interpretations (Cohen et al., 2017). A reflexive stance by the researcher, also helped to establish the credibility of the study's results (Cohen et al., 2000).

Credibility meant demonstrating confidence in the truth of the findings (Lincoln & Guba, 1985). Credibility was achieved through prolonged engagement with the data: the recordings, fieldnotes and the NVivo transcriptions. Credibility also meant maintaining persistent observation throughout the study, seeking to keep one's self fully engaged in the participants' experience, the texts of the interview transcripts and the keeping of robust field notes (Cohen et al., 2017). Debriefing and discussions during the analysis process, until consensus was reached after following the iterative process, ensured that the essential themes illuminated the meaning of the phenomenon from the perspectives of the participants enhanced the credibility of the study (Dory, Qiu, Qiu, Fu & Ryan, 2017). The findings stand alone to be read by others, who can then transfer the findings to their own situations and context if useful (Cohen et al., 2000). This is known as member checking, which is another way to assure credibility of the findings.

Rich detailed descriptions from the participants helps with the transferability of the findings in the study. Careful documentation of how decisions were made, such as the reduction

of quotation files to themes, along with the fieldnotes and reflective journals added to the dependability of this study (Lincoln and Guba, 1985). The field notes contained observations of the participants' behaviors (e.g., expressions of the face, concerned looks, tears) and also helped to support the data.

Dependability was increased by transparency in decision-making as to the process in determining the coding system. An audit trail was kept, which documented each step in the decision-making process and following of the research procedures. This helped ensure dependability of the findings (Lincoln & Guba, 1985). Triangulation, using different sources of evidence, such as the transcriptions and the field notes, to develop the themes ensured confirmability (Lincoln & Guba, 1985).

Credibility also meant maintaining critical reflection throughout the study, seeking to keep one's self fully engaged in the participants' experience, found in the interview transcripts and field notes, (Cohen et al., 2017). Confirmability and dependability were increased by checking the reliability of the recordings with the NVivo transcriptions, as well. As a result, the findings of the study can be discussed in the context of current knowledge on the phenomenon of empathy by adding credibility to the conversations as to the significance of empathy in clinical practice.

### **Strategies for Potential Problems**

In sharing the results of the findings, the reader needs to understand how the iterative research process has been conducted and the researcher reached the conclusions (Cohen, et al., 2000). The summation of the findings may generate new research questions that need to be identified. Coherence in the methodological choices needs to be clear, as well as transparency in how and why choices were made (Cohen et al., 2000). The seven-step iterative process as



describe by Fu et al. (2008) helped to make the data analysis process coherent and clear to the readers as written into the study's results.

The philosophical underpinnings of the study were written clearly in order for the outside reader to fully understand the basis for data collection, analysis, as well as, the interpretive processes. How rigor was determined in each step of the study was clearly defined, such as how consensus was achieved about each step in the iterative process. This step is necessary in order to establish credibility and validity that the findings demonstrate the essence as to the meaning of empathy in the experiences of the participants during clinical nursing practice (Dory, et al., 2017; Fu & Rosedale, 2009; Fu, et al, 2008; Qiu & DelVecchio, 2020). Rigor meant that the data was well examined and well explained in a transparent process (Cohen et al., 2000).

The researcher anticipates this study to be the first, which delineates the meaning of empathy from the perspectives of senior baccalaureate nursing students in the context of clinical nursing practice. Several issues might have arisen that needed to be addressed. The recruitment setting is the Boston College Connell School of Nursing. If the researcher had been unable to obtain enough participants for the sample size, the researcher would have recruited senior nursing students at Rutgers University, with the assistance of Professor Mei Fu, senior associate dean of research and a member of the researcher's dissertation committee. However, this plan was not needed and saturation was achieved through the participants at the original recruitment setting.

Overall, the researcher expected the findings to reflect that clinical nursing practice among undergraduate nursing students shapes and nurtures empathy. It is anticipated that the findings give greater clarity as to the meaning of empathy in clinical nursing practice. The results

indicated that empathy helps foster a stronger commitment to professional nursing among senior undergraduate nursing students.

In summary, this study used a hermeneutic phenomenological approach in study design to answer two key research questions. The method outlined in this chapter included details related to ethical considerations, study setting, population, sampling, sample size and recruitment. The study procedures, including data collection management and analysis were described, including a modified iterative seven-step analysis process. Steps to assure trustworthiness were also provided.

## Chapter 4

### Recruitment and Protocol Adherence

Following institutional review board approval (see appendices for IRB authorization), a purposive sample sampling technique was used to recruit participants among senior baccalaureate nursing students who had similar experiences of having completed approximately 280 hours of clinical nursing practice. All participants were enrolled in a school of nursing within a R1 research university in the northeastern U.S. The researcher used a multipronged sampling approach for the recruitment of participants. Recruitment entailed posting a flyer about the study in the nursing student study lounge, which included a brief introduction to the study (see appendices for IRB approved flyer). The researcher made in-person announcements in two different classes, which only senior baccalaureate nursing students attended, to introduce the study and distribute the study flyers. Snowball or word-of-mouth sampling was also utilized.

Students who were interested in participating in the study emailed the researcher. The researcher then replied to each student via email in order to verify eligibility and ensure the student's willingness to participation. All enrolled participants met the inclusion criteria of: (1) current senior baccalaureate nursing student, and: (2) completed 280 hours of clinical nursing practice. The exclusion criteria of: (1) younger than 18 years old: (2) students enrolled in the researcher's classes: (3) students who are not the academic advisees of the researcher, did not apply to any enrolled participant. The intentional separation of both teaching and advising from the research process was put in place to minimize the risk of what might otherwise be viewed as coercion. In the researcher's email reply to the potential participant, the researcher explained again the purpose of the study and the interview process, suggested that the length of the interview as 40 to 60 minutes, and also the receipt of a \$25 gift card in acknowledgement of their

participation. After screening, potential participants were invited to arrange a date and time for the interview at their convenience.

### **Informed Consent**

Prior to the initiation of interviews, written informed consent was obtained from each participant that included a brief review of the purpose of the study and details of the data collection and storage procedures. Details were provided as to the audio recording of the interview, verbatim text transcription and secure storage of data.

Each participant was informed by the researcher that their name and other identifying information will remain confidential and that their identity is only known to the researcher. A pseudonym was used to identify them during the study to ensure privacy, participants were assured that their name will never appear in any publication. The participant was asked if they have any questions prior to commencing the interview. A \$25 gift card was given to each participant to acknowledge the time contributed to the study at the conclusion of the interview.

### **Interview Structure**

Interviews took place in-person at the university in a quiet room to prevent distractions or interruptions. All interviews were recorded via a stereo digital voice device. The researcher notified participants when the recording started and ended. Data collection proceeded with a semi-structured, in-depth interview with each participant. An interview guide was used each time a participant was interviewed. The interview was semi-structured and resembled a dialogue between two persons, in which one person listens to the other person talk in order to learn from the speaker and not vice versa (Munhall, 2012).

Three overarching questions were carefully conducted to elicit a rich and full description from the participants: (1) "Please tell me what empathy means to you in the context of providing

patient care during clinical nursing practice?” (2) “Please tell me a story about how you use empathy as you provide patient care during clinical nursing practice?” (3) “Please tell me what helps or limits you in shaping your perspective of empathy as you provide patient care during clinical nursing practice?” The questions were constructed with the intention of helping the participants purposefully reflect on their experiences of conveying empathy to patients in the context of clinical nursing practice during each in-depth interview. Transcriptions of the audio recordings were obtained through NVivo transcription service. The uploaded NVivo transcription data was encrypted and securely stored in a password protected computer.

### **Procedures**

After the three broader questions were asked, general probes were used to elicit more information from the participants, such as, “Please tell me more about that,” or “What else did you do?” and “Anything more you might like to add to that?” Significant convergence surfaced upon interviewing the tenth participant as evidenced by the emergence of similar data compared to other participants to the same questions. To ensure data saturation and reliability, two more participants were enrolled and interviewed with the same three overarching questions. Data reliability was confirmed by the emergence of similar data in the answers to the same questions in the last two interviews. The researcher listened to the audio tape of each interview and compared it to the individual transcripts of each participant to ensure the quality and accuracy of every transcript.

### **Determination of Saturation**

The minimum sample size in phenomenological studies can range from 7 participants to up to 15; however, in a hermeneutical phenomenological study the ultimate sample size is determined by the richness and saturation of the data (Fu et al., 2008; Lincoln & Guba, 1985). In

other words, saturation is achieved when no new information emerges from the interviews, and the same information is repeated by the participants (Cohen, Kahn & Steeves, 2000; Finlayson, et al., 2019; Fu & Rosedale, 2009; Lincoln & Guba, 1985). Participants were enrolled until no new information emerged.

### **Data Analysis**

A modified iterative seven-step qualitative data analysis method was used to examine the data (Dory, et al., 2017; Fu & Rosedale, 2009; Fu, et al, 2008; Qiu & DelVecchio, 2020). First, the interview transcripts were read several times in order to obtain a broad understanding of the texts and to inductively start developing themes that reflect the meaning of empathy among the participants in the context of clinical nursing practice, (Cohen, et al., 2000; Fu & Rosedale, 2009). Second, the researcher and an undergraduate research fellow met weekly, after reviewing selected texts separately multiple times, in order to discuss key codes and identify key quotations related to the two research questions. Various codes and corresponding quotes were compared and examined in relation to the whole of the interview during these weekly analytic discussions (Cohen, et al., 2000; Fu & Rosedale, 2009). Third, as analysis progressed, coded quotations were compared and combined and then put into a single file. The accuracy the code and quotation were confirmed during the weekly discussions, as well.

Fourth, transcripts were reviewed multiple times so that the themes could be validated alongside the interview data separately by the researcher and research fellow, while considering each research question. Fifth, the researcher and research fellow met and reviewed major themes in relation to the transcripts and discrepancies were resolved. Sixth, the themes were reviewed again for validation alongside the interview data. Seventh, immersion and re-immersion deeply into the texts occurred multiple times during the entire data analysis and consensus was achieved

during every aspect of the data analysis process (Van Manen, 1990). The dissertation committee chair received regular updates during both data collection, as well as, data analysis, and was shown the coding results of individual transcripts once consensus was confirmed by researcher and research fellow.

During the weekly analysis sessions consensus was achieved on the findings by reflexively dwelling with the data and identifying major themes by putting coded quotations together for each research question. Classification of the text data into fewer content-related themes that share the same meanings occurred by attending to the part-whole relationship of each quote across individual transcripts. During the interpretive process of comparing codes and challenging interpretations to inductively develop the themes, similar codes were grouped together and combined into the three essential hermeneutical phenomenological themes, which was interpreted from the data.

## **Results**

Twelve senior nursing students participated in the study (N=12). The length of the interviews ranged between 34 and 58 minutes. The vast majority of the participants were women. All were seniors therefore; their age range was 21 to 22 years of age.

### **Essential Themes**

The essential themes that were intuited to illuminate the meaning of empathy from the perspective of (a) empathy means discovering that every patient is a human person; (b) Empathy helps patients feel visible, heard and understood; and (c) empathy breaks through bias towards patients.

**Empathy means discovering that every patient is a human person**

The first essential theme reflected the nursing students' view that empathy means discovering that every patient is a human being. For example, one student participant said:

... empathy gave [patients] some comfort and made them feel human and not like everything was passing them by outside, like life continued going on and nobody was talking to them, so I hope having conversations and getting to know them made a difference in their care.

Another student participant stated "... to be empathetic towards someone is recognize that they are human like you are, and that you are human like them and that this is just a part of the human experience." The potential significance of empathy was also noted, in one example, a student validated the feelings of a young pediatric patient and discovered a deep desire of the child by telling this story:

... I had one patient ... he was sick of lying-in bed ... his parents weren't there that day and he needed not to think about the medication regimen, the tube feed and everything in that moment ... he just wanted to play soccer and kick a ball ... so we found a beach ball, we couldn't use the playrooms because of Covid ... we went into the hallway and kicked the beach ball around ... he was laughing and smiling and it was honestly great, I know he had a good day.

Other student participants noted frequent and significant improvement in patients' affect and openness for dialogue about personal matters while listening to patients speak about their lives, for example:

... he started making more eye contact with me, he started talking to me a little bit more about his life and what he had been doing ... I think his whole demeanor relaxed and he became more of a person than just like someone in a bed who wasn't really engaging.



As an additional example, one student said: "... being empathetic to patients was not even focusing on their illness, but focusing on them as a person and it really made a difference in improving his day."

Regarding humanizing elements of empathy, another student said:

A lot of what they're asked is usually like, 'Does it hurt? 'Are you sick right now?' or they get news on their labs, a lot of conversations in the hospital are routed around a diagnosis or very technical things and so, I think talking to them about their friends, their job, their kids or family, it takes them out of that setting for a minute and it lets them take a step back and breathe ... share a piece of themselves that doesn't really have anything to do with their blood cancer or the medical illness.

Sometimes listening to patients held significance for the student, as well. For example, one student noted that offering empathy helped the student cope while caring for a patient with significant needs:

... I would make a point to talk about something important to her every single time I was in the room because it stopped me from feeling frustrated ... taking a step back to remind myself that she was another person in need of care and empathy... and that every patient is a human and we all have to care for the human side to that patient.

The student noted that facilitating conversations with patients in clinical nursing practice was significant, for example:

I think each of the patients I talked about have taught me a different lesson on empathy, the first patient I shared who had brain cancer was the first patient I ever developed any kind of relationship with and so that patient taught me how to facilitate conversations.

The benefit for me personally was feeling like I actually did something that day that

mattered, every other day I had done physical tasks, but I felt that day I made a difference in a patient's day by getting to know and seeing him and reducing his anxiety.

Some students noted that conveying empathy helps them discover the whole person. As a key example, a different student stated that:

...[empathy] definitely humanized him ... because when you get your patient assignment the night before and you're looking at the chart, it's kind of just numbers and their history, but it's really talking to the patients and caring for the patients that they become a person and they aren't just that story, because I think the medical history is just one part of a person, there are so many sides that make a person who they are.

Another student put it this way: "... to be empathetic towards someone is to recognize that they are human ... someone that is of value and not just someone who is just a procedure trying to get through in a line of people that need care." Stated differently, another student said:

... when you're sitting with someone ... even just sitting in that silence it encapsulates the person as a whole, including their physical, emotional, mental and spiritual health ... empathy is one of those things that brings all four of those important parts of people together.

Using empathy to find the whole person means discovering the person's context outside the acute care setting. One student put it this way:

... to look at the patient beyond just the context that you've met them in ... acknowledging that they're a person that exists outside of the hospital and outside of the room they are in right now ... seeing them beyond the context, which they need you in that moment.

For another student empathy meant "... getting to know him beyond the medical chart ... the struggles that he's going through, where he's comes from, just the hardships that he's had to endure," and "... knowing what their home life is like ... what they're going back to and really walking with them in their journeys ...". Empathy helped this student discover that "They are human and they have real feelings and a life outside of the hospital ... because it's so easy to just look at them from a medical chart standpoint ... they're not this like mannequins that we're doing work on."

Sometimes students experience a tension between person-centered care nursing care and a 'tasks' approach to nursing care. One student describes listening to the concerns of a dying woman she was caring for this way:

It took me a long time to realize how important it is to not just be like checking off the boxes, oh, I did this nursing skill or this nursing skill and to recognize ... I did something emotionally and even spiritually and that's the whole point of being a nurse is taking the time to be able to do that.

Another student participant expressed the tension felt sometimes between empathetic nursing care and a singular focus on nursing skills or tasks this way:

... a lot of empathetic care is about gaining trust and being with the patient but when you're bogged down by med passes and have to do this neuro check at this time ... you're making a check list of your day and so can limit empathetic care.

A different student participant stated the tension this way:

I think as a nurse, it's sometimes very easy to get caught up in all of the physical tasks that have to do with passing medications, taking care of chest tubes, wounds ... but I

think just as important is the emotional aspect of it and patients really benefit when you take time to sit with them and talk with them.

### **Conveying empathy helps patients feel visible, heard and understood**

The experience of conveying empathy in the context of clinical nursing practice for nursing students allows students to gain a deeper understanding of their patients and promotes person-centered nursing care. As one student put it, “I would define empathy as your ability to understand what somebody is going through ... what that person is feeling then address their care that way.” Or:

I understand more what it means to be empathetic in nursing clinical ... making a difference in those people’s lives while you are there ... people need more than a check box ... I was trying hard to understand what they were feeling, how you’re doing, not just do you want a Tylenol or can I give you some more whatever.

Understanding what someone is going through has important implications in fostering person-centered nursing care among nursing students. For example, one student stated, “My drive, my want is to understand how people are doing and I think part of it is, just try to understand what people are going through, it allows you to give them better care.”

Students also revealed that key to empathetic nursing care in clinical practice is helping patients feel heard, especially validating their feelings and concerns. One student taking care of patient who was receiving comfort measures only put it:

... the benefits of having relationships of with patients that are long term ... you can establish trust and empathy and even in their most vulnerable moments they then feel safe enough to share with you the most intimate or valued parts of their life.

Being heard is associated with listening for students, for example, “I think listening is huge in empathy, I think that half the battle is hearing people out.” Or the essence of being heard as described by a different student:

... realizing that patients are talked to a lot. They’re not always heard ... you need to constantly piece together all these things but you may be missing something really important that may not so much just be just the basic list of signs and symptoms, it’s that emotional component ... I think actually kind of defines empathy.

Listening is often key for students because it leads to understanding of a patient, the same student stated this bluntly “... listening is huge ... it’s easier to want to talk because you want to share your opinion but sometimes your opinion isn’t always going to change the matter if you’re not willing to understand someone else first.” A different student participant noted the significance for a patient who felt heard, “It was really good, I just let her air her concerns, she was so much pleasant the rest of the day, much more patience with us because I had taken a little bit of time to just hear her out.”

Empathy helps one focus their full attention on the patient and listening can lead patients to feel understood, which in turn results in person-centered nursing care. As a key sentiment:

... empathy is definitely a lot to do with attentiveness and showing people that you’re paying attention ... we talk about empathy makes patient outcomes better and if a patient was scanned versus listened to, it’s like skimming a book, you don’t get the whole story, you just get the most important parts and often times they’re not the most important parts.

The link between empathetic listening or being heard can lead to transformation, “... I feel like I have allowed her to share with me her worries and her concerns and me telling her that

they are valid and that they're fair I think she gains more agency herself." The same student stated:

I think that empathy about how difficult the situation was is just as important as the teaching that we give her because it not only helps her learn but helps her have faith in herself to perform the things that she's learned.

Students noted the feeling of invisibility for patients in the acute care clinical setting.

Empathy helps students discover the isolation that patients often feel in the acute care setting and then address it:

I think it's so important ... to remember that these are people they're often not feeling well, they're scared, they may be isolated in the hospital, so, just really taking the time and getting to walk with them and experience what they are feeling is so important.

Acknowledging the sometimes isolation a person may feel in a hospital setting doesn't always require an expansive time commitment, for example "... just spending a little bit of time with them ... a few minutes ... made them feel less isolated and scared." One student described the invisibility and loss of personhood patients sometimes feel this way, "I think it's really easy to feel like an animal in a zoo, especially when the team comes around and they're just standing right outside your door and they're talking about you, almost as if you're not there."

Providing empathetic nursing care can reverse feelings of invisibility, for example, one student noted:

I think she really respected the fact of being recognized, that I am here and that this is me that they're talking about, this is me they're going to be doing this stuff to and that someone wants to hear what I think about it.

Intentionally making a patient feel visible means:

I think making an effort to at least sit with our patients for ten, fifteen minutes can really change how they're doing that day emotionally and help them feel seen in a setting where it's very easy to feel invisible or feel like other people are talking over you.

Or, as another student put it "... not just looking at her as a room that needs vital signs." Put succinctly by a different student:

One of the things I loved about clinical ... an ability to just sit and talk ... but I was shocked by how well people responded to you, ... asking them about themselves, about their kids, their life, ... it really makes people feel a lot more comfortable and a lot more seen.

### **Empathy breaks through bias towards patients**

Students revealed awareness between negative prejudgments offered by nurses during nursing report or reading subjective data written in a patient's chart as a potential barrier to empathetic person-centered nursing care. One student put it this way:

... when I first walk into a patient's room all I really know is what I can see based on a chart and based what's told to me and that's a very one-sided story ... however, that's always someone else's opinion, you always have to form it for yourself.

Another student put it this way:

I think that the environment and the nurses around have a giant impact. I did my synthesis on the maternity floor and lot of times they would complain about the mothers ... often time I go in and I'm surprised that the narrative doesn't necessarily match the interaction that I'm having with them in person ... because the person I just interacted with was lovely ... and I wonder what happened between them...

Awareness of bias towards patients forced students to develop strategies to counter any potential negative prejudgments of patients, which also helped to nurture and shape their desire to give empathetic nursing care in clinical practice. For example, one student participant said:

... obviously we all have biases we need to work to sort of deconstruct those. But I think you go in already with a clear mind that you may have gotten the story in report, I always like to come see it for yourself, to see whether or not the story matches before I let anyone else's ideas get in there, so I think that helps eliminate bias.

Empathy played a role in reducing bias or negative prejudgments of patients because it promotes understanding another person's experience. As a key example, one student participant said:

... empathy comes into it as well, going back to putting yourself in the patient situation helps you kind of eliminate bias and you think about how they might have been treated in the past and you always want to improve upon that.

Another strategy a different student noted:

One of the things I've been working on a lot in clinicals is to have that mindset from the start, no matter how hard of a time people have had with a patient, or if they're known as a bad patient ... always give them your own fresh look because they might need that empathy that they have not been getting from other people or understanding from other people.

Finding the underlying reasons for a patient's difficult behavior is another way students address bias in order to give empathetic nursing care. For example, seeing a patient as a human person with a range of emotions is a key strategy that some students use. One student put it this way:



I don't think it should be passed down between nurse to nurse this a really annoying patient, you could say she needs a little more attention ... or you know she is angry, address the problem, don't put your own label on it because it really puts a spin on someone's shift to say that, let them build their own relationship with that person.

Or:

... people have been writing her off ... she's annoying ... she's always angry ... and I'm like, ok, she is, but one is that way for a reason, so, you have to dig a little deeper then, they're in the hospital, there is clearly a reason.

When students' use empathy to hear and understand a patient, it can lead to better person-centered outcomes for patients who are often stigmatized. For example, another student participant said:

... the nurse prior really hadn't been listening to his pain when he would complain because they were like, oh, you're just a prisoner, you're clearly showing drug seeking behavior but I feel my preceptor and I went in a little bit more than we would have normally to another patient to show him that we're not here to make any sort of judgment and we believe you are hurting and you're sick... so just talking to him more, opened up that humanity aspect that I think can get lost.

A different student participant used empathy to overcome negative prejudgments in order to gain a deeper understanding of a patient's difficult behavior:

I've really tried to keep an open mind ... just remind myself ... maybe I can get to the root of that problem and discover why he's acting this way ... it just allowed me to open my eyes to where patients are coming from and provide the best care for him as possible.

Empathy allowed another student to gain insight into the extra vulnerability of patients who are often prejudged or stigmatized by providers such as individuals addicted to drugs or homeless persons. For example:

... based on those experiences that I had at [participant's clinical placement] I was able to identify ... they're in the most vulnerable state, they are really the ones that need the most help and just for somebody to ask, how they're feeling, why they're doing these things ... because I knew that he was screaming out for help but not in a way that other people would see it.

Additionally, the student noted learning how to overcome stigmatizing patients through clinical nursing practice:

I found that a lot of times it's the people that have these kinds of backgrounds that are the most receptive to conversation because they're just not used to people wanting to talk to them ... and don't go into exploring the patient feelings and emotions.

### **Phenomenological Subthemes**

Subthemes from each of the essential themes in the study surfaced during the interpretive analysis. Three subthemes were revealed under each of the essential themes, (a) empathy facilitates mutual humanization, (b) empathy promotes a patient's autonomy and preserves their human dignity, and (c) empathy ignites a desire in students to maintain person's integrity.

#### **Empathy facilitates mutual humanization.**

The first essential theme, empathy means discovering that every patient is a human person, revealed the subtheme, empathy facilitates mutual humanization. Often students spoke about the unification of a range of feelings between their individual patients and self. Such

unification of feelings with their patients can increase the student's desire to giving empathic person-centered nursing care.

One student participant described an example as to the significance for the student in the mutuality of human connection that empathy affords when the student described clinical nursing care of persons at the end of their lives:

I expected to go home feeling sad because a lot of people were very sick and at the end of their lives. So, I expected to feel really sad but often, and even with her, I left that unit feeling just overjoyed and very fulfilled at what I was able to do that day, even if it wasn't giving them this lifesaving medication or treatment, even if it was just getting to sit and talk with her. It just brought me so much joy that I was able to do that for someone else and really felt fulfilling to me and made me feel very happy and content when I left the unit.

The student also noted that clinical nursing practice shaped the student's perspective and promoted mutual humanism between the student and the patient is significant for good patient outcomes, by putting it this way:

I feel like often going into different clinical situations, I first thought, ok, maybe I don't want to get too attached and know about their lives at home but then now I've realized that it just doesn't work because they have a whole other life at home and they have feelings and that totally can alter the care that they're receiving or the treatments and how they're feeling about certain treatments or care. So, I feel it is really important to get to know them on a personal level, it helps with their care.

Some student participants described that the mutual humanity empathetic nursing care afforded helped the student find meaning in clinical nursing experiences this way:

With any patient I've sat down and taken the time to talk to them and try to understand who they are, I think it's definitely been meaningful for me ... and also left an impact on me, those are the patients that I remember.

A different student participant described making a human-to-human connection through empathy this way during clinical nursing practice:

I think what helps empathy ...is thinking about your life experiences and it doesn't mean that it has to be like a specific experience that matches everything that they're [patients] going through but just finding something in their experience that you can relate to, even something that you can connect with and thinking of how you would want to respond to that based on that feeling or what even if you had been in a situation similar, then what would you want.

Another way a student participant shared how empathy opened a mutual human connection between the student and the patient by leading to feelings of mutual delight, for example, "I think me talking about myself, too, is how she opened up and saw, we do have stuff in common, and you are human, and there are tangible things that I can grasp." The student added that "... it was really heartwarming when she was wondering when I would be back, that was really great."

Or a different student understood mutual humanism in terms of friendship:

I think we're all human and it we have needs and wants and I think I can understand on some level everyone. I think you just try to put yourself in their perspective, you're thinking of them and they're saying, I'm an 80-year-old man who just got diagnosed with terminal cancer, I'm not going to be the happiest person ever, I'm not in a good mood and that's ok, but I probably need a friend.

One student described the mutual humanism in empathy simply as, "... I felt empathetic ... I felt when you connect with another human and make them feel good, it makes you feel good."

### **Empathy promotes a patient's autonomy and preserves their human dignity**

The second essential theme, empathy helps patients feel visible, heard, and understood, revealed the subtheme, empathy promotes a patient's autonomy and preserves their human dignity. One student reflected on helping a patient find his motivation to act in doing his own activities of daily living during clinical nursing practice:

I realized how important it is to take those moments just to see them as people and make them feel again like a human being, but they're also a part of a community ... that was another moment that I realized, again, ... my empathy really did make an impact on someone else.

One student described how empathy promoted humanization that led to patients acting to make their own choices this way, "It is just making sure people feel human and make sure that people don't feel alienated, and they feel accepted, and not only accepted, but empowered to take things on themselves." Another student reflected on the centrality of patients making choices by saying:

... people have different needs; people are all at different places and not to assume but to just create that open enough environment that they can convey and share what it is that they need in one way or another.

Promoting a patient's autonomy while working with a teenage patient newly diagnosed with diabetes who felt frustrated, a student in population health clinical noted:

I think that letting her [patient] know that she was trying, that I could see that she was trying hard, definitely came back to giving her that agency, and ... that empathetic listening definitely gave her. I've seen a huge shift in her personal health promotion

strategies and understanding the value of her treatments in the seven weeks that I've been there.

Preserving human dignity through helping patients feel heard and understood was described by a student participant this way:

... I've seen some nurses on the floor, they'll ask questions and they don't even really listen to the answers ... they're just asking questions to check off boxes but the act of looking someone in the eye and telling them that you validate them, you hear them, is one to the best ways to be empathetic ...

The same student gave an example of preserving a patient's dignity by saying: "She was answering questions in a way that made it seem like she thought that we cared about her answer and not just saying what she thought that we wanted to hear so it's just like she trusted us with her truth."

One student noted that empathy helps preserve patients' dignity and promotes patient safety:

... I've been on units ... where the environment is so tense because it's like things are going on in people's personal lives or they forget to be empathetic but everything is just very, very tense and ... I feel that's one of the days that people make the most mistakes and things go wrong just because you're overlooking the little things.

A different student noted the significance of empathy to promote a patient's choice and preserve their dignity this way:

... everyone can have different goals for different times in their lives and that's really important to get to know ... what their values and goals are throughout their life and at that time because it can totally alter treatment, what medications they're on.

One student reflecting on helping a patient struggling with depression exercise autonomy described promoting patients' autonomy and preserving their dignity this way:

... setting a goal is really important at least in psych ... because when you go out, come back into the real world you always want to prevent a relapse ... so having a goal can help you move past hospitalization and move towards something new.

### **Empathy ignites a desire in students to maintain a person's integrity**

The third essential theme, empathy breaks through bias towards patients, revealed the subtheme, empathy ignites a desire in students to maintain a person's integrity. One student put it this way, "I do believe that every person deserves to not always be tainted by someone else's opinion, rather how I directly see them." The student elaborated by recounting what was often heard during nursing report:

You can either get a very good story, oh, they're lovely or you can also get a story that, oh, they were a pain today. However, that's always someone else's opinion you always have to form it yourself ... through direct interaction... especially if it's listening.

One student participant noted that staff appeared dismissive toward a patient who was admitted to the hospital from a prison and made these observations as to the significance of maintaining a person's integrity:

I feel the other health care workers were not giving him the time of day, so they would just go into the room to pass meds really quick or take vitals really quick and not even acknowledge or speak to him ... but I just asked him those basic questions just to get to know him better ... but then I think he started to open up to me and ... once he realized, like, [student] actually genuinely asking me how I am, what my story is outside the

hospital and ... allowed me a more trusting relationship ... I feel that really helped him behavior wise, as well.

A different student noted the desire to come to one's own perspective regarding a difficult patient this way;

... during report nurses are really nitpicky [towards patients] ... I think actually sitting in there talking with them [patients] and instead creating your perspective and trying to figure out why, ... what's causing you [patients] to act like this way... and instead ... making your own judgements and figuring out ... in your own mind what does this patient need.

One student described the desire to give extra attention to maintain the integrity of pediatric patient, whose mother was described as difficult by the nursing staff:

... they told me she [12-year-old patient] didn't speak ... mom was super passive aggressive and very moody ... and you know the whole monster patient story kind of emerges as people add on their own anecdotes ... so I did all my rounds in reverse order, so I'd end up with them last so I would give myself as much time as possible [with them]

A different student participant described the desire to maintain a patient's integrity who was suffering with pain this way:

And I ended up walking the hallway with him for quite a while and he's just used to doctors and nurses dismissing his complaints and he was, it is what it is, and he had a very extensive psych background. He was homeless and he was kicked out by his roommate ... he just kind of gave up ... and he'd be like there's nothing I can do about it, people won't listen to me ... and even my preceptor was not listening to him because of his opioid use and I was, well, the Tylenol is not helping him and there's reason he's up



at 4:00 am ... you can see the pain on his face, he's not faking it ... we paged the doctor and changed pain management ... if he hadn't had that background I think pain management would have been addressed earlier.

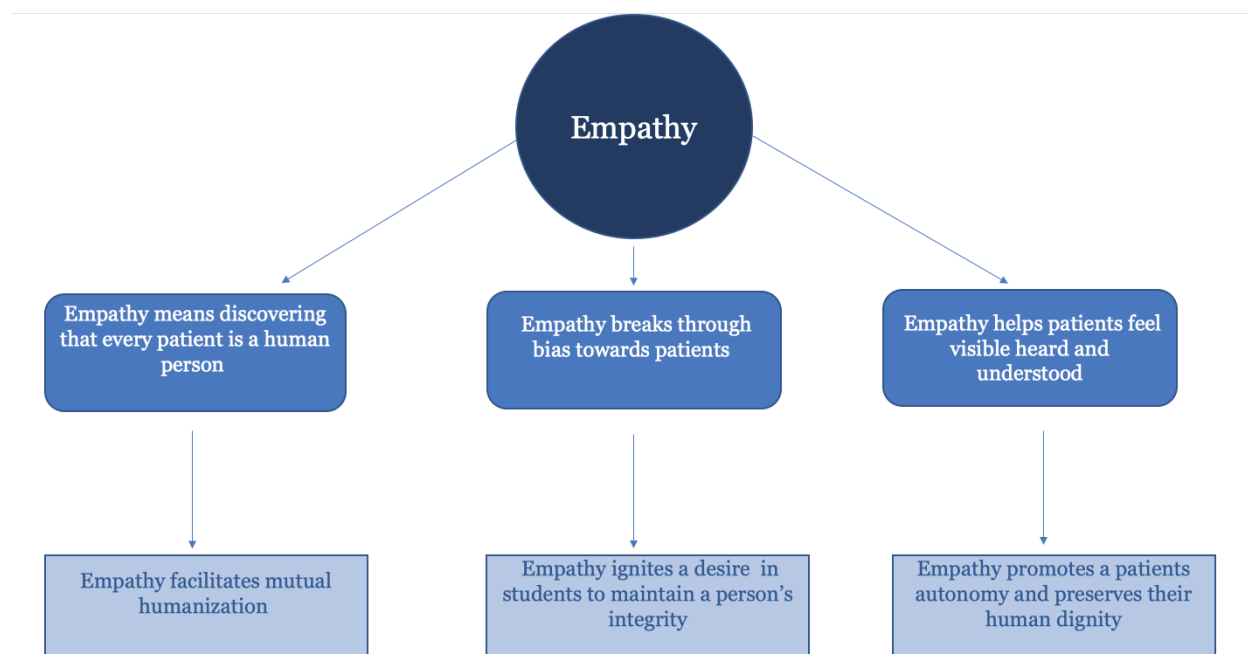


Figure 1 Diagram of essential phenomenological themes and subthemes

### Overlap of the three essential phenomenological themes

Some examples of how the three essential phenomenological themes that surfaced during the interpretive analysis overlapped are as follows.

One student noted the significance of empathy for a dying patient in discovering the human person and helping the patient feel heard and understood, which maintained his integrity

and dignity as well as exercise his autonomy in the dying process during clinical nursing practice this way:

I think without having gotten to know him as a person ... we wouldn't have known what he valued and what was important to him as he approached the end of his life ... a lot of the conversation is about identifying what patients value and how that helps them maintain a quality of life and ... helped him accept and cope with dying ... helped him come to more of an acceptance rather than death be this emotionally charged thing that was happening to him. I'm glad that I was able to get to know him from the start because I think it helped provide better care when he was dying.

Another example shows the potential significance of empathy in the mutuality of discovering the human person during clinical nursing practice as follows:

I think empathy establishes that human connection between patient and provider ... when I'm on the floors that I was at, the patients were extremely vulnerable ... and both of my patients on the oncology floor ended up dying ... and so I think for me knowing that I took the time to get to know them as a person, I hope that made a difference for them because the hospital was where they spent a lot of their final months.

Sometimes using empathy to humanize the patient overlaps with promoting autonomy and preserving their human dignity during clinical practice, for example:

I think that if it became more common practice to go in, not with any meds, not to do an assessment, just to talk, really ask how their night was, ask if there's any goals for the day or any concerns as they start the day, I think that could be a very helpful experience. I think that would make you really see them as a more well-rounded person, really put them back into a human context.

Sometimes all three themes, discovering the human person, making them feel heard, visible, understood and breaking through bias can overlap during clinical nursing practice as described by the following student working with a patient on a medical unit with a history of drug and alcohol addiction this way:

... when I first approached him for conversation, his eyes were on the ground and he did not make eye contact, shoulders slumped, and he was just using short sentences, one-word answers. ... I was just there and he eventually trusted me, his eyes came up, his shoulders came back, he was sitting more upright and the conversation started to flow and I think he was so used to people not being empathetic towards him, shutting down his feelings, shutting down his emotions, his life story and not validating his life experiences based on his background that he was just not use to connection on a personal level ... it really showed me a lot that event if somebody is not receptive to you at first it's because they don't trust that you'll be empathetic towards them. I learned a lot from that situation.

The student added:

It was very profound moment to see him realize that he can change ... but also the power of conversation and just letting him talk through the process and his emotions helped him realize that himself ... I was really grateful that I instilled this trust in him...

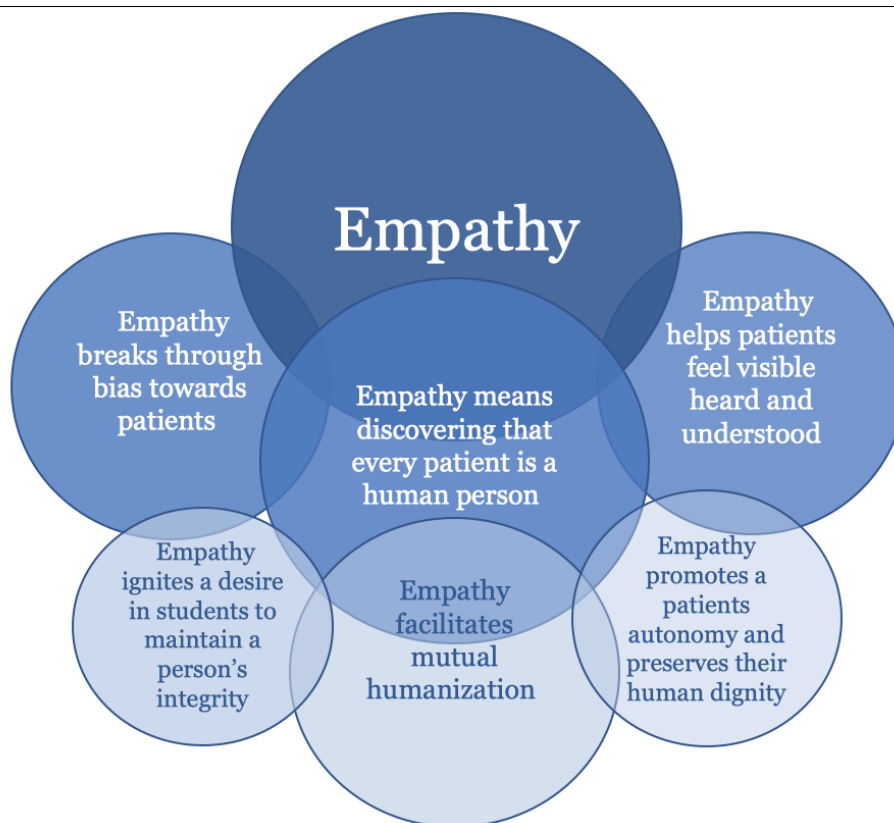


Figure 2 Diagram of overlapping themes.

## Chapter 5

### Discussion

#### Brief summary of salient findings

The aim of this study was to understand the meaning of empathy in the context of clinical nursing practice from the perspective of senior baccalaureate nursing students. The study was a qualitative and cross-sectional design using a hermeneutic phenomenological method. Applying this approach, the researcher answered two questions: (a) What is the meaning of empathy in the context of clinical nursing practice among senior baccalaureate nursing students? and (b) How does clinical nursing practice shape and nurture empathy for senior baccalaureate nursing students?

Twelve senior students participated in the study meeting the following inclusion criteria: (a) senior baccalaureate nursing student: and (b) having completed 280 hours of clinical nursing practice. The study received IRB approval. Informed consent was obtained from all participants prior to each individual interview. In a phenomenological study, the minimum number of participants is 7 to 15 (Fu et al., 2008; Lincoln & Gruba, 1985). Strong data emerged after the tenth participant was interviewed. To ensure that no new data was missed two additional students were recruited in order to not let pass key information.

The researcher conducted all of the interviews. Each individual participant was asked the following three questions: (a) 'Please tell me what empathy means to you in the context of providing care during clinical nursing practice?' (b) 'Please tell me a story about how you use empathy as you provide patient care during clinical nursing practice?' (c) 'Please tell me what helps or limits you in shaping your perspective of empathy as you provide patient care during clinical nursing practice?'. General probes were also used such as: 'Please tell me more,' and

‘Would you like to add anything else?’. The interview length ranged from 34 to 58 minutes. The interviews were conducted January through February of 2022. The texts of the audio transcribed interviews generated 157 pages of verbatim transcripts.

A modified iterative seven step qualitative data analysis was used to examine the data (Dory, et al., 2017; Fu & Rosedale, 2009; Fu, et al, 2008; Qiu & DelVecchio, 2020). Each individual transcript was carefully read and re-read. Selected examples of the data from all the participants were compared in order to determine the essential meaning of empathy for the participants. The findings of this interpretive analysis suggested that empathy has significance for both improved patient health outcomes, increased patient satisfaction, as well as increased fulfillment in their role as senior nursing students during clinical nursing practice.

As the presentation of the findings has shown, empathy means discovering that a patient is a human person in the context of clinical nursing. This was one of the essential themes in the study. Typically for the student participants in this study, empathy meant “your ability to understand what someone is going through,” and “understand what that person is feeling,” or “acknowledge their feelings”, or “perspective,” and also their “situation.” As one student put it succinctly, empathy is “... being able to relate to the feelings of others, even though you’re not in the same mindset or situation as them.”

The student participants also defined empathy in concrete details or actions at the manifest level that was helpful during clinical nursing practice. For example, “empathy establishes that human connection between patient,” and “I think being empathetic to them involved a lot of listening and just sitting with them...” or “.... trying to be there for them and listening to them,” and “listening allows you to create a connection.” One student pointed to an essential theme of the study, empathy helps patients feel visible, heard, and understood, this way, “What defines

empathy a lot for me is learning how to listen to a patient” A different student stated “... part of what empathy means to me is, I got to think about why that person is not doing well or ... understand what situation they’re going through.” Students described that understanding the patients’ feelings or what they’re going through led to actions such as, “... doing what I can to act upon it to better their situation,” and “... then address their care that way.” Some students envisioned empathy as a means to improve patient outcomes, as well, for example, “just try to understand what people are going through it allows you to give them better care,” or “... best understand their needs,” and “... make her days better and a little easier.”

Another significant finding of the study was that using empathy in clinical nursing practice broke through bias toward patients. An essential theme that surfaced during the interpretation of the data. Students spoke about the desire to give patients their own “fresh look” or “making your own judgements and figuring out in your own mind what does this patient need.” Self-reflection, such as during the post conference at clinical was also a factor in some students’ desire to breakthrough bias, one student put it this way, “[reflection] helped me take that one little extra step to ask why is this person acting this way ... that flipped my perspective...” The findings suggest that reflection on clinical nursing practice helps students discover the underlying reasons for a patient’s behavior. This in turn, helps students better address the needs of patients.

Three subthemes surfaced during analysis of the data, as well. The first sub-theme to emerge from the first essential theme, empathy means discovering that every patient is a human person, was empathy facilitates mutual humanization. For example, one student participant stated that, “... I don’t think it’s wrong to enjoy your work ... I can go have fun and just enjoy the time with patients and maybe give them the attention they haven’t had,” or “See a kid go from sick to happy is probably one the better feelings you can experience,” and “I realized that having

empathy towards them and walking with them really benefited both of us... I left feeling very fulfilled and happy that what I believed was just a simple thing, getting to sit down and talk with them and experience empathy.”

The second sub-theme that surfaced from the essential theme, empathy helps patients feel visible, heard and understood was, empathy promotes a patient’s autonomy and preserves their human dignity. One participant stated, “... it’s nice to have some ... conversations throughout the day to make them feel a little more at ease, not at home, but a little more ... like a person not a patient,” and “I feel I have allowed her to share with me her worries and her concerns and me telling her that they’re valid and that they’re fair I think she gains more agency herself.”

The third sub-theme, empathy ignites a desire in students to maintain a person’s integrity follows from the essential theme, empathy breaks through bias towards patients. For example, one student put it this way, “... it’s [empathy] needing to recognize that you are fortunate ... to assist them by being willing to understand without having your own judgment,” and “I’ll try to convey I’ll never be able to fully understand ... but I will do everything in my power to try to understand what they’re going through so I can best help them.”

The results also suggested that clinical nursing practice shapes knowledge of empathy among baccalaureate nursing students. A salient finding of the study was that clinical nursing practice helped students gain the self-confidence they perceived was needed to engage in empathetic person-centered nursing in clinical practice. For example, referring to clinical practice, one student put it this way, “... it’s definitely taught me to have those conversations and sit with patients. I think making that attempt can be the hardest part and it can feel overwhelming... I think there are a lot of small ways to start.” Another student noted that “... once I’ve practiced my skills and I actually start to feel more comfortable and I can focus on the



emotional side rather than just working on the task at hand.” One student put it succinctly that clinical practice gave the student the “... confidence, how to talk to a patient... but it surprised me that they are people, not patients.”

### **Overview of the methodological and clinical importance of the research**

This is the first study conducted to understand what empathy means for senior baccalaureate nursing students in the context of clinical nursing practice using a hermeneutic phenomenological approach. A review of the literature showed that small number of studies in empathy education for undergraduate nursing students have been published involving simulation education on empathy. One systematic review of the literature, intended to determine the effectiveness of immersive and simulation-based interventions for teaching empathy to undergraduate nursing students, showed mixed results as to effectiveness of empathy simulation (Levett-Jones, et al., 2019). The authors of this review, critically examined and synthesized twenty-three studies. Nine of the twenty-three studies reviewed demonstrated practical improvements in empathy (Levett-Jones, et al., 2019). However, the effect size for most of the studies were typically low (mean  $r = 0.26$ ). The same review noted that the most effective educational efforts involved immersive and experimental simulations that focused on vulnerable populations and included guided reflection exercises (Levett-Jones, et al., 2019).

Few studies were found that examined empathy among undergraduate nursing students that didn't involve empathy education simulation. One qualitative study was found, during a literature review, that used a hermeneutic phenomenological approach to describe the meaning of an experience for eighteen Thai third and fourth undergraduate nursing students when attending real situations of cardiac life support (Matchim & Kongsuwan, 2015). Six essential themes were developed from the in-depth interviews from eighteen students. The study noted that real clinical

situations are beneficial in learning cardiac life support and boosted the students' self-confidence in addition to cardiac life support simulation.

Given that empathy remains a central concept in nursing (Fernandez & Zahavi, 2020; Penprase et al., 2014; Stavropoulou et al., 2020; Levett-Jones et al., 2019) the current study aimed at understanding the meaning of empathy for senior nursing students and how clinical practice shapes and nurtures empathy is significant. Knowledge regarding the essential meaning of empathy among the undergraduate senior nursing student participants has resulted from this study and will add to the discussion as to the value of empathy for improved patient-centered health outcomes. Senior nursing students have experienced more direct nursing practice than any other students, which this research has shown both shapes and nurtures empathy. Therefore, this study suggests that clinical nursing practice has a high potential impact for improving patient outcomes and satisfaction through person centered nursing care among all levels of nursing students. Moreover, nursing students have had more time to potentially nurture and shape empathy through clinical nursing practice. This is the first study that suggests what is known as to the high effect of empathetic person-centered nursing care given by nursing students through clinical nursing practice on improved patient outcomes and increased patient satisfaction with the care provided.

Furthermore, nursing scholars consider empathy a vital element in the formation of meaningful and trusting relationships between the nurses and patients (Fernandez & Zahavi, 2020; Turner, Locke, Jones, & Carpenter, 2019). The study suggested that the use of empathy among senior nursing students increased both trust and created meaningful relationships between patients and the students. Trust between the student and the patient was shown to empower some patients to make meaningful choices regarding the quality of their lives in both living and dying

during the analysis of the findings. The study indicated that trust through empathetic relationships facilitated mutual humanization between the patient and the nursing student. As a result, both the nursing student and the patient felt greater satisfaction with the giving and receiving of nursing care. Another key factor pointing to the significance of empathy.

Empathy occurs as an immediate and direct encounter with another human being, it is experienced during face-to-face interactions with another human person (Fernandez & Zahavi, 2020). The otherness of each individual remains, yet, as the study suggested, empathy connects human persons who are different in meaningful ways. The philosophical underpinnings of the study allowed for uncovering the meaning of empathy among senior nursing students. The in-depth interviews of the student participants allowed them to describe empathy, tell a story about it and at the same time, reflect on it. As a result, the study revealed the meaning of the phenomenon of empathy in the everyday context of clinical nursing practice for senior nursing students.

The study revealed unique perspectives of empathy. Hearing stories of their experiences using empathy with patients, included exemplars of empathic nursing care, as a result, the analysis indicates that patients felt visible, heard and understood. A key feature of empathy. Moreover, the interpretation of the data revealed new understandings of empathy and provided clarity as to the meaning of empathy in nursing practice among senior students. Nursing knowledge regarding empathetic nursing care provided by students that was unknown prior to this study. Furthermore, each student participant shared their individual perspectives and provided a self-interpretation of empathy in nursing practice in the context of nursing practice. Yet, the methodological approach used for this study made it possible to find common meanings

of empathy in the clinical context across participants in the study, as well as the emergence of the three essential phenomenological themes and sub-themes.

A strength of the study is that the philosophical approach used helped to explore the complex experience of the phenomenon of empathy in the day-to-day context of clinical nursing practice of students. Rich detailed descriptions from the participants helps with the transferability of the findings in the study. The iterative process allowed for the surfacing of the three essential phenomenological themes and subthemes as the quotation files were carefully and systematically analyzed. This occurred by putting the coded quotations together for each research question and by extensive dialogue and reflection among the researcher and research fellow. Furthermore, the essential themes and subthemes were validated alongside the interview data, which helped to ensure the credibility and transparency of the study (Dory, et al., 2017; Fu & Rosedale, 2009; Fu, et al, 2008; Qiu & DelVecchio, 2020).

A reflexive stance, recognizing the experiences of the researcher, as both long standing teacher of clinical courses for senior nursing students, as well as, teaching nursing ethics courses for advanced practice, helped to establish confirmability of the study's results (Cohen et al., 2000). As a teacher of professional nursing ethics, the researcher has an interest in promoting the professional goals of nursing, especially the mitigation of human suffering. The undergraduate research fellow approached the researcher with an interest in the study during the initial recruitment phase. The research fellow had a long-standing interest in the phenomenon of empathy and recognized its significance in promoting person centered outcomes for patients. The fellow had done extensive reading about the phenomenon. Therefore, the fellow brought their own knowledge of empathy into the study. This awareness, too, helps to establish the confirmability of the results. Furthermore, each step of the interpretive analysis was clearly

defined and followed in the iterative process. Perspectives and preconceptions were critically examined beside the data during the interpretive process. As a result, credibility and validity is established that findings demonstrate the essence as to the meaning of empathy in the experiences of the nursing students in the clinical context.

A hermeneutic phenomenological approach has inherent limitations. This study is not generalizable. The study deepened understanding as to the essence of empathy in context of clinical practice among senior nursing students, which was an aim of the study. The study represents the reality of the phenomenon in one moment of time, in the day-to-day reality of providing empathetic nursing care in a clinical context for senior nursing students. The participants of the study were mostly white women. The participants all attended the same higher education institution in the northeastern region of the U.S.

A synthesized review of the literature provided a background as to the significance of the empathy in the context of clinical nursing practice. Furthermore, studies revealed that empathetic providers promote increased patient satisfaction and better health outcomes for patients. What stood out, in a review of the literature, is the gap in knowledge regarding an understanding as to the meaning of empathy from the perspective of senior baccalaureate nursing students just prior to entering the health care context as registered nurses. Moreover, few studies as to the significance of empathy on patient health outcomes have been conducted by nurse researchers. Empathy is widely considered fundamental to effective nursing practice; therefore, this study is significant as one of the first studies to address a gap in knowledge of empathy in the context of professional nursing practice (Fernandez & Zahavi, 2020; Penprase, Oakley, Ternes, & Driscoll, 2014; Stavropoulou, Rovithis, Sigala, Pantour, & Koukouli, 2020; Morgan, 2016; Gerace, 2020).

## Summary and Implications

The purpose of this hermeneutic phenomenological study was to: (a) understand the meaning of empathy in the context of clinical nursing practice from the perspective of senior baccalaureate nursing students: and (b) discover how does clinical nursing practice shape and nurture empathy for senior baccalaureate nursing students?

The study findings indicate that senior nursing students believed that empathy establishes a human connection between the patient and nursing student, which leads to understanding as to what the other feels and is going through. The study also suggests that senior nursing students think that clinical nursing practice had a significant impact and was essential in their becoming an empathetic nurse. In this study, empathy was defined as the capacity to understand, grasp, appreciate, and/or be acquainted with another's feelings or perspective without having undergone the same experience of the other. This definition of empathy was coherent with the results of the study.

Academic nurses could benefit from the new knowledge this study has generated. The study findings suggest that clinical nursing practice plays a vital in forming empathetic nurses in a baccalaureate nursing education program. Nursing administrators can learn from this study, as well. Nursing students improve both patient health outcomes and increase patient satisfaction with nursing care in all clinical settings. Nurse ethicists have an interest in promoting person centered nursing care and could learn from the results of this study. The findings suggest that empathetic nursing care is possible in health care settings that often suffer from institutional injustices, such as labor shortages. Much of the research as to the significance of empathy on patient health outcomes and patient satisfaction has been conducted primarily by physicians in clinical practice or medical education. This study would be of interest to physicians who value

the significance of empathy for improved health outcomes for patients or physicians interested in the medical education of students, who are intent on forming empathetic physicians.

Future research is needed to learn how cultural differences between nurses and patients might be a barrier to empathetic person-centered care. Three students indicated that cultural differences may be a barrier to empathetic nursing care. For example, one student spoke about a desire to become fluent in a second language in order to address this issue. Cultural difference between patients and nursing students as a potential barrier to empathetic nursing care remained unexplored in this study. Some of the student participants in the study reported experiencing the in-depth interview as a reflective process as to the meaning of empathy. Future studies could be conducted to create reflective exercises for undergraduate students regarding the meaning of empathetic nursing care. Reflection exercises have the potential to promote empathetic care and motivate students to give such care. As a result, making nursing care more meaningful and significant for both the students and the patients.

In the philosophical approach used in this study, telling a story about empathetic nursing care was both personal and uniquely defined by the students sharing the story. Yet, common meanings surfaced and gives a deep understanding as to the meaning of empathy in the context of clinical nursing practice. A shared perspective and understanding as to the meaning of empathy was generated by the participants. All understanding is interpretive from a particular perspective (Heidegger, 1972). The approach used for this study offered a unique way to give a deep understanding of the meaning of empathy for senior baccalaureate nursing students in the context of clinical nursing practice.

## **Conclusion**

This research focused on describing and interpreting the meaning of empathy among senior baccalaureate nursing students. The findings have transferability to academic nurses involved in undergraduate nursing education. The results illuminate the meaning of empathy from the perspective of senior nursing students. An overarching theme is that empathy enhances one's ability to understand what a patient is going through or feeling in order to improve patient centered health outcomes. The findings provide one of the first qualitative studies that give a perspective of senior nursing students as to the meaning of empathy and how clinical nursing practice shapes and nurtures empathy. The study can add to the discussion among academic nurses as to the significance of empathy in professional nursing and the importance of clinical nursing practice, in undergraduate nursing education, for shaping and nurturing empathy in students.



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## Appendix A

### Consent Form



#### Boston College Consent Form

#### Boston College Connell School of Nursing

**Study Title: The Meaning of Empathy in the Context of Clinical Nursing Practice Among Senior Baccalaureate Students**

**Researcher: Richard Ross**

**Type of consent: Adult**

#### Invitation to be Part of a Research Study

You are invited to participate in a research study. You were selected to be in the study because you are at least 18 years old and are a senior nursing student having completed at least 280 hours of clinical nursing practice. Taking part in this research project is voluntary. Participants may withdraw from the study at any point. Participating in the study or withdrawal from the study will have no impact on student coursework.

#### Important Information about the Research Study

Things you should know:

- The purpose of the study is to understand the meaning of empathy in the context of clinical nursing practice from the perspective of senior baccalaureate nursing students.
- We don't believe there are any risks from participating in this research.
- The researcher anticipates this study to be the first, which delineates the meaning of empathy in the context of clinical nursing practice among senior baccalaureate nursing students.
- Taking part in this research project is voluntary. You don't have to participate and you can stop at any time.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.



### **What is the study about and why are we doing it?**

The purpose of the study is to first, understand the meaning of empathy in the context of clinical nursing practice from the perspective of senior baccalaureate nursing students. Second, to understand how clinical nursing practice shapes and nurtures empathy for senior baccalaureate nursing students. Studies indicate that empathetic providers promote both increased patient satisfaction and better health outcomes for patients. Given the significance of empathy, what stands out is the gap in knowledge regarding the meaning of empathy from the perspective of senior baccalaureate nursing students just prior to entering the health care context as registered nurses. The total number of people in this study is expected to be 8 to 10.

### **What will happen if you take part in this study?**

If you choose to participate, you will be asked for one interview that will last approximately one hour. The interview will take place at your convenience in a quiet conference room in CSON, Maloney Hall. The interview will be recorded on a basic digital voice recorder to collect the data. Following the interview, a verbatim transcript will be immediately created. Once the transcript is obtained and checked for accuracy with the recording, the recording will be immediately deleted from the recording device. The transcript will then be uploaded to the secure server in CSON behind Boston College's firewall designated for protecting research data securely in a password protected file. The server is only accessible by the researcher via a secure password to ensure confidentiality. The participant will be identified by a pseudonym to ensure confidentiality and privacy. Your name will never appear in any publication. The data will only be used by the researcher and not linked to other data.

### **How could you benefit from this study?**

Although you will not directly benefit from being in this study, others might benefit because new knowledge will be generated regarding the meaning of empathy from the perspective of senior baccalaureate nursing students just prior to entering the health care context as registered nurses. The study is expected to indicate the significance of clinical nursing practice in shaping and nurturing empathy and improving patient-centered outcomes during undergraduate nursing education.

### **What risks might result from being in this study?**

I don't believe there are any risks from participating in this study. If talking about one's view of empathy does elicit some uncomfortable feelings, the researcher will ask the participants if they want stop or pause the interview. Participants who become

emotionally distraught will be offered a referral to Boston College student counseling services. If after pausing the interview, a participant wishes to resume the interview, they will be told when the recording re-starts again and ends.

### **How will we protect your information?**

The transcripts of the recording will be stored within a folder in the university's server, designated for protecting research data securely in a password protected file behind Boston College's firewall. The server is only accessible by the researcher via a secure password to ensure confidentiality. The participant will be identified by a pseudonym to ensure confidentiality and privacy. The recordings of the audio interview from the digital recording devices will be permanently erased as soon as transcriptions are approved for accuracy.

The Institutional Review Board at Boston College and internal Boston College auditors may review the research records. State or federal laws or court orders may also require that information from your research study records be released. Otherwise, the researchers will not release to others any information that identifies you unless you give your permission, or unless we are legally required to do so.

### **What will happen to the information we collect about you after the study is over?**

I will keep your research data to use for future research. Your name and other information that can directly identify you will be deleted from the research data collected as part of the project.

I may share your research data with other investigators without asking for your consent again, but it will not contain information that could directly identify you.

### **How will we compensate you for being part of the study?**

You will receive a \$25.00 gift card for your participation in this study. I will give you the amount in full if you end this study early.

### **What are the costs to you to be part of the study?**

There is no cost to you to be in this research study.

### **Your Participation in this Study is Voluntary**

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, the audio recording on the digital recorder will be deleted.

### Getting Dismissed from the Study

The researcher may dismiss you from the study at any time for the following reasons: (1) it is in your best interests from any emotional distress discussing empathy in the context of clinical nursing practice may elicit in you.

### Contact Information for the Study Team and Questions about the Research

If you have questions about this research, you may contact Richard Ross, [rossrp@bc.edu](mailto:rossrp@bc.edu). Faculty advisor, Chris Lee, [leeddo@bc.edu](mailto:leeddo@bc.edu).

### Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Boston College  
Office for Research Protections  
Phone: (617) 552-4778  
Email: [irb@bc.edu](mailto:irb@bc.edu)

### Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. I will give you a copy of this document for your records. I will keep a copy with the study records within a folder in the university's server, designated for protecting research data securely in a password protected file behind Boston College's firewall. If you have any questions about the study after you sign this document, you can contact me or my academic advisor using the information provided above.

*I understand what the study is about and my questions so far have been answered. I agree to take part in this study.*

\_\_\_\_\_  
Printed Subject Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Appendix B

### Recruitment Flyer

# Does empathy guide your clinical practice?

## Let's talk about your experiences.

*Senior Nursing Students – Needed for a Research Study on the Meaning of Empathy*

*Purpose of the Study – To Understand the Meaning of Empathy in the Context of Clinical Nursing Practice Among Senior Baccalaureate Nursing Students*

*Who Can Participate? Senior nursing students who are over 18 years old and completed at least 280 of clinical nursing practice.*

*What's Involved? A one-hour interview. (A \$25.00 gift card will be given for time and participation)*

*Want More Info? Contact Richard Ross, Ph.D. (c) – [richard.ross@bc.edu](mailto:richard.ross@bc.edu) (Faculty advisor – Prof. Chris Lee – [leeddo@bc.edu](mailto:leeddo@bc.edu))*