



Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies
Collection

2017

A Toolkit to Support Nurse-Patient Communication through Nurse-Expressed Empathy

Jessica Delano Holden
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Jessica Delano Holden

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Patricia Schweickert, Committee Chairperson, Nursing Faculty

Dr. Cheryl Holly, Committee Member, Nursing Faculty

Dr. Edna Hull, University Reviewer, Nursing Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2017

Abstract

A Toolkit to Support Nurse-Patient Communication through Nurse-Expressed Empathy

by

Jessica Delano Holden

MS, Walden University, 2010

BS, Our Lady of the Elms College, 1997

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

April 2017

Abstract

Empathy is the ability of a person to understand what another is experiencing from the receiver's perspective and the ability to communicate that understanding to the receiver. In nursing, empathy is believed to be a necessary component to the nurse-patient relationship. Evidence shows a decline in empathy specifically noted over time in nursing students who are preparing to graduate and enter the workforce. The practice focused question for this project asked whether an experiential learning toolkit for development of nursing empathy can improve sophomore nursing student empathy as measured via the Jefferson Scale of Empathy. This project was guided by evidence that demonstrated a continued need to measure the effect of activities aimed at fostering empathy in nursing students. The design for this project was a one group pre and post evaluation of a current healthcare program experiential learning toolkit. The project utilized a toolkit learning activity including case study and discussion in an undergraduate academic setting to assess whether empathy can be fostered in nursing students. Empathy levels were measured pre and post intervention utilizing the Jefferson Scale of Empathy. Analysis demonstrated a 3% increase in overall Jefferson score post intervention indicating an increase in empathic tendency. Of the 20 items on the scale, most scores increased pre to post survey. The findings are suggestive that experiential learning may be a viable strategy to increase empathy in nursing students. This project holds significant value for social change with the potential to identify effective methods to develop student nurses' expression of empathy.

A Toolkit to Support Nurse-Patient Communication through Nurse-Expressed Empathy

by

Jessica Delano Holden

MS, Walden University, 2010

BS, Our Lady of the Elms College, 1997

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

April 2017

Table of Contents

Section 1: Introduction.....	1
Introduction.....	1
Problem Statement.....	1
Purpose.....	3
Nature of the doctoral project.....	4
Significance.....	5
Summary.....	8
Section 2: Background and Context.....	9
Introduction.....	9
Concepts, models and theories.....	10
Relevance to nursing practice.....	12
Local background and context.....	15
Role of the DNP student.....	17
Summary.....	19
Section 3: Collection and Analysis of Evidence.....	20
Introduction.....	20
Practice-focused question.....	22
Sources of evidence.....	22
Evidence Generated for the Doctoral Project.....	32

Participants.....	32
Procedures.....	32
Protections.....	36
Analysis and synthesis	37
Summary.....	39
Section 4: Findings and Recommendations.....	47
Introduction.....	40
Findings and Implications.....	42
Recommendations.....	58
Strength and Limitations.....	50
Section 5: Dissemination Plan	58
Analysis of Self	59
Summary	61
References.....	39
Appendix A: Permission to use Jefferson Scale of Empathy JSE-HP-S	69
Appendix B: Additional Student Demographic survey	71

A Toolkit to Support Nurse-Patient Communication through Nurse-Expressed Empathy

Section 1: Introduction

Introduction

Nursing is both a science and an art. The quality of the relationship between the nurse and the patient is essential to the healing process. The ability of the nurse to connect with the patient in a way that is meaningful to the patient will determine the patient outcome (La Monica, Wolf, Madea, & Oberst, 1987). Empathy serves as a foundational nursing principle inherent in the nurse's ability to form those relationships from which to care for patients (Nightingale, 1992). To be empathetic means to share the emotions and sentiments of another, to create a safe space where the person feels understood, accepted and supported (Cunico, Sartori, Marognolli, & Meneghini, 2012). There exists, however, a need to examine methods for instilling empathic tendency in nursing students (Brunero, Lamont, & Coates, 2010). To date, a trending decline in empathy has been observed in nursing practice, and in particularly, nursing students (Ward, Cody, Schaal, Hojat, 2012). Recognizing a decline in empathy indicates a call to action to identify effective methods to improve nurse expressed empathy. The purpose of this project was to evaluate the effectiveness of an experiential learning toolkit on the development of empathy in undergraduate nursing students.

Problem Statement

The focus of this project was to address the practice problem of lack of nurse expressed empathy in undergraduate nursing students in a four year baccalaureate program. Empathy is an important concept in nursing and patient care as it has been

directly linked to positive patient outcomes (Hojat et al., 2011; Olson & Hanchett, 1997) and decreased patient anxiety (Olson, 1995). The use of empathy is documented as a means for nurses to engage patients (Brunero et al., 2010). Empathy has been defined as the ability to perceive the meaning and feelings of another and to communicate those feelings to the other person (Stein-Parbury, 2013). Patients have the need to feel that they are understood which requires active engagement on the part of the nurse (Kunyk & Olson, 2001). The foundation of nursing practice is the nurse's ability to use empathy to form understanding relationships with their patients and express care and compassion (Kunyk & Olson, 2001). Evidence supports that higher levels of healthcare provider empathy have been correlated with better patient outcomes and higher patient satisfaction (Hojat, et al., 2010; Hojat, et al., 2011; Yang, Hargreaves, & Bostrom, 2014). However, there has been a perceived decrease in empathy in nursing students (Nunes, Williams, Sa, & Stevenson, 2011; Ward, Cody, Schaal, & Hojat, 2012), indicating a practice problem that needs to be addressed.

The ability to see through the patient's eyes and understand their perspective is pinnacle to patient centeredness and defined as essential by the Institute of Medicine (IOM) (Barry & Edgman-Levitan, 2012). In practice, if a nurse's perception of how the patient is experiencing their situation is shared verbally with patients (nurse expressed empathy), the patient will perceive the nurse as empathic (Olsen & Hanchett, 1997). It is this display of empathy that fosters a deeper, more communicative, and therapeutic relationship with the patient. Evidence indicating a decline in empathy among undergraduate nursing students (Ward et al., 2012; McKenna et al., 2012) presents an

opportunity to employ strategies to promote nurse expressed empathy early on. If the expression of empathy is important to patient centeredness, then nurse educators should be aware of and employ strategies to foster its development in nursing students. Nurse educators are positioned to prepare nurses for professional practice that meets patients' physical, emotional and psychosocial needs (Cooper, Taft, & Thelen, 2005). The use of experiential learning styles has been demonstrated to be more effective than other learning styles in knowledge gain and behavior change of nurse expressed empathy with undergraduate nursing students (Brunero et al., 2010). While evidence demonstrates the possibility to increase the nursing students' empathic ability with education, further investigation is needed to identify the most effective method of experiential learning (Brunero et al., 2010). Hence, implementation of effective teaching strategies to promote empathy in nursing students may offer benefit in improving empathy in the future nursing workforce.

Purpose

There is a gap in nursing practice as to how to increase empathy in nursing students (Williams et al., 2015), which was the focus of this project. Current evidence indicating a decline in empathy among nursing students (Ward et al., 2012; McKenna et al., 2012), coupled with current lack of existing effective mechanisms with which to promote nursing student empathy (Brunero et al., 2010) demonstrate evidence of this gap. The need to increase empathy requires investigation into effective strategies to promote the development of empathy in nursing students (Williams et al., 2015). The purpose of this project was to evaluate whether an experiential learning toolkit for the development

of nursing empathy can increase empathy in nursing students. The project assesses an experiential toolkit education program that incorporates case study with role play and reflection in its design and measured one group pre and post intervention using the Jefferson Scale of Empathy.

For nursing care to be truly patient centered, attempts must be made to better understand and find value in the patient's perspective. The practice focused question for this project asked whether an experiential learning toolkit for development of nursing empathy can improve sophomore baccalaureate nursing student empathy as measured by the Jefferson Scale of Empathy. Healing relationships are grounded by an engagement with the patient and knowing what is important to them as a person (Epstein, Fiscella, Lesser, & Stange, 2010). A call has been made for policy change to improve our current healthcare system and foster one that is patient centered citing that education is needed to teach and assess interpersonal skills that promote patient understanding and that healthcare organizations need to foster a culture of patient centeredness and effective communication (Epstein et al., 2010). This project has the potential to address the gap in practice in validating the effectiveness of a toolkit to increase nursing student empathy.

Nature of the Doctoral Project

The search strategies that were employed to collect sources of evidence involved a computerized database search of Cumulative Index of Nursing and Allied Health Literature, Cochrane Library, Medline and the Joanna Briggs Institute. Boolean strings *nursing AND empathy, nursing OR empathy AND patient centered care, nursing AND empathy AND education OR training, empathy AND measurement* were used. The

resulting resource list was reflective of multiple scholarly resources including meta-analysis and systematic reviews.

This project evaluation utilized a pre post design to determine changes in nursing student self-report of empathy in one semester pre and post intervention. Necessary permission was gained to utilize an existing tool to measure empathy that has been deemed reliable and valid and which was used to assess the project outcome (Thomas Jefferson University, n.d.). Available via the internet and accessible to the public is an existing toolkit designed to increase empathy that is supported by evidence to be reliable and valid (MONASH University, n.d.). I used Excel 2010 technology to organize and analyze collected data. Evaluation data identifying a successful intervention to improve empathy in nursing students and its usefulness to bridge the gap in practice described in this paper.

Significance

Addressing the problem of nurse expressed empathy may have an immediate impact on patient care. Nurses and their patients are readily identifiable as key stakeholders. Nurses' ability to express empathy fosters a sense of trust which thereby deepens the level of communication with patients (Nunes, et al., 2011). Better patient outcomes have been linked to increased levels of expressed empathy and enhanced communication from nurses (Hojat, 2007; Sleath et al., 2012).

Bridging this gap with the identification of effective intervention to promote empathy will provide significant contributions to nursing practice. Significant stakeholders include student nurses, nursing faculty, nurses currently in practice, as well

as nurse leaders and educators in the practice setting. This statement is made based on evidence that demonstrates that patients experience less distress with nurses who express empathy (Lelorain, Brédart, Dolbeault, & Sultan, 2012). Also, empathy has been linked to improved teamwork and integrated patient care (Hojat, Bianco, Mann, Massello, & Calabrese, 2015). Patients who perceive empathy from their providers are more likely to engage and comply with treatment (Hojat et al., 2010). Identification of an effective method to promote empathy may be utilized in targeted training for nurses and nursing students to improve patient care.

This project holds significant value for social change. Implication lies within the identification of effective strategies to promote nursing student expression of empathy. While nurse expressed empathy is essential to patient satisfaction, adherence to medical recommendations, clinical outcomes and professional satisfaction, effective strategies to enhance empathy are yet to be refined (Stepien, & Baernstein, 2006). Empathy in the clinical setting is defined as appreciation of the patient's emotions and expression of that awareness to the patient (Stepien & Baernstein, 2006). This definition is consistent with the definition of patient centeredness defined in 1988 by Picker (as cited in Barry & Edgman-Levitan, 2012) The importance of better understanding the experience from the patients' perspective and expressing appreciation for the patient perspective by partnering with them to navigate the healthcare system to identify the best treatment plan (Barry & Edgman-Levitan, 2012). Positive patient perception of the relationship, exemplified by the patient viewing caregivers as empathetic has been correlated to better patient outcomes (Lewin, Skea, Entwistle, Zwarenstein, & Dick, 2001; Hojat, Louis, Maio &

Gonnella, 2013). In theory, the better healthcare providers are at expressing empathy, the more developed is the patient centered relationship and hence patient outcomes are improved. Empathy is the ability of a person to understand what another is experiencing from the receiver's perspective and the ability to communicate that understanding to the receiver. In nursing, empathy is believed to be a necessary component in the nurse-patient relationship (Olsen, 1995). Effective empathic communication that is based on the patients' perception of the experience should lead to better patient outcomes overall thereby reducing cost on the healthcare system. Policy makers grappling with health care quality and cost issues recognize shared decision making and patient engagement to be important mechanisms to improve care and reduce costs, (Bernabeo & Holmboe, 2013). In a system where patients feel supported and independent in their healthcare, the likelihood that the healthcare system is accessed less frequently would have a positive impact on the financial bottom line.

Bernabeo and Holmboe (2013) stated that policy makers need to support modifying clinical education and continuous professional development to improve the critical competencies needed to engage patients in meaningful discussions of care. Stepien and Baernstein (2006) suggested that communication skill workshops addressing the behavioral dimension of empathy show greatest impact on learners. Practice strategies to employ the development of effective communication and expression of empathy in healthcare providers bring about social change by improving health care quality and fostering an environment to engage in patient centered behaviors that support optimal patient outcomes.

Summary

Empathy is a significant component of nursing practice. The ability of the nurse to engage in empathetic behavior allows for the formation of a trusting nurse-patient relationship. It is from that relationship that patients benefit and heal in a way that is most appropriate for them. Nursing perception and exploration of the patient experience helps the nurse determine the true patient need. Strategies to promote communication between nurses and patients, including the improvement of nurses' ability to determine the patient perspective, is an example of deliberate use of evidence to guide nursing practice. Work done by Olson and Hanchett (1997) demonstrated the impact of nurse expressed empathy on patient outcomes with findings that show a positive relationship of nurses who successfully demonstrated empathy on better patient outcomes compared to nurses who did not. The identification of effective strategies to promote nurse expressed empathy is important to further develop nursing practice. Gap analysis has identified the need to determine which methods of instruction are most appropriate (Brunero et al., 2010) with some evidence supporting that interactive learning methods are likely to be the most effective (Ward et al., 2012). Successful program implementation may bring about social change as it relates to patient outcomes and nursing competency in that a viable program may potentially be replicated and applied in multiple settings including academia and clinical practice. The next section will discuss background and content for the project including the supporting theoretical framework, relevance to nursing practice and the role of the Doctor of Nursing Practice (DNP) student.

Section 2: Background and Context

Introduction

There exists a lack of empathy in nursing students (Ward et al., 2012). A gap in nursing education exists in identifying strategies to develop empathy in undergraduate nursing students (Williams et al., 2015). The delivery of empathy education ranges significantly in intervention from self-learning modules, to generalized assumptions that an entire curriculum promotes empathy, to focused-programming, including experiential learning in various lengths of time (Brunero et al., 2010). It is noted also that there has been inconsistency in the tools used to measure program effectiveness which makes determination of the best strategy difficult (Brunero et al., 2010). A review of empathy education in nursing students demonstrated the promising positive impact of experiential learning to increase empathy (Brunero et al., 2010). Empathy is a necessary component of the nurse-patient relationship to fostering trust and communication (Bernabeo & Holmboe, 2013; Ward et al., 2012). In practice, the expression of nurse empathy correlates to better patient care (Hojat, 2007). Thus, instruction to develop empathy in nursing students is important so that students are fully prepared to enter the workforce with the capacity to effectively engage in a way that will benefit their patients. The need exist to investigate effective strategies to develop empathy in nursing students as currently there is no clear mechanism deemed effective in increasing student nurse empathy (Williams et al., 2015). Nurse educators are positioned to prepare nurses for professional practice that meets individual patient care needs (Cooper, Taft, & Thelen,

2005). In an effort to bridge this gap, the purpose of this project was to evaluate whether an experiential learning toolkit for the development of nursing empathy can increase empathy in nursing students. The practice focused question for this project asked whether an experiential learning toolkit for development of nursing empathy can improve sophomore nursing student empathy as measured by the Jefferson Scale of Empathy. This section of the paper addresses the search strategy used to locate literature to address the problem-focused question and the framework used to guide the project.

Concepts, Models and Theories

Theoretical context for this project to develop nursing student expressed empathy is based on the work of Orlando. Orlando's deliberative nursing process theory is based on the knowledge that human beings want to be communicated with and understood (as cited in Faust, 2002). Orlando's description of nurse-patient interaction is in alignment with empathy as defined in the clinical setting as appreciation of the patient's emotions and expression of that awareness to the patient (Stepien & Baernstein, 2006). Orlando's theory is focused on the nurse-patient interaction and describes the relationship between the validation of the nurse's perception of the patient's experience with the patient in producing positive patient outcome (Faust, 2002). Nursing perception and exploration of the patient experience helps the nurse determine the true patient need. A strategy to promote empathic communication between nurses and patients, including the improvement of the nurse's ability to determine the patient perspective, is an example of deliberate use of theory to guide nursing practice. Work done by Olson and Hanchett (1997), guided by Orlando's theory, demonstrated the impact of nurse expressed empathy

on patient outcome with findings that show a positive relationship to nurses who successfully demonstrated empathy on better patient outcomes than nurses who did not. Orlando described assumptions within the theory which directly support the intent of this project namely (a) people attach meanings to situations and actions that are not apparent to others, (b) patients are unique and individual in how they respond, (c) the patient is unable to state the nature and meaning of his or her distress without the help of the nurse, or without him or her first having established a helpful relationship with the patient, and (d) any observation shared and observed with the patient is immediately helpful in ascertaining and meeting his or her need, or finding out that he or she is not in need at that time (Alligood, 2014). Empathy in nursing has been described in alignment with Orlando's assumptions (Mercer & Reynolds, 2002; Wiseman, 1996). For example, assuming that people possess a unique perspective of their world as they experience it is consistent with the first and second assumption and given that people require a perceived meaningful relationship with another by which to express their perspective and receive validation is consistent with the third and fourth assumptions and is the description of empathy offered in the evidence (Wiseman, 1996). Further, alignment with Orlando's assumptions can be found in description of empathy as the ability to understand the patient's experience from the patient's perspective which is consistent with assumptions one and two and to communicate that understanding to the patient and then to act on that understanding in a way that is helpful to the patient which is consistent with assumptions three and four, (Mercer & Reynolds, 2002). The reciprocal nature of the nurse-patient relationship, as described by Orlando, is grounded in the idea that patients have their own

interpretation of their situation and thus the nurse must validate inferences made before drawing conclusions. Consistent with Orlando's theory, finding understanding of how the patient applies meaning to their experience and communication of that interpretation to the patient is the empathic work of the nurse (Mercer & Reynolds, 2002).

Relevance to Nursing Practice

Historical evidence indicates a link between helping relationships and optimal patient outcome with nurse expressed empathy cited as inherent to these relationships, (La Monica, Madea, & Oberst, 1987). Decreased levels of patient stress have been associated with nurse expressed empathy (Olsen, 1995) and positive correlation between empathetic practitioners and patient outcomes have been documented (Hojat et al., 2011). Additionally, evidence demonstrated that nursing staff with above average empathy ratings were strongly associated with a reduced use of restraint and seclusion of behavioral health patients (Yang et al., , 2014). Yet, within the realm of nursing practice there is a deficit noted in nurse graduates indicated by a decline in empathy among nursing students (Ward et al., 2012). A gap related to how best to develop empathy in nurses exists in practice and education (Brunero et al., 2010; Hodges, 1991; McKenna et al., 2012).

Rationale to explain empathy decline in nurses is speculated to be that of several contributing factors such as lack of nursing time to engage in empathetic communication, lack of support or negative attitudes from clinical faculty and healthcare personnel, and competing priorities within the healthcare setting (Ward et al., 2012). Nursing responsibilities related to task performance are significant and often require increased

technical skills (Wellard, Lillibridge, Beanland, & Lewis, 2003). . Prioritizing time for patient communication sometimes becomes secondary. Evidence suggests that the role of nursing education must be examined for how educators may promote empathy development in students and that several strategies exist to improve nurse's ability to use empathy (Ward et al., 2012). Examples of such strategies include use of standardized patients for role playing, provision of pseudo hospitalization experience simulation, exposure to empathetic nursing role models, and by giving students the opportunity to listen attentively to patients' narratives of their illness (Ward et al., 2012). The authors offered that a combination of these experiences may be most effective (Ward et al., 2012). Nursing has been called upon to discover effective mechanisms to develop and promote nursing student empathy (Nunes et al. 2011; Ward et al., 2012). The need exists to find educational instructional strategies that foster the development of the student nurse's ability to understand their patient's perspectives and feelings as well as the ability to express that understanding to their patients to foster better patient outcomes.

An integrative literature review found that nurses are passive in their engagement with patients (Tobiano, Marshall, Bucknall, & Chaboyer, 2015). These findings indicated a lack of nurse expressed empathy which is viewed as inherent to empathic communication and the person's ability to have their perceptions validated (Brunero et al., 2010). Nurse patient interaction is elemental to patient centeredness, quality care and successful patient outcomes (Grilo, Santos, Rita, & Gomes, 2014).

Educational strategies to promote empathy in nurses have been used to varying effects (Brunero et al., 2010). A review of the literature demonstrated the theme of

experiential learning as a necessary strategy to use in educational programming for nurses with the focus on empathy (Brunero et al., 2010). Davis' model for clinical empathy depicted the concept that gaining the patient perspective and demonstrating empathy affect interpersonal outcomes and promote better patient outcome and satisfaction (as cited in Larson & Yao, 2005). Larson and Yao (2005) also reflected upon the idea of experiential learning through better understanding of the patient as a unique human being essential to developing empathy. Ward et al. (2009) described the need for empirical examination of changes in empathy as a result of targeted education citing that empathy is the single most important attribute allowing students the insight to understand their patients. This evidence suggests that promoting a culture of empathy among student nurses may have more impact if strategies to include experiential learning, such as case study and role play, are employed in undergraduate education (Ward et al, 2009).

Being patient centered is a core value for nursing. Patient centered care has been linked to patient and health provider satisfaction, better health outcomes, higher quality of care and more efficient health care delivery (Grilo et al., 2014). Evidence to support the significance of this project is found in the documented lack of nurse engagement (Ward et al., 2012) and its effect on patient experience and outcome coupled with research that suggests that an interactive method of experiential nursing may be helpful in facilitating the development of nursing student empathy (Larson & Yao, 2005; Brunero et al., 2010).

Local Background and Context

Evidence shows a trending decline in nursing students' expressed empathy (Ward et al., 2012) indicating the need to identify effective methods for improvement. The setting for this project was a baccalaureate nursing program in western Massachusetts. This particular program is a traditional 4year program with a curriculum that is a combination of didactic classroom, laboratory simulation and guided bedside care at various community clinical sites. The school of nursing curriculum is organized to meet the standards and criteria set by the Commission on Collegiate Nursing Education (American Association of Colleges of Nursing [AACN], 2013). The mission of the nursing program is to prepare nursing graduates who are skilled in promoting or maintaining health by delivering skilled, compassionate, patient centered care (Westfield State University [WSU], n.d.). The institutional context of the nursing program is in alliance with what has been identified through systematic review as the basis for the nurse-patient relationship, that is effective communication in a way that the sender of the message (the patient) receives an expressed understanding and validation from the nurse (Newell & Jordan, 2015). Nurses often miss opportunities for patients to engage in therapeutic communication as their practice is predominantly task oriented (Wellard et al., 2003). Coupling the need for effective communication and the lack there of in current practice, reveals the opportunity to include strategies to promote empathic communication in preparation for nursing practice.

Locally used terms include empathy, patient centered care, experiential learning and toolkit. Rogers (1957) describes empathy as having affective, cognitive and

communicative components. Empathy is complex in that it is multidimensional as processed by the ability to understand the patient's experience from the patient's perspective, communicate that understanding to the patient and then to act on that understanding in a way that is helpful to the patient (Mercer & Reynolds, 2002). In a concept analysis, Wiseman (1996) identifies four defining attributes of empathy as seen in the literature; namely, empathic people (a) see the world as others see it, (b) understand other's feelings, (c) remain non-judgmental and (d) communicate the understanding. Empathy involves the nurse's intellectual and emotional comprehension of another (Smith & Parker, 2015). The nurse who employs empathy is able to gather the perspective of the patient's experience from a caring and unbiased standpoint, communicate that interpretation to the patient for validation and then act on behalf of the patient's needs at that time. Empathy is a dynamic process whereby active engagement on the part of the nurse is required. The resulting experience for the patient is one that feels individualized, meaningful and caring.

The term patient centered care, which is defined by the Institute of Medicine (IOM) as providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions (Institute of Medicine [IOM], 2001), is also relevant to this project. The extent to which nurses can be responsive to patients' individuality is determined by effective communication between the nurse and the patient. This project made the suggestion that nurse expressed empathy is an essential factor in effective communication.

The term experiential learning is defined by Kolb (1984) whereby knowledge is created through the transformation of experience and results from the combination of grasping and transforming experience. This project incorporated the use of a toolkit that includes experiential learning techniques such as role play and case study to promote nurse expressed empathy. It was the premise of this project that through exposure to simulated patient scenarios with the sole focus on how the patient is experiencing the situation the nurse will develop stronger empathic ability.

The term toolkit has been used throughout nursing practice settings and is generally understood to mean a collection of resources identified to be helpful in supporting or promoting a set of knowledge, skills and attitudes toward practice. Nursing toolkits have been used to support the transition of clinical nurses into faculty roles (American Association of Colleges of Nursing [AACN], n.d.), to support nurses engaging in public policy (National League for Nursing [NLN], n.d.), and for nurses transitioning to practice (National Council of State Boards of Nursing [NCSBN], n.d.).

Role of the DNP Student

The practice setting for this project was within the baccalaureate nursing program at Westfield State University in western Massachusetts. Westfield State University maintains a collaborative relationship with the local healthcare organization, Baystate Noble Hospital as evidenced by numerous student clinical placements, the housing of the nursing program's simulation lab within the hospital and participation by students in the hospital's career ladder programming. The hospital is committed to the success of the nursing program and fosters its success in anticipation of adding to the quality of the next

generation nursing workforce. The nursing program currently has approximately 200 nursing students enrolled with the mission to prepare nursing graduates who are skilled in promoting or maintaining health by delivering skilled, compassionate, client-centered care to individuals, families and communities (Westfield State University [WSU], n.d.). Previously holding the position of director of professional development at Baystate Noble, I currently hold a per diem status with the hospital while working at the university in an instructor role and provided the intervention to the participants for this project who will be students enrolled in a sophomore level class that I otherwise do not oversee. It was assumed for this project that participants will have had similar previous exposure to standard curriculum training content in that they are all traditional students in their sophomore year of a four year baccalaureate program. It was assumed also that the toolkit facilitator is a trained educator with over fifteen years of experience in facilitating similar learning experiences with practicing nurses and students.

I was motivated to complete this project as it served to satisfy a personal commitment to patient centered care. Having spent several years transitioning student nurses into the workforce and seeing firsthand the challenges that new nurses face in incorporating the art of caring into the many demanding tasks and responsibilities of the nurse, I feel strongly that interventions that are effective in promoting nurse expressed empathy will better prepare the nurse to effectively engage with patients to provide a true patient centered experience.

Summary

In summary, it is the role of the nurse to find understanding of how the patient applies meaning to their experience and to express that understanding to the patient.

Empathy, as the underlying concept that the nurse-patient relationship is built upon, has been historically linked to improved patient outcomes and decreased levels of stress (La Monica et al., 1987; Olsen, 1995). Yet evidence demonstrates a deficit in expressed empathy among nursing students (Ward et al., , 2012). It is also evident that educational strategies to promote empathy are still being refined with no clear identification of the most effective method to develop empathic expression (Brunero et al., 2010).

Experiential learning has shown the most promise in providing a vehicle for learning and there is a need for more investigation into this type of strategy (Brunero et al., 2010).

Within the context of this project, the opportunity existed to explore the effect of an experiential learning toolkit on developing nursing student expressed empathy. To address the practice problem of lack of expressed empathy, an existing toolkit was implemented and its effects evaluated with one group of nursing students. Evaluation data demonstrating percentile difference in scoring on the Jefferson Empathy Scale (Thomas Jefferson University, n.d.) determined the effectiveness of using this existing method of experiential learning to address the gap in practice that is the need to develop nursing student expressed empathy. The next section of this paper will address the collection and analysis of evidence for this project and defines the practice focused question. A thorough summary of the sources of evidence will be described, as well as a summarization of the participants, procedures and protections to be used.

Section 3: Collection and Analysis of Evidence

Introduction

A lack of empathy has been observed in nursing students at the end of their program of study (McKenna et al., 2012; Ward et al., 2012). Empathy is a necessary component of the nurse-patient relationship to foster trust and communication (Bernabeo & Holmboe, 2013; Ward et al., 2012). The purpose of this project was to evaluate whether an experiential learning toolkit for the development of nursing empathy can increase empathy in nursing students. The need exists to investigate effective strategies to develop empathy in nurses (Williams et al., 2015). While experiential learning has proven promising (Brunero et al., 2010), it is still undetermined which precise intervention will have the greatest effect. This project resulted in a potential solution to the practice problem of lack of nurse expressed empathy in undergraduate nursing students preparing to begin practice. In as much, solution to the practice problem was to identify effective instructional strategy to increase empathy in nursing students. These behaviors will enhance the ability of the nurse to fully engage in a therapeutic way that is patient centered. Statement of the practice focused question regarding early intervention to promote empathy in nursing students, with an overview of the supporting literature will be discussed in this next section. Following will be a description of the sources of evidence used and their relationship to the project. The following section will provide an overview of the collection and analysis of the evidence including participants, procedures and protections used in the project.

Practice Focused Question

Evidence indicates a trending decline in nursing students' expressed empathy (Ward, Cody, Schaal, Hojat, 2012), indicating a gap in practice and the need to identify effective methods for improvement. The practice focused question for this project asked whether an experiential learning toolkit for development of nursing empathy can improve empathy in sophomore nursing students as measured via the Jefferson Scale of Empathy. The purpose of this project was to evaluate whether a currently existing experiential learning toolkit for the development of nursing empathy can increase empathy in nursing students. In alignment with the question, this project has assessed an experiential toolkit education program that incorporates case-study with role play and reflection in its design and potentially results in improvement in nurse expressed empathy. The context of this project was within a baccalaureate nursing program with an existing curriculum that is standardized based on current accepted state regulations and professional standards. The need exists for schools of nursing to explore methods to increase nurse expressed empathy to address the practice problem of lack of expressed empathy in nursing students, (Brunero et al., 2010). Evidence to support this need exists in the repeated findings of decreasing empathy in nursing students (Brunero et al., 2010; McKenna et al., 2012; Ward et al., 2012). The overall intent of this project was to answer this question and determine whether the existing gap in practice can be filled with the implementation of with a toolkit for experiential learning.

Sources of Evidence

A literature search was conducted regarding the definition of empathy, the relationship between empathy and patient outcome, nurses' ability to express empathy, and methods to promote empathy in nurses and methods to develop empathy currently used in nursing education. A computerized database search of Cumulative Index of Nursing and Allied Health Literature, Cochrane Library, and Joanna Briggs Institute was conducted and multiple scholarly resources including primarily cross-sectional, quasi-experimental, and pre and posttest design were identified. Two longitudinal cohort studies and one qualitative systematic review were identified as well. Boolean strings *nursing AND empathy, nursing OR empathy AND patient centered care, nursing AND empathy AND education OR training, empathy AND measurement* were used to generate a list of 829 scholarly articles. Articles were excluded that did not directly address empathy development in nursing, the impact of empathy on patient outcome, or that were not written in the English language. The resulting resource list of 345 scholarly resources including meta-analysis and systematic reviews, as well as, support for the validation and reliability of the empathy measurement tool chosen for this project were reviewed with a total of 56 being found relevant as supporting evidence for the practice question that serves as the focus of this paper.

Those sources found to be supportive of the practice question were thoroughly reviewed and 38 directly identified the significance of empathy in healthcare. Identified themes were (a) empathy and healthcare quality, (b) the loss of empathy in nursing, (c) the need to identify effective nursing education strategies to increase empathy, (d)

essential nursing qualities, (e) empathy in patient interaction, and (f) how empathy can empower patients. The terms *empathy* and *nursing* are prevalent in a general literature search suggesting that the two terms are frequently linked together as being significant to one another. This literature review describes patient experience as it relates to empathy and outcome, the ability of the nurse to demonstrate empathy, and the effect of experiential learning on promotion of empathy. These sources of evidence provide clarity to the practice problem of lack of nurse expressed empathy in nursing practice and suggest an appropriate way to address the problem with experiential learning.

Patient Experience with Empathy

A classic explanation of empathy is the ability to perceive the internal frame of reference of another with accuracy, while maintaining a sense of self (Rogers, 1957 p.95). Aring (1958) differentiated the term from sympathy by clarifying that empathy is to understand and appreciate one's feelings without joining them. Gaining understanding of another's perspective and experience while maintaining emotional boundaries is what is meant by the term empathy (Kelley, Lepo & Frinzi, 2011). Empathy appears have not only an affective, but also a cognitive and behavioral context as well. The internal experience of understanding of another person's perspective is only part of what is meant by empathy. To be empathetic, a person must not only understand, but express understanding to the other and validate that understanding. Empathy may be conceptualized as not only a human trait, but as a professional state and a communication process (Kunyk & Olsen, 2001). For empathy to exist in the nurse-patient relationship communication of empathy must be perceived by the patient. Unless the person is aware

of the empathetic response of the other, there is no impact; there can be no benefit without the expression of empathy (Barrett-Lennard, 1993). Alligood (1992) differentiated basic versus trained empathy. Basic empathy is that which is innate and exists as one's inherent capacity for empathy while trained empathy refers to one's ability to learn empathic behaviors (Alligood, 1992). Spiro (1992) correlated empathy to "the internal response generated by recognition of images projected by another and clarifies the experience to be that of understanding the other in a way that means I am you rather than I want to help you" (p. 843)

What it means to demonstrate empathy and the measurement of empathic behavior is that it can be correlated. In the context of patient care, empathy has been defined as the combination of cognitive understanding of another's experience, concerns and perspective with the ability to articulate that understanding and an intention to help (Hojat, 2007). Empathy is the basis for helping. The relief and comfort that the person receives through empathetic communication relieves pain and aloneness and allows for therapeutic change (Tyner, 1985). Patients alert care providers to their need through cues expressed verbally and nonverbally. Empathic care providers interpret those cues and demonstrate understanding and communication to their patients to alleviate anxiety and convey that their needs will be met (Fields et al., 2004). The authors discussed the concept of empathy as a cognitive understanding of the patient perspective with the capacity to communicate this understanding to the patient (Fields et al., 2004). In effort to study the effectiveness of a tool to measure empathic ability, the authors used statistical analysis to compare female doctor (42) and nurse (56) response rates on the Jefferson

Scale of Physician Empathy (Fields et al., 2004). Findings from this study resulted in a reliability coefficient (Chronbach's coefficient alpha) of 0.89 for physicians and 0.87 for nurses (Fields et. al. 2004). These findings are significant as they demonstrate a sound mechanism to measure the clinician's ability to provide empathy.

The demonstration of empathy by patient care providers has been linked to better patient outcomes. A reduction of seclusion and restraint has been positively associated with empathic expression in evidence, (Yang, Hargreaves & Bostrom, 2014). In a longitudinal study, the authors analyzed 1,098 nursing shifts over two 6-month periods to find that nurse expression of empathy, when present, resulted in a 33% reduction in restraints or seclusion (Yang et al., 2014). Empathic behaviors of providers have been associated with improved patient control of blood glucose and fewer metabolic complications in diabetic patients (Del Canale et al., 2012; Hojat et al., 2011). A correlational study of 891 diabetic patients groups, in cohorts based on their hemoglobin A1c tests ranging from good to poor control, were analyzed in comparison to physician level of empathy (Hojat, et al., 2011). The study confirmed a positive association between higher levels of physician empathy and good hemoglobin A1c control (Hojat et al., 2011). Similarly, in a correlational study performed in Italy, over 20,000 patients were included in a comparison of physician expressed empathy and the occurrence of acute metabolic complications (Del Canale et al., 2012). Logistic regression analysis in this study determined that empathic expression by the provider correlated to lower complication rates in diabetic patients (Del Canale et al., 2012). Patients who perceived their caregivers as empathic experienced less anxiety and depression as well as increased

satisfaction with their care (La Monica et al., 1987; Olson, 1995). In a quasi-experimental study of just over 100 nurses, the sample population was divided into an experimental group and a control group by which the experimental group received empathy training and the control group did not (La Monica et al., 1987). The authors described a resulting decrease in self-reported anxiety and depression in patients who were cared for by nurses in the experimental group (La Monica et al., 1987). In a correlational study of 140 patients and 70 nurses, the authors found a negative relationship in an examination of the relationship between nurse expressed empathy and patient-perceived distress in that higher levels of nurse empathy correlated to a decreased perception of distress in patients (Olsen, 1995).

Empathy has an inherent link to patient centered care. Empathy, in the context of patient care, is a helping behavior and thus it is important to better understand its development in healthcare professionals (Hojat, Gonnella, Mangione, Nasca & Magee, 2005). In a longitudinal study of over 100 physicians, the authors used the Jefferson Scale of Physician Empathy to determine that higher scores in medical school correlated to higher scores of physicians in residency (Hojat et al., 2005). The authors suggested that it is important to continue to analyze how empathic behaviors can be fostered (Hojat et al., 2005). Patient centered care is that which is responsive to the patient's needs and values and empathic communication by the caregiver serves as the basis for understanding those needs and values (Newell & Jordan, 2015). In a qualitative systematic review, the authors described data that demonstrate nurses interact with patients primarily to perform administrative or functional duties, highlighting that nursing practice is predominantly

task-oriented (Newell & Jordan, 2015). The authors noted that current healthcare systems do not always offer a patient-focused environment secondary to time and other industry constraints however; nurses always have the opportunity to interact in a patient centered way which requires genuineness and empathy (Newell & Jordan, 2015). In summary, exploration of the patient experience with empathy and what has been described here is an understanding of the definition, the ability to measure its demonstration, the inherency of empathy to patient care and its link to patient outcomes.

Nursing Demonstration of Empathy

Nurses' ability to express empathy is found in current literature however, evidence demonstrates conflicting information in regard to the consistency of observed empathic behaviors in nursing. Ward et al. (2012), in a longitudinal study including 214 nursing students, identified a decline in student empathy between the beginning and end of the program as evidenced by scores on the Jefferson Scale of Empathy. The authors cited a correlation between an increase in clinical exposures and a decreased level of empathy (Ward et al., 2012). In a similar study of 333 nursing students performed to analyze the relationship between levels of empathy and clinical exposure found the reverse correlation; that increased clinical exposure was linked to higher levels of empathy (Ward, et al., 2009). Conversely, in a descriptive and longitudinal study of empathy in nursing students, Mete (2007) discovered a significant difference in empathic skill which correlated to more years in the nursing program. Ouzouni and Nakakis (2012), in a descriptive cross-sectional survey of 279 nursing students, demonstrated that several factors are to be considered in the ability for nurses to express empathy with

positive correlations in students who were female, religious, of certain ethnicity, and who had repeated clinical exposure. Lovan and Wilson (2012) conducted a survey of 25 students beginning their first semester and compared results to 25 students completing their last semester of a nursing program and found no difference in empathy levels. The authors described the finding as disappointing, citing the rationale that repeated exposure to clinical experiences should have raised empathy levels in nursing students (Lovan & Wilson, 2012). Despite conflicting study results, two themes exist throughout literature regarding nurse expressed empathy (a) differences in empathy levels at the beginning and ending of nursing education; and (b) the influence of clinical experience on levels of empathy (Lovan & Wilson, 2012; Ouzouni & Nakakis, 2012; Ward, 2016). In summary, there exists inconsistency in the observation of the expression of empathy in nursing. This inconsistency demonstrates the need to identify successful methods to promote empathy in nursing, specifically in nursing students where there has been an observed decline in empathy.

Experiential Learning to Promote Empathy

Ward (2016) notes the emerging trend in healthcare that is on technology and less focused on patient interaction requiring nurse educators to employ methods to develop empathic communication in nurses. Ward (2016) promotes the use of simulation as an experiential learning method to foster empathic skills and suggests it be offered at multiple times throughout a nurses' development. In a qualitative review of 17 studies measuring the effectiveness of empathy training with nursing students, Brunero et al. (2010) identified 11 that reported improvement in empathy levels. The authors found that

experiential learning techniques were used consistently yielding positive results and go on to describe the risk of superficial learning without solidification of skill in empathic communication in the absence of this type of learning (Brunero et al., 2010). Cutcliffe and Cassedy (1999) demonstrated the effective use of experiential learning through skills-based communication while Hodges (1991) observed positive results with experiential learning through the use of role-playing and video case study. In another attempt to promote empathic response, the use of famous painting depicting a sick child was used for study and interpretation with a focus of the student's personal knowledge of empathy (Wikstrom, 2001). Mete (2007) found problem based learning, another form of experiential learning, to be effective in improving empathic skill in nursing students. A study done by Mete (2007) demonstrated an increase in empathic skill with no parallel increase in empathic tendency indicating that empathic ability and behavior can be fostered through experiential learning. Mraiche, Paravattil, and Wilby (2015) describe the benefit of using alternate forms of learning to the traditional didactic when teaching concepts like empathy noting that the use of story and case study, along with the visual arts may be highly effective. With students required to wear a mock ostomy apparatus, role-play simulation is the experiential learning method described by Panosky and Diaz (2009) as effective in teaching empathy to nurses caring for new ostomy patients. Students engaged in a pretest-posttest design study to evaluate an experiential learning intervention that included mindfulness-based stress reduction realized an increased ability to demonstrate empathy (Beddoe & Murphy, 2004). Cunico, Sartori, Marognolli & Meneghini (2012) determined empathic skill may be taught with a cohort longitudinal

study including 103 nursing students demonstrating participation in learning that involved video review with pair discussion and role play to be effective in promoting empathy. Williams et al. (2015) demonstrated the effectiveness of an experiential approach to learning through case study, role play and reflection with 293 nursing students in Australia in improving self-reported empathy levels. Several strategies for experiential learning have been described in the literature to be effective in promoting empathy in nurses. With methods ranging from simulation and role play to the viewing of art and video and guided reflection there exists a myriad of ways to engage students in learning that is experienced-based and student-guided in attempts to develop empathy in nurses. Also noted by the same researchers conducting the study of experiential learning techniques on the development of empathy is the reflection that there is a need for continued evaluation as to which techniques are most effective (Hodges, 1991; Brunero et al., 2010; Vanlaere, Coucke & Gastmans, 2010; Cunico et al., 2012). To summarize, a wide variety and methods experiential learning have been used with varying effects with nurses and other care providers. No one method of learning has been assessed to be the most effective in promoting empathy in nurses and thus the need for further exploration exists.

This review of the literature provides a sound basis for further exploration into the effectiveness of a toolkit to promote empathy in nurses. Evidence demonstrates that empathy is inherent to the role of the nurse and essential to patient centered care. Additionally, evidence suggests that empathic behaviors can be taught and that experiential learning may be an effective intervention (Brunero et al., 2010). However, it

is unclear at this time what the most effective method of experiential learning may be or at what point in nursing curriculum it should be employed. This project has served as a way to discover whether experiential learning in the form of a facilitator-guided toolkit may promote empathic learning to sophomore level students in a baccalaureate nursing program.

Evidence Generated for the Doctoral Project

This was a one group pre post evaluation project to determine changes in nursing student self-report of empathy during one semester pre and post intervention with a current healthcare program toolkit. The following offers a brief overview of the step-by-step of the project with further detail offered regarding participants, procedures and protections in subsequent sections of this paper. Upon DNP Committee acceptance of this proposal, approval was sought from the Institutional Review Board (IRB) of Walden University. The IRB approval number for this study is 11-22-16-0069767. To gain approval to conduct this work at Westfield State University, facility protocol for IRB was followed and confirmation of project acceptance was made with the academic Nursing Department Chair. Following permissions, procession to gaining consent of the participants after engaging in communication with the students about the project and giving an overview and information regarding the voluntary nature of participation occurred. Willing participants were asked to complete surveys to assess their level of empathy and to glean demographic information. This project used a one group pre post design and analyzed the data with descriptive statistics via percent difference. The project measured empathy using the Jefferson tool, implemented the toolkit activities, and then

measured empathy again. The next three sections provide detailed description of the participants, procedures and protections that relate to this project.

Participants

A convenience sample of 47 nursing students at a university in the western region of the United States, who were in the process of completing the first semester of their sophomore year in a four year baccalaureate nursing program, were invited to participate via verbal invitation delivered by myself. These students were a traditional cohort who transitioned to the University's nursing program directly upon completion of their senior high school graduation. The average age of this cohort was 19 years. The group was primarily female, Caucasian, and primarily from the western Massachusetts area. These students were chosen for this project based on the fact that they were yet to enter their first clinical nursing course in their program of study and thus had not been exposed to bedside patient care. This lack of exposure offered an opportunity to introduce the concept of empathy within the context of patient care for the first time to the students. Measurement of effect was likely to be related directly to the experiential learning intervention rather than on other exposures to the concept of empathy that the nursing program may offer.

Procedures

Empathy measurement.

The Jefferson Scale of Empathy - Health Professions Student version (JSE-HP-S) was used to measure student self-report of empathy (Appendix, A). Nursing students who had consented to participate were surveyed. Survey data collection via hard copy

paper and pen took approximately ten minutes and took place in the classroom pre and post intervention. Measurements were taken initially in the fall of 2016 immediately pre and subsequently immediately post implementation of the toolkit. All participants were given the tool in hardcopy to complete in the classroom setting. It took approximately ten minutes to complete the tool.

The JSE-HP-S instrument contains 20 items answered on a 7 point Likert scale. Items 1, 3, 6, 7, 8, 11, 12, 14, 18, and 19 are reverse scored items (i.e., Strongly Agree=1...Strongly Disagree=7), while the other items are directly scored on their Likert weights (i.e., Strongly Disagree=1...Strongly Agree=7). Higher scores indicate that the student has a tendency toward more empathic engagement in patient care while the lowest indicating the opposite, or less empathic engagement in patient care. The highest score possible is 140 with the lowest being 20 and a mean score of 80. In addition, the instrument captures descriptive data of age, gender and academic program year. The JSE was originally designed to measure empathy among physicians (Ward et al., 2009). The adapted student version, JSE-HP-S, has been used in assessing empathy in undergraduate nursing students and has demonstrated reliability and validity with internal consistency of a Cronbach's alpha $\alpha = 0.78$, (Fields et al. 2011). The scale is psychometrically sound and consistent with the multidimensional framework of empathy (Ward et al., 2009 Williams, Brown, Boyle, & Dousek, 2013). Study with over 300 nursing students was performed to analyze the reliability and validity of the tool (Ward et al., 2009). Internal consistency is supported by the coefficients alpha for the entire scale and the construct validity is supported by factor analytic findings that are consistent with the framework of empathy

(Ward et al., 2009). The author had requested and been granted use of the instrument for this project (Appendix A).

Demographic questionnaire.

The author had developed a tool for collecting additional descriptive data including prior degree, experience in health care as an employee, experience in healthcare as a volunteer, and amount of time working in a health related field (Appendix B). Demographic data collection via hard copy paper and pen took approximately five minutes and took place in the classroom pre intervention. The demographic data information collected provided additional characteristics of the sample which were grouped by question to determine frequencies, means, and percent differences among the participant data.

Toolkit to promote empathy.

The toolkit that was used was developed by the Office for Learning and Teaching Empathy Team at Monash University in Victoria, Australia (MONASH University n.d.). It was created to serve as an intervention for educators and facilitators to promote empathy in undergraduate healthcare students and has been used to this intent in practice, deeming it reliable and valid (Williams, et al., 2015). In a mixed methods approach, over 293 students from 12 different healthcare professions who participated in the workshops and a pre and post self report of empathy using the Jefferson Scale of Empathy (JSE) was conducted. Paired t-test findings of a mean increase from 114.34 (pre) to 120.56 (post) intervention ($p < 0.0001$) demonstrate an increase in empathy levels following the toolkit intervention, (Williams et al., 2015). The toolkit was created by

several nursing and healthcare faculty at Monash University, Deakin University, University of South Australia and Edith Cowan University. The toolkit provides a combination of video case study and interactive learning tools that were utilized in this project sample of student nurses to analyze its effect on nursing student self report of empathy. The specific toolkit components that were be utilized were; (a) Empathy matching cards, (b) digital versatile disc (DVD) scenario simulations with reference questions, (c) simulation reflection and debriefing tool, (d) If I Was the Patient activity, and the (e) Learning Gem wrap up activity. The matching cards are for related definitions (e.g. empathy, sympathy, caring) and are intended to stimulate thought processes as to the nuances of the different terms and to assure that there is consensus to the group understanding of terms. The scenarios are depictions of patients experiencing the healthcare system. These short vignettes are designed to set the stage for reflection and debriefing which includes four questions: what do you think the needs of the patient are? Do you think the patients' needs were met in the interaction? What empathetic behaviors did you observe? What was the impact of this behavior? Students are given the reflection questions prior to watching the video and are encouraged to take notes while viewing. The If I Was the Patient activity encourages students to consider how they would feel if they were the patient in the simulation, Answers are written on a white board for the group to visualize. Finally, the Learning Gem activity uses post-it notes for students to write down one thing they learned from the activity and one thing they will try to incorporate into their practice. The toolkit also contains a mechanism for measuring interdisciplinary team readiness and promotion of team behaviors. However, these

components were not utilized as the intent of the project was to assess nurse expressed empathy only. The combination of the selected activities allowed participants to fully explore the concept of empathy, what it means, and how empathy may be demonstrated and perceived in nursing practice. Participants were focused only on nurse patient communicative interaction without any administrative task or procedure to perform which allows a dedicated opportunity for nursing students to learn to effectively engage with patients in a meaningful way. I facilitated the learning session, lasting approximately one hour and taking place in a University classroom.

Protections

Approval from the Institutional Review Board (IRB) of Walden University and from the school of nursing where the intervention took place was obtained prior to beginning the project. No project related activities began until IRB approval and facility approval had been received. The following describes procedures that were used to ensure ethical protection of participants for this project by way of developing participant relationships and gaining consent. Strategies for recruiting and developing working relationships with participants included discussion about the project and about participant consent. Upon gaining permission from the course coordinator, an overview of the study was provided to the participants in the classroom setting as well as an offer to address any questions or concerns of the participants. A consent form was utilized with participants. The consent form described the intent of the project in brief and detailed the protections offered including anonymity of survey response and lack of risk associated with participation. The consent also stated that there is no compensation for participation

and that participation is strictly voluntary with no ramification for non participation. The author distributed this consent form to the participants after all questions and concerns had been addressed.

In effort to ensure ethical protection of participants, several measures were taken to protect personal data. No names or personal identification were obtained at any point throughout this project. Requested demographic data was minimal and was de-identified. The results of the pre and post survey were viewed only by the DNP student. Collected data in hard copy form was kept in a locked drawer and will be destroyed by shredder upon project completion and following a period of five years per Walden University IRB protocol. Data was entered into an Excel database, by the author only, on a computer that is personal to this author and is password protected.

Analysis and Synthesis

The project design for this project was a one group pre post evaluation to evaluate a current healthcare program toolkit that was implemented to students to evaluate whether it can be used effectively to increase empathy. The educational intervention was a toolkit to increase nursing student empathy and was measured pre post intervention via the JSE-HP-S. Data was collected using the JSE-HP-S pre and post implementation of the project toolkit and was analyzed using descriptive statistics via percent difference. Survey data was imputed and processed in an Excel 2010 version spreadsheet and was used for recording, tracking, organizing and analyzing the evidence. Analysis of the data was done via descriptive statistics using percent difference. Results of the JSE-HP-S are displayed as percentile difference scores for the group pre and post intervention. Data is

displayed in graphs and table form, and written description of the analysis is also presented.

To assure the integrity of the evidence, the surveys were reviewed for completeness. Incomplete surveys as defined by the guidelines for the Jefferson tool were not included in the final data analysis. Mean scores were calculated and compared to each data point. The project was evaluated based on the effectiveness of the intervention, as evidenced by, pre and post results on the JSE-HP-S. Percentile difference in the data pre and post intervention was the analysis procedure used to determine if self reported empathy changed as a result of the toolkit implementation. Excel 2010 was used to format tables to compare pre and post intervention student survey scores to demonstrate the effectiveness of the intervention. These tables offer visual observation of the association between intervention and outcome. Demographic data used to characterize the sample is also displayed. Anecdotal information from the debriefing sessions was collected via the documentation of student comments and adds insight into the program effectiveness based on the students' reactions to the experience.

In summary, information in the form of paper survey was recorded, organized and analyzed following input into an Excel database housed in a secure computerized system. Data integrity was managed by a thorough review of the completeness of survey tools used pre and post intervention. Finally, pre and post data comparison provided a means for this project evaluation.

Summary

Empathy is a significant concept in nursing and patient care. Varying levels of empathy in nursing students have been reported through evidence with the identification of trending decline. Existing literature presents several possible mechanisms to promote empathy in nurses without consensus as to the most effective method of intervention. Although evidence has suggested that interactive methods are optimal, evaluation remains inconclusive as to what specific interactions have the greatest impact. This project is timely in that it has offered the opportunity to gain insight about one specific toolkit to increase nursing student empathy. Findings from this work provide evidence of the effectiveness of case study and role play simulation in promoting nurse expressed empathy in baccalaureate nursing students. Analysis and synthesis of the project results serve to guide future learning opportunities for nursing students and nurses in practice. The next section of this paper will address findings and implications and discuss recommendations to address the practice gap. In addition, project strengths and limitations will be identified and discussed.

Section 4: Findings and Recommendations

Introduction

Findings from this project are insightful in that they may be used to guide practice recommendations. The local problem that is the context of this project is the lack of expressed empathy in nursing students. Identification of methods to promote empathic behaviors has been discussed in the literature but no clear evidence exists as to which method is most effective. Discovery is necessary of effective interventions to promote empathic behavior and thus enhance the ability of the student to fully engage in a therapeutic way that is patient centered. The practice focused question for this project asked whether an experiential learning toolkit for development of nursing empathy can improve empathy in sophomore nursing students as measured via the Jefferson Scale of Empathy. The purpose of this project was to explore the effect of an existing experiential learning toolkit on developing student nurse empathy. To summarize, findings and implications of work done to identify viable method to increase empathic tendencies in nursing students has been explored and will be discussed in this section of this paper.

A review of the current literature pertaining to empathy as it relates to nursing students served as a needs assessment for further exploration. A literature search resulted in 56 scholarly resources relevant as supporting evidence for the practice question. Strategy used for analysis in this review was consistent with the grounded theory approach of constant comparison. Open coding technique was used to break down and examine the evidence and develop a strong conceptualization of the phenomenon of

student nurse empathy and its impact on nursing care and patient outcome. Themes identified were (a) empathy and healthcare quality, (b) the loss of empathy in nursing, (c) the need to identify effective education strategies to increase empathy, (d) essential nursing qualities, (e) empathy in patient interaction, and (f) how empathy can empower patients. The resources were categorized by patient experience with empathy, nursing demonstration of empathy, and experiential learning to promote empathy. The review of the literature provided a basis for further exploration into the effectiveness of a toolkit to promote student nurse empathy. This evidence demonstrated that empathy is inherent to the role of the nurse and suggests that empathic behaviors may be taught through experiential learning (Brunero et al., 2010).

Proper alignment of analytical strategy with the work was considered. For this project, a one group pre and post evaluation was chosen to determine changes in nursing student self report of empathy during one semester with a current health care program toolkit. Using the Jefferson Scale of Empathy student version and a separate demographic tool, 40 sophomore nursing student participants completed surveys to assess their level of empathy and to glean demographic information. Surveys were administered pre and post intervention which was facilitated experiential learning via the empathy toolkit created by MONASH University (MONASH, University, n.d.) Data were analyzed with descriptive statistics via percent difference. In summary, the one group pre and post evaluation design for this project provided adequate data for analysis. This section will discuss findings and implications resulting from analysis and synthesis of the evidence.

Limitations of the project will also be described. In addition, implications in terms of the potential for social change will be explored.

Findings and Implications

Findings from the project lend insight to proposed implications for practice. Analysis and synthesis of the evidence gleaned from the evaluation of a toolkit to promote empathic tendencies in nursing students is addressed in this section. Sophomore nursing students were invited to participate in the project which involved completing surveys pre and post participation in the toolkit intervention. Forty seven students were invited and ultimately 40 participated in the program. Demographic trends depicted a cohort that was primarily female (Figure 1) and between ages 19 and 21. Half of the participants indicated that they had some experience in health care as a volunteer or health aide with a total average of 14.5 months (Figure 2).

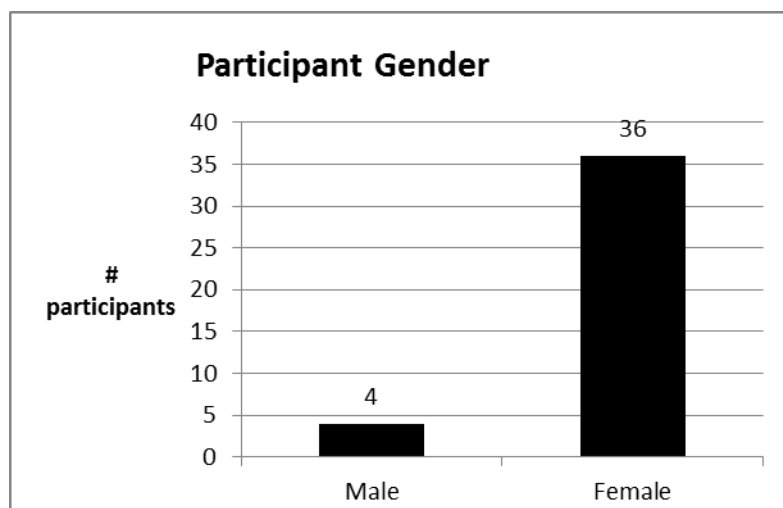


Figure 1. Participant gender

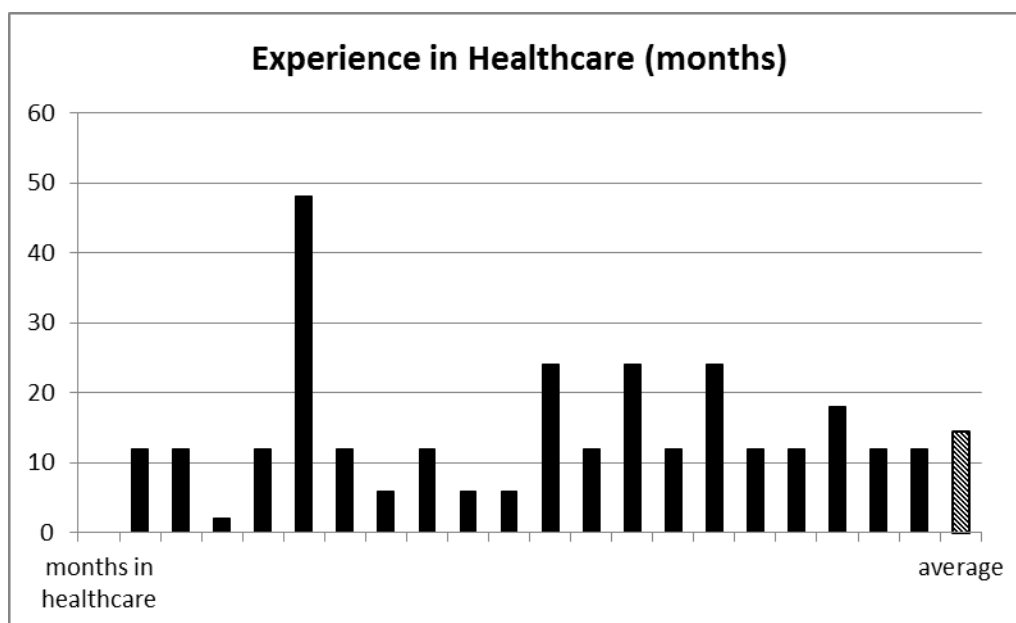


Figure 2. Experience in healthcare

Project procedure required participants to complete surveys prior to and after participating in the intervention. Student nurse empathy levels of the forty participants were measured utilizing the Jefferson tool immediately pre and immediately post intervention with the experiential learning toolkit. Analysis and synthesis of the data was performed using descriptive statistics via percentile difference and demonstrated a positive change in empathy levels pre and post intervention as evidenced by pre and post scores on the Jefferson tool. These findings were observed in a 3% increase in percentile in overall score on the Jefferson tool from 113.622 pre intervention to 117.466 post intervention, indicating an increase in empathic tendency (Figure 3). The Jefferson tool is indicated for making group comparisons within a given sample with higher scores indicating a more empathic behavioral orientation than lower scores and the tool (Hojat, 2007). Thus pre and post comparison data indicating a 3% increase is considered

positive. Of the 20 items on the scale, most scores increased pre to post survey with Items 5, 6, 8, 9, 11, 13, 14, 17 and 18 having a greater than 2% difference in scores (Table 1). Interestingly, Items 15 and 20 showed no difference in score assessing the belief that empathy is a therapeutic skill without which a health care providers' success is limited and the belief that empathy is an important factor in patients' treatment. The absence of change here may indicate the need more focus on the relationship between provider expressed empathy and patient outcome and also the idea that empathic behaviors may be developed and refined. Item 17 had the greatest difference at a 19% increase in score. This Item assessed the participant's belief that health care providers should try to think like their patients in order to render patient care. This Item in particular is consistent with the essence of empathy in the intent to understand another's experience, concerns and perspective (Hojat, 2007). Items 8 and 9 each had a positive difference of 13%. Item 8 assessed the participant's belief that attentiveness to patients' personal experiences does not influence treatment outcome. Item 9 focused on whether health care providers should try to stand in their patients' shoes when providing care. The percentile difference reflected in both of these items indicates a change in the participants' view on the significance of the health care worker to attempt to understand the patient perspective. Smaller changes in percentile difference on Items 11, 13, and 18 demonstrated an increase in the understanding of the significance of emotion and non verbal behaviors on interpreting the patient experience. In summary, survey data provide insightful comparison of student empathic orientation pre and post toolkit intervention.

An unanticipated finding was percent decrease in scores on two items. A 2% decrease was observed for Item 3 on the Jefferson tool. Item 3 addressed the participants' belief that it is difficult for health care providers to view things from patients' perspectives. A possible rationale for this may be that while the opportunity to engage in the experiential learning enlightened the participants' to better understand the need for nurses to demonstrate empathy, determining patient perspective may be viewed as a new concept or skill that the participants have yet to refine. A 3% decrease was observed for Item 14 which assessed the participants' belief that emotion has a place in the treatment of medical illness. It may be that the participants interpreted this item to be emotion only on the health care provider's part rather than the patient, as Item 7, which assesses attention to patients' emotion as important in the patient interview demonstrated a one percent increase in score, thus, indicating a small positive change in the recognition of patient emotion.

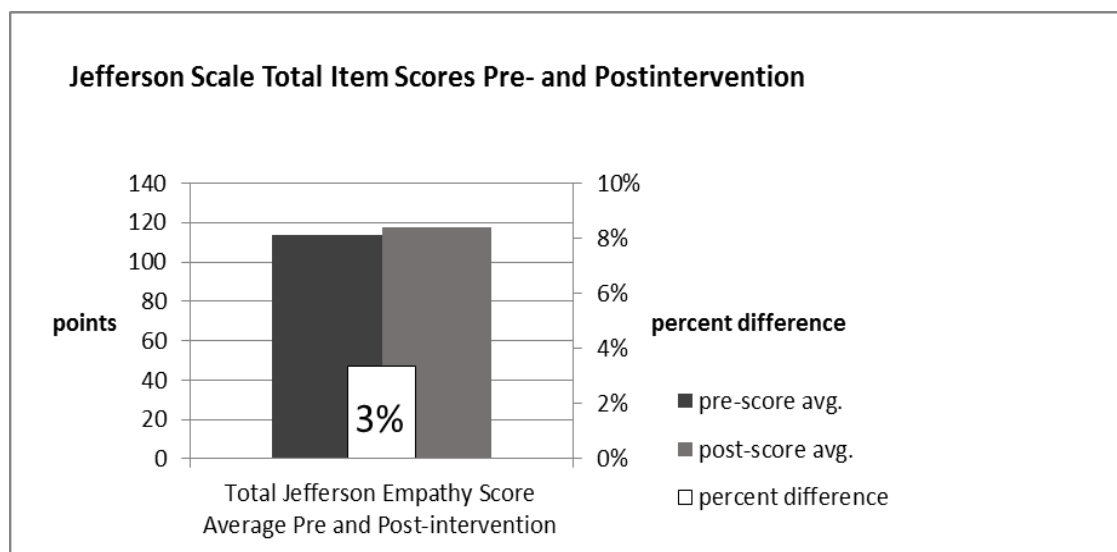


Figure 3: Total Jefferson Empathy score average pre- and post intervention

Table 1: *Jefferson Scale of Empathy Average Scores Pre and Postintervention Displaying Percentile Difference*

Item	Prescore average	Postscore average	Percentile difference
1	6.05	6.1	1%
2	6.4	6.475	1%
3	4.25	4.179	-2%
4	6.45	6.55	2%
5	4.9	5.225	7%
6	3.875	3.973	3%
7	6.475	6.55	1%
8	5.725	6.48	13%
9	5.615	6.35	13%
10	6.35	6.5	2%
11	5.725	6	5%
12	5.85	5.9	1%
13	6.25	6.475	4%
14	6.775	6.55	-3%
15	5.425	5.425	0%
16	6.325	6.459	2%
17	4.975	5.925	19%
18	4.307	4.45	3%
19	5.3	5.3	0%
20	6.6	6.6	0%
total score	113.622	117.466	3%

Analysis and synthesis of the data demonstrate a change in empathic orientation of student nurses pre versus post toolkit intervention. Findings indicate that it is likely that the exposure to experiential learning led to a change in the participants' perspective. It is likely that affective learning took place as evidenced by the change in scores on the Jefferson tool. The combination of simulated video scenarios, reflection and guided

discussion used as part of this toolkit were found to be effective overall. Anecdotal information offered by students as learning gems (MONASH University, n.d) included the following comments:

- I learned how to be empathetic without getting too emotional and putting the patient needs first.
- The patient's major concern may be beyond something that the nurse can see on a chart.
- I need to clarify what the patient feels their greatest needs are.
- No matter how kind and compassionate I am, it does not matter if the patient's concerns are not addressed.

Participant comments demonstrated a general theme in the need to attempt to gather the patient perspective and validate it with the patient. To summarize, findings of this project indicate that experiential learning may be an effective strategy to improve student nurse empathy.

Implications resulting from the findings of this project, in terms of individual students and schools of nursing, may be the application of experiential learning to promote empathy in nursing students. Implementation of the toolkit used for this project may be replicated in similar settings with the same intent. Integration of this experiential learning activity into existing curriculum is likely feasible as it offers a positive impact for a small use of resources. Resulting social change from the implementation of such experiential learning opportunities may be an increase in nursing student empathy by the end of undergraduate curriculum rather than the decrease observed currently (Nunes,

Williams, Sa & Stevenson, 2011; Ward et al., 2012). As evidence supports that higher levels of healthcare provider empathy have been correlated with better patient outcomes and higher patient satisfaction (Hojat, et al., 2010; Hojat, et al., 2011; Yang et al., 2014) and with the ability to understand the patient perspective and validate their concerns viewed as a skill essential to nursing (Olsen & Hanchett, 1997), it is imperative that continued attempt be made to prepare our nursing students for practice.

In summary, findings resulting from the implementation of a toolkit to increase student nurse empathy were favorable overall as evidenced by the increase in empathy scores on a tool used to measure empathic tendency. Implication may lie in the potential for inclusion of such activity in existing nursing school curriculums. Experiential learning as utilized in this project may be an effective method to promote nursing student expressed empathy. Strategy to incorporate such experiences into current nursing programs of study should be considered. A more prepared population of nursing students skilled in empathic behavior has the potential for social change in that prepared students will be better apt to engage in therapeutic patient interactions that communicate and validate understanding of the patient perspective.

Recommendations

It is this display of empathy that fosters a deeper, more communicative and therapeutic relationship with the patient. National expectation has been set by the Institute of Medicine that nurses practice in consideration of the patient perspective (Barry & Edgman-Levitan, 2012). Historically, evidence has supported the need for nurses to demonstrate validation of how patients are experiencing their situation through

nurse expressed empathy (Olsen & Hanchett, 1997). However, there is a perceived decrease in empathy in nursing students (Nunes et al., 2011; Ward et al., 2012), indicating a practice problem that needs to be addressed. This gap in practice presents an opportunity for nurse educators to employ strategies to promote nurse expressed empathy early on. Implementation of existing toolkits, such as the one used for this work, offers a method to promote empathy in nursing students, which may benefit in improving empathy in the future nursing workforce. Integrating experiential learning to promote empathy as a standard part of nursing school curriculum is a proposed solution to address this practice problem.

Nurse educators should continue to explore methods of experiential learning that may be found to be effective to promote empathy in students. The toolkit used in this work has demonstrated to be effective while also feasible and easy to reproduce. The MONASH toolkit's multiple components engage the participant in cognitive, behavioral and affective learning opportunities that may be applied not only to nursing but to other disciplines as well; thus, it is highly adaptive. Early exposure to experiential learning strategies to promote empathy in nursing students should be employed by schools of nursing. The insight gained by students as to how to assess, inquire and validate what another is experiencing is a skill that is essential in the development of the nurse. Learning the difference between compassion and empathy and how to employ the latter may be refined throughout nursing curriculum. Offering exposure to concept and skill development early on in a nursing program allows the opportunity for repeated review, thought, and discussion as clinical experiences arise. Integrating experiential learning

opportunities to promote empathy in nursing students is potential solution to the practice problem of decreased empathy in nursing students.

Strength and Limitations of the Project

The strength of this project is that it is replication of similar work done with existing tools that have previously been deemed reliable and valid. The learning session was performed by a skilled educator with experience in facilitation. Also, participating students were able to focus solely on the content involved in an environment conducive to learning. Participants had minimal exposure to patient care and no experience with direct patient care as a nursing student; thus, it is less likely that results were affected by clinical experience. While the overall effect is demonstrated in a three percent difference, there is even greater percentile difference with certain items on the Jefferson tool indicating a positive change in affect regarding the need to gain patient perspective to provide better care. This finding supports the idea that experiential learning influences the development of empathic behavior.

Limitation is found in the small sample size and the inability to generalize findings. It is also possible that there exists some level of response bias in as much that the student participants may have been self motivated to provide socially desirable responses. While findings are not transferrable, they may form the basis from which to perform further investigation. The work of this project may serve to inform other like groups such as nursing faculty or even nurse educators and leaders in the practice setting. A ripple effect may be found in other groups implementing the same toolkit for experiential learning in other settings. Analysis of findings in comparison to the initial

work could possibly serve to further support the project outcome. Recommendations for future projects using similar methods to promote student nurse empathy would be to increase the sample size and implement the project in multiple settings for the generation of empirical evidence. The pre posttest design of this work offers some structure in that there is a single selected group under observation with a formal measurement being done before applying the experimental intervention and then measuring after. However, the design has no external validity as there is no way of judging whether the process of pretesting actually influenced the results because there is no baseline measurement against groups that remained completely unaffected without intervention. In the future, using a two group pre posttest design would offer a stronger internal validity because the pretest ensures that both groups are equivalent with a separate control group to determine the effect of the intervention.

Future projects to assess other existing experiential learning tools may be considered. Development of additional experiential learning tools to promote nursing student empathy is another option. In addition, study of the effect of similar experiential learning with nursing students in other phases of program completion and nurses in practice might be compared and contrasted in future work.

In summary, following a thorough investigation of existing evidence and establishing a gap in practice with the need to identify effective strategies to improve nursing student empathy, an project plan to implement an existing healthcare toolkit and measure its effectiveness was devised. As a part of the implementation, empathy levels were measured pre and post intervention utilizing the Jefferson tool. A resulting increase

in percentile overall and on several items on the tool demonstrate an increase in student tendency toward more empathic engagement in patient care. These results support the intended effect of an existing experiential learning toolkit to promote empathy. The value for social change is the possibility of finding effective methods to develop student nurse empathy. The next section will describe the dissemination plan and analysis of self, as well as, provide a closing summary.

Section 5: Dissemination Plan

Dissemination Plan

Dissemination of scholarly findings is inherent in the role of the doctoral prepared nurse. The work of this project will be submitted for publication in journals that pertain to the professional development of nurses and student nurses. The work of this project will also be disseminated to the local institution and the larger community at various venues via slide and poster presentation. Dissemination is viewed as the final phase for evidence based practice in the intent to synthesize knowledge and practice translation (Forsyth, Wright, Scherb & Gaspar, 2010). Two stages are described with the first being a summary of the evidence and the second being integration of recommendations into practice whereby poster presentations serve to support the second stage (Forsyth et al., 2010). Evidence indicates that poster presentations are an excellent venue to successfully share results of scholarly projects (Christenbery & Latham, 2013). Poster presentations are readily digestible and easily transportable to serve as a reference for discussion. The poster will be formatted using the developed slides. The slide presentation will be used as an aid to present and engage nurse educators at the local institution in discussion about the findings. Work will be presented to the participating students in the same format. The poster presentation will be used to present to other disciplines and administrators at the local institution at formal events highlighting scholarship. In summary, methods to disseminate this work via journal publication and poster presentation will be employed.

On a broader scale, several appropriate audiences exist for consideration of dissemination of the project. This work may be presented to other schools of nursing through individual consultation or at venues such as regional or national nurse educator conferences. Nurses in other practice areas may find the work insightful as well as empathy is a common interest within the profession. Thus, podium or poster presentations at venues such as nurse leader conferences or submitting for nursing publication would be appropriate. Finally, local efforts to improve patient experience in clinical settings may find this work insightful and thus dissemination to nurse leaders in area organizations would also be appropriate.

Nurse leaders are expected to disseminate scholarly findings (Christenbery & Latham, 2013). As a scholar practitioner, it is my responsibility to share the insight gleaned from my work with other stakeholders. In addition, I am excited to do so in that through dissemination the opportunity exists to identify methods to apply and expand upon initial knowledge via discussion with other nurses and healthcare practitioners. This experience will further my development, vision and capability as a nurse leader.

Analysis of Self

Transitioning to the role and responsibility of the doctoral prepared nurse has provided much opportunity for gathering of knowledge, applying skill and self reflection. As an emerging practitioner, it was initially somewhat of a challenge to articulate the role of the DNP to other stakeholders. Reflection on the project and my role as project manager has allowed me to relate the experience to not only my personal goals but also to the defined DNP role affording opportunity to solidify those connections. Connection of

practice experience to the DNP essentials (American Association of Colleges of Nursing [AACN], 2006) helps me to eloquently articulate my role both to myself and to others. Experience in the development of my project has allowed me to become not only more competent in the DNP role, but also more confident. In the role of scholar, I have developed a greater capacity in my ability to conceptualize and formulate practice change for dissemination. The project experience has been incredibly meaningful to my practice as a nurse educator and my commitment to providing exceptional patient care. In collaboration with a local healthcare organization striving to improve the patient experience and having implemented other projects aimed at improvement with varying success, has not investigated focusing on nurse expressed empathy as an intervention. I would like to continue my collaboration with the hospital to further this exploration as it relates to the project and is in alignment with the role of the DNP to focus on nursing actions for positive change and the recognition that human beings are continuously interacting with their environments. Also, I would like to pursue my certification in nursing education. I am currently certified in nursing professional development, but feel that in my new role of nursing faculty it would behoove me to validate my skill and mastery of the competencies deemed essential to educators in academia. DNP prepared nurses are viewed as not only qualified, but essential to filling the faculty gap that presently exists (Danzey et al. 2011). I hope to work toward the goal of certification over the next year or so as I become more competent in the faculty role. Project engagement and oversight has allowed me to grow and develop as a scholar-practitioner in the DNP role.

The scholarly journey has proven momentous in several aspects. At first concept, the idea for my project was thrilling as the concept of empathy is something that I have had interest in for most of my career. Moving from concept to operation was not always straightforward as challenges such as time, scope, focus and balance presented along the way. However, each challenge offered the opportunity to identify a creative solution. Coming to project implementation was a celebration while analysis and synthesis of the data felt like a reward. Accomplishing the final stages of project completion has been immensely satisfying as a culmination of overcoming challenge and finding success. The greatest insights I have gathered on this journey have been those that have taught me that the doctoral prepared nurse is capable of implementing best practice, creating culture change, and promoting patient safety. I have learned the value of the DNP prepared nurse in that a nurse with these skills is able to have significant impact on the way healthcare is delivered which is ultimately, what will better our world.

Summary

Health and wellness is an individual perception made by the person experiencing their own unique situation. In order for the nurse to fully understand the patient experience, it is necessary to gather the perspective of the patient through effective communication and validation with the patient. It is this attempt to gather information and validate interpretation of it with the patient that is nurse expressed empathy. It is through the expression of empathy that the nurse may fully understand the patient's ideals, motivations and reality. This basis of understanding promotes relationship development and establishes an environment of trust for effective therapeutic

communication. Hence, the ability of the nurse to engage in empathic behavior is inherent to the role. While empathy is essential to nursing, evidence suggests a decline in student nurse empathy.

Guided by evidence that demonstrates a continued need to measure the effect of strategies to promote empathy in student nurses, this project was a one group pre post evaluation of a current healthcare program toolkit. Results were positive, indicating an increase in participants' perception that nurses should seek to understand the patient perspective. This project holds significant value for social change in the identification of a viable method to increase empathy. The integration of experiential learning opportunities to promote empathy in nursing students may potentially serve to solve the practice problem of decreased empathy in nursing students. While findings from this project are not transferrable, they may guide further investigation. Additional opportunities suggested in this paper, such as evaluation of additional or alternate toolkits and the evaluation of their effectiveness with students and practicing nurses, are examples of further investigation that may be considered.

References

- Alligood, M. R. (1992). Empathy: The importance of recognizing two types. *Journal of Psychosocial nursing and mental health services*, 30(3), 14-17. doi: 10.3928/0279-3695-19920301-06
- Alligood, M. (2014). *Nursing theorists and their work*. Publication location: Elsevier Health Sciences.
- American Association of Colleges of Nursing. (2006). *The Essentials of Doctoral Education for Advanced Nursing Practice*. Retrieved from: <http://www.aacn.nche.edu/dnp/Essentials.pdf>
- American Association of Colleges of Nursing. (2013). CCNE Standards and Professional Nursing Guidelines. Retrieved from: <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/standards>
- Aring, C. D. (1958). Sympathy and empathy. *Journal of the American Medical Association*, 167(4), 448-452. doi:10.1001/jama.1958.02990210034008
- Barrett-Lennard, G. T. (1993). The phases and focus of empathy. *British Journal of Medical Psychology*, 66(1), 3-14. doi:10.1111/j.2044-8341.1993.tb01722.x
- Barry, M. & Edgman-Levitan, S. (2012). Shared decision making—the pinnacle of patient centered care. *New England Journal of Medicine*, 366(9), 780-781. doi: 10.1056/NEJMp1109283
- Beddoe, A. E., & Murphy, S. O. (2004). Does mindfulness decrease stress and foster

empathy among nursing students?. *Journal of Nursing Education*, 43(7), 305-312.

doi: 10.3928/01484834-20040701-07

Bernabeo, E., & Holmboe, E. (2013). Patients, providers, and systems need to acquire a

Specific set of competencies to achieve truly patient centered care *.Health*

Affairs, 32(2), 250-258. doi: 10.1377/hlthaff.2012.1120

Brunero, S., Lamont, S., & Coates, M. (2010). A review of empathy education in

nursing. *Nursing Inquiry*, 17(1), 65-74. doi: 10.1111/j.1440-1800.2009.00482.x

Christenbery, T. L., & Latham, T. G. (2013). Creating effective scholarly posters: A

guide for DNP students. *Journal of the American Academy of Nurse*

Practitioners, 25(1), 16-23. doi: 10.1111/j.1745-7599.2012.00790.x

Cooper, C., Taft, L. B., & Thelen, M. (2005). Preparing for practice: Students' reflections

On their final clinical experience. *Journal of Professional Nursing*, 21(5), 293-

302. doi: <http://dx.doi.org/10.1016/j.profnurs.2005.07.002>

Cunico, L., Sartori, R., Marognoli, O., & Meneghini, A. (2012). Developing empathy in

nursing students: A cohort longitudinal study. *Journal of Clinical Nursing*, 21(13-

14), 2016-2025. doi: 10.1111/j.1365-2702.2012.04105.x

Cutcliffe, J. R., & Cassedy, P. (1999). The development of empathy in students on a

short, skills-based counseling course: a pilot study. *Nurse Education*

Today, 19(3), 250-257. doi.org/10.1016/S0260-6917(99)80011-2

Danzey, I. M., Ea, E., Fitzpatrick, J. J., Garbutt, S. J., Rafferty, M., & Zychowicz, M. E.

(2011). The doctor of nursing practice and nursing education: Highlights, potential, and promise. *Journal of Professional Nursing*, 27(5), 311-314. doi.org/10.1016/j.profnurs.2011.06.008

Del Canale, S., Louis, D. Z., Maio, V., Wang, X., Rossi, G., Hojat, M., & Gonnella, J. S. (2012). The relationship between physician empathy and disease complications: An empirical study of primary care physicians and their diabetic patients in Parma, Italy. *Academic Medicine*, 87(9), 1243-1249. doi: 10.1097/ACM.0b013e31826102ad

Epstein, R. M., Fiscella, K., Lesser, C. S., & Stange, K. C. (2010). Why the nation needs a policy push on patient centered health care. *Health Affairs*, 29(8), 1489-1495. doi: 10.1377/hlthaff.2009.0888

Faust, C. (2002). Orlando's deliberative nursing process theory: a practice application in an extended care facility. *Journal of Gerontological Nursing*, 28(7), 14. doi: 10.3928/0098-9134-20020701-05

Fields, S., Mahan, P., Tillman, P., Harris, J., Maxwell, K., & Hojat, M. (2011). Measuring empathy in healthcare profession students using the Jefferson Scale of Physician Empathy: health provider–student version. *Journal of Interprofessional Care*, 25(4), 287-293. doi:10.3109/13561820.2011.566648

Forsyth, D. M., Wright, T. L., Scherb, C. A., & Gaspar, P. M. (2010). Disseminating evidence-based practice projects: Poster design and evaluation. *Clinical Scholars Review*, 3(1), 14–21. Retrieved from:

<http://www.westernu.edu/bin/oir/assessment/additionalresources/posterdesignandevaluation.pdf>

- Grilo, A., Santos, M., Rita, J., & Gomes, A. (2014.) Assessment of nursing students and nurses' orientation towards patient centeredness. *Nurse Education Today* 34(1), 35-39. doi:10.1016/j.nedt.2013.02.022
- Hodges, S. (1991). An experiment in the development of empathy in student nurses. *Journal of Advanced Nursing*, 16(11), 1296-1300. doi: 10.1111/j.1365-2648.1991.tb01557.x
- Hojat, M. (2007). *Empathy in patient care: Antecedents, development, measurement, and outcomes*. Publication location: Springer Science & Business Media.
- Hojat, M., Bianco, J. A., Mann, D., Massello, D., & Calabrese, L. H. (2015). Overlap between empathy, teamwork and integrative approach to patient care. *Medical Teacher*, 37(8), 755-758. doi: 10.3109/0142159X.2014.971722
- Hojat, M., Louis, D., Maio, V., & Gonnella, J. (2013). Editorial: Empathy and health care quality. *American Journal of Medical Quality*, 28(1), 6-7. doi: 10.1177/1062860612464731
- Hojat, M., Louis, D., Markham, F., Wender, R., Rabinowitz, C., & Gonnella, J. (2011). Physicians' empathy and clinical outcomes for diabetic patients. *Academic Medicine*, 86(3), 359-364. doi: 10.1097/ACM.0b013e3182086fe1
- Hojat, M., Mangione, S., Nasca, T. J., Gonnella, J. S., & Magee, M. (2005). Empathy

scores in medical school and ratings of empathic behavior in residency training 3 years later. *The Journal of Social Psychology*, 145(6), 663-672. doi: 10.3200/SOCP.145.6.663-672

Hojat, M., Louis, D., Maxwell, K., Markham, F., Wender, R., & Gonnella, J. (2010).

Patient perceptions of physician empathy, satisfaction with physician, interpersonal trust, and compliance. *International Journal of Medical Education*, 1, 83. Doi: 10.5116/jime.4d00.b701

Hojat, M., Vergare, M. J., Maxwell, K., Brainard, G., Herrine, S. K., Isenberg, G. A., ...

& Gonnella, J. S. (2009). The devil is in the third year: A longitudinal study of erosion of empathy in medical school. *Academic Medicine*, 84(9), 1182-1191. doi: 10.1097/ACM.0b013e3181b17e55

Institute of Medicine (US). Committee on Quality of Health Care in America.

(2001). *Crossing the quality chasm: A new health system for the 21st century*.

National Academy Press. <http://www.nationalacademies.org>

Kolb, D.A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice Hall.

Kunyk, D., & Olson, J. (2001). Clarification of conceptualizations of empathy. *Journal of Advanced Nursing*, 35(3), 317-325. doi: 10.1046/j.1365-2648.2001.01848.x

La Monica, E., Wolf, R., Madea, A., & Oberst, M. (1987). Empathy and nursing care outcomes. *Research and Theory for Nursing Practice*, 1(3), 197-213. Retrieved from: <http://www.springerpub.com/research-and-theory-for-nursing-practice.html>

Larson, E. B., & Yao, X. (2005). Clinical empathy as emotional labor in the patient-

- physician relationship. *Journal of the American Medicine Association*, 293(9), 1100-1106. doi:10.1001/jama.293.9.1100
- Lelorain, S., Brédart, A., Dolbeault, S., & Sultan, S. (2012). A systematic review of the associations between empathy measures and patient outcomes in cancer care. *Psycho-Oncology*, 21(12), 1255-1264. doi: 10.1002/pon.2115
- Lewin, S., Skea, Z., Entwistle, V., Zwarenstein, M., & Dick, J. (2001). Interventions for providers to promote a patient centered approach in clinical consultations. *Cochrane Database of Systematic Reviews*, CD003267 (4). doi: 10.1002/14651858.CD003267
- Lovan, S. R., & Wilson, M. (2012). Comparing empathy levels in students at the beginning and end of a nursing program. *International Journal for Human Caring*, 16(3), 28. Retrieved from: <http://internationaljournalforhumancaring.org/?code=iahc-site>
- McKenna, L., Boyle, M., Brown, T., Williams, B., Molloy, A., Lewis, B., & Molloy, L. (2012). Levels of empathy in undergraduate nursing students. *International Journal of Nursing Practice*, 18(3), 246-251. doi: 10.1111/j.1440-172X.2012.02035.x
- Mercer, S. W., & Reynolds, W. J. (2002). Empathy and quality of care. *British Journal of General Practice*, 52 [Suppl], S9-12. Retrieved from: <http://bjgp.org/content/52/supplement/S9>
- Mete, S. (2007). The empathic tendencies and skills of nursing students. *Social Behavior*

and Personality: an International Journal, 35(9), 1181-1188. Retrieved from:

<https://www.sbp-journal.com/index.php/sbp/article/view/1648>

MONASH University (n.d.) *Office for Learning and Teaching Empathy Team: Empathy toolkit*. Retrieved from:

<http://med.monash.edu.au/med/cehpp/altc-empathy/index.html>

Mraiche, F., Paravattil, B., & Wilby, K. J. (2015). The use of oral presentations, role-play sessions, and reflective critiques to emphasize the advocate learning outcome in the pharmacy curriculum. *Currents in Pharmacy Teaching and Learning*, 7(4), 443-450. doi: 10.1016/j.cptl.2015.04.007

National Council of State Boards of Nursing (NCSBN) (n.d.) *Transition to Practice Toolkit*. Retrieved from: <https://www.ncsbn.org/687.htm>

National League for Nursing (NLN) (n.d.) *Public Policy Toolkit*. Retrieved from: <http://www.nln.org/professional-development-programs/teaching-resources/toolkits/advocacy-teaching/toolkit-home>

Nightingale, F. (1992). *Notes on nursing: What it is, and what it is not* (First edition.). Philadelphia, Pennsylvania: Lippincott Williams & Wilkins.

Newell, S., & Jordan, Z. (2015). The patient experience of patient-centered communication with nurses in the hospital setting: a qualitative systematic review protocol. *JBI database of systematic reviews and implementation reports*, 13(1), 76-87. doi: 10.11124/jbisrir-2015-1072

Nunes, P., Williams, S., Sa, B., & Stevenson, K. (2011). A study of empathy decline in

- students from five health disciplines during their first year of training. *International Journal of Medical Education*, 2, 12-17. Retrieved from: <https://www.ijme.net/archive/2/empathy-decline-in-first-year-students.pdf>
- Olson, J. (1995). Relationships between nurse-expressed empathy, patient-perceived empathy and patient distress. *IMAGE: The Journal of Nursing Scholarship*, 27(4), 317-322. doi: 10.1111/j.1547-5069.1995.tb00895.x
- Olson, J., & Hanchett, E. (1997). Nurse-Expressed Empathy, Patient Outcomes, and Development of a Middle-Range Theory. *IMAGE: The Journal of Nursing Scholarship*, 29(1), 71-76. doi: 10.1111/j.1547-5069.1997.tb01143.x
- Ouzouni, C., & Nakakis, K. (2012). An exploratory study of student nurses' empathy. *Health Science Journal*, 6(3), 534-552. Retrieved from: <http://www.hsj.gr/medicine/an-exploratory-study-of-student-nurses-empathy.pdf>
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103. doi: 10.1037/0033-3204.44.3.240
- Sleath, B., Carpenter, D. M., Slota, C., Williams, D., Tudor, G., Yeatts, K., ... & Ayala, G. X. (2012). Communication during pediatric asthma visits and self-reported asthma medication adherence. *Pediatrics*, 130(4), 627-633. Retrieved from: <http://pediatrics.aappublications.org/content/pediatrics/130/4/627.full.pdf>
- Smith, M. C. & Parker, M. E. (2015). *Nursing theories and nursing practice*. (4th ed.) Philadelphia, PA: F. A. Davis Company
- Spiro, H. (1992). What is empathy and can it be taught?. *Annals of Internal*

Medicine, 116(10), 843-846. Retrieved from:

<http://annals.org/aim/article/705521/what-empathy-can-taught>

Stein-Parbury, J. (2013). *Patient and person: Interpersonal skills in nursing*. Elsevier Health Sciences.

Stepien, K., & Baernstein, A. (2006). Educating for empathy. *Journal of General Internal Medicine*, 21(5), 524-530. doi: 10.1111/j.1525-1497.2006.00443.x

Thomas Jefferson University (n.d.) *The Jefferson scales for the assessment of education and patient outcomes*. Retrieved from:

<http://www.jefferson.edu/university/skmc/research/research-medical-education/TheJeffersonScales.html>

Tobiano, G., Marshall, A., Bucknall, T., & Chaboyer, W. (2015). Patient participation in nursing care on medical wards: an integrative review. *International Journal of Nursing Studies*, 52(6), 1107-1120. doi: 10.1016/j.ijnurstu.2015.02.010

Tyner, R. (1985). Elements of empathic care for dying patients and their families. *The Nursing clinics of North America*, 20(2), 393-401. Retrieved from:

<http://www.nursing.theclinics.com/>

Vanlaere, L., Coucke, T., & Gastmans, C. (2010). Experiential learning of empathy in a care-ethics lab. *Nursing Ethics*, 17(3), 325-336. Retrieved from:

<http://journals.sagepub.com/doi/abs/10.1177/0969733010361440>

Ward, J. (2016). The Empathy Enigma: Does It Still Exist? Comparison of Empathy Using Students and Standardized Actors. *Nurse educator*, 41(3), 134-138. doi: 10.1097/NNE.0000000000000236

- Ward, J., Schaal, M., Sullivan, J., Bowen, M., Erdmann, J., & Hojat, M. (2009). Reliability and validity of the Jefferson Scale of Empathy in undergraduate nursing students. *Journal of Nursing Measurement, 17*(1), 73-88. Retrieved from: https://www.researchgate.net/profile/Mohammadreza_Hojat/publication/38079413_Reliability_and_Validity_of_the_Jefferson_Scale_of_Empathy_in_Undergraduate_Nursing_Students/links/53e3b9e50cf2fb74870db8bf/Reliability-and-Validity-of-the-Jefferson-Scale-of-Empathy-in-Undergraduate-Nursing-Students.pdf
- Ward, J., Cody, J., Schaal, M., & Hojat, M. (2012). The empathy enigma: an empirical study of decline in empathy among undergraduate nursing students. *Journal of Professional Nursing, 28*(1), 34-40. doi: 10.1016/j.profnurs.2011.10.007
- Wellard, S., Lillibridge, J., Beanland, C., & Lewis, M. (2003). Consumer participation in acute care settings: an Australian experience. *International Journal of Nursing Practice, 9*(4), 255-260. doi: 10.1046/j.1440-172X.2003.00429.x
- Williams, B., Brown, T., Boyle, M., & Dousek, S. (2013). Psychometric testing of the Jefferson Scale of Empathy Health Profession Students' version with Australian paramedic students. *Nursing & Health Sciences, 15*(1), 45-50. doi: 10.1111/j.1442-2018.2012.00719.x
- Williams, B., Brown, T., McKenna, L., Palermo, C., Morgan, P., Nestel, D., ... & Wright, C. (2015). Student empathy levels across 12 medical and health professions: an interventional study. *Journal of Compassionate Health Care, 2*(1), 4. doi: 10.1186/s40639-015-0013-4
- Wiseman, T. (1996). A concept analysis of empathy. *Journal of Advanced*

Nursing, 23(6), 1162-1167. doi: 10.1046/j.1365-2648.1996.12213.x

Yang, C., Hargreaves, W., & Bostrom, A. (2014). Association of empathy of nursing staff with reduction of seclusion and restraint in psychiatric inpatient care. *Psychiatric Services*, 65(2), 251-254. doi: 10.1176/appi.ps.201200531

Appendix A: Permission to use Jefferson Scale of Empathy – Health Professional Student
version

From: empathysvc[empathy@jefferson.edu]
Sent: Thursday, December 10, 2015 2:18 PM
To: Holden, Jessica A.
Cc: MohammadrezaHojat; Jonathan Cass
Subject: RE: Population Health Forums -

Hi Jessica:

Thanks for clarifying the number of participants and thank you for the explanation of your research study. With your agreement to all conditions stated in our previous emails, you have our permission to make 200 copies (pre and post test) of the JSE –HP version for the single not-for-profit study that you described involving nurses. I have attached a copy of the scale, the User's Guide and the scoring algorithm.

We wish you luck with your research! Please keep us informed of your progress.
Best regards,

Shira Carroll
Empathy Project Coordinator
Center for Research in Medical Education & Health Care
Sidney Kimmel Medical College at Thomas Jefferson University
1015 Walnut Street, Curtis Bldg., Suite 319
Philadelphia, PA 19107
P: 215-955-9458
F: 215-923-6939
shira.carroll@jefferson.edu

To:
[empathy svc \[empathy@jefferson.edu\]](mailto:empathy_svc@jefferson.edu)

Attachments:
[JHOLDENPremise.pdf \(215 KB\)\[Open as Web Page\]](#)

Sent Items

Tuesday, February 16, 2016 1:49 PM

Shira,

I am writing to ask a favor and also to apologize for the repeated requests for your assistance. As you know, I am working toward my doctoral degree. As I have progressed with my work I have discovered the need to change my sample to student nurses in a baccalaureate program rather than nurses in practice. The study is essentially the same, as is the cohort size. As I understand the HPS version of the Scale is most appropriate for students. My query to you is, may I have the same permission and access to use the HPS version of the Scale rather than the HP, with the agreement to abide by all terms and conditions set forth in our previous emails?

With warm regard,

Jess Holden

Inbox

Wednesday, February 17, 2016 4:39 PM

Hi Jessica:

Thank you for your explanation of your change in research plan. I'm attaching the HPS version for your use. Please destroy PDF of the HP version that you were sent. Best of luck with your study.

Sincerely,
Shira

Appendix B: Additional Student Demographic Survey

Additional Student Demographic Survey

Directions: Please circle your response and provide any requested information as appropriate.

Have you earned a degree prior to nursing? Yes No
 If yes, in what field(s) of study _____

Do you have experience working in healthcare? Yes No
 If yes, was the experience as:
 an employee Yes No
 a volunteer Yes No
 other (explain) _____ Yes No

If yes, about how much time have you spent working in healthcare? _____yrs