

Enhancing Practice 2022 Conference

*20:20 Vision – Transforming Our Future
Through Person-Centred Practices*

WEDNESDAY 6 – FRIDAY 8 APRIL 2022
SAGE HOTEL WOLLONGONG, NSW AUSTRALIA

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to develop practice



Enhancing the quality of patient care through empathy immersion

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Background

What is empathy anyway?

Aren't nurses 'naturally' empathic?

Isn't empathy inherent – you either have it or you don't?

Is empathy something that can be taught?

Should we teach empathy?

WHY EMPATHY IS ESSENTIAL FOR HEALTHCARE PROFESSIONALS

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Patient satisfaction with healthcare is 52% higher when clinicians demonstrate empathy⁴

93%

93% of patients believe that a lack of empathy **lowers the quality of care**⁴

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Less than 1% of patients describe their interactions with healthcare professionals as **empathic encounters**⁵

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Post-operative morphine requirements are reduced by 50% following an empathic pre-operative consultation¹⁰

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In the general community **empathy levels have declined** by more than 40% over the last 30 years¹

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Cellular immunity of patients with lung cancer is 25% higher when cared for by oncology nurses with high levels of empathy⁸

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Conveying empathy in healthcare consultations **reduces pain, depression and anxiety** by more than 20%⁹

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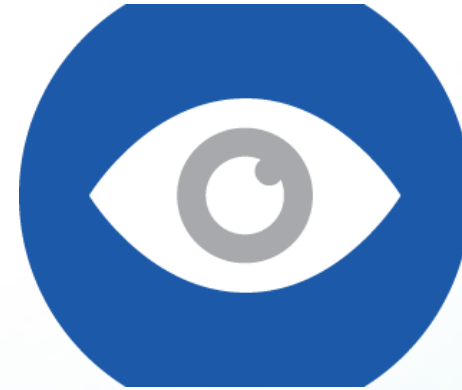
<https://youtu.be/vCRoOHY5ZBc>

The Empathy Continuum – three stage process

The perceiving stage - informed by ones' moral stance/disposition and includes emotional resonance with the sensory and affective cues displayed by another person as well as awareness of own one's biases and prejudices.

The processing stage - the affective and cognitive ability to recognise and appreciate the feelings, perspectives and world view of another person.

The responding stage - an altruistic motivation, informed by feelings of concern for the person who is suffering, which manifests as helping behaviours.





INSIDE THE VIRTUAL EMPATHY MUSEUM



MEDITATION ROOM: An introduction to the practice of mindfulness and meditation as strategies to promote empathic humility, improve self-awareness and reduce compassion fatigue.¹⁸



ART ROOM: Guides for using works of art to spark learners' empathic curiosity and creativity. The study of art enhances the ability to 'read' people and interpret the subtle nuances of facial expressions and body language.¹⁷



READING ROOM: Literature reviews that can be used to enhance learners' aesthetic knowledge, empathic imagination and perspective taking.¹⁴ Learning to appreciate the nuance, symbolism and deeper layers of meaning in a story can promote emotional engagement with and about critical issues.¹⁵



FILM ROOM: Film reviews designed to enhance learners' empathic intelligence and appreciation of the lived experience of illness. The human stories portrayed in the films will engage learners and promote vicarious learning experiences in ways that inspire, educate and transform.¹⁶



RESOURCE ROOM: Links to a collection of high-quality web-based resources, each designed to enhance empathic imagination and empathic intelligence. Both generic empathy resources and those that focus specifically on vulnerable patient groups are included.



DIGITAL STORYTELLING ROOM: Digital stories that will promote empathic reflection and a re-examination of one's attitudes towards and perceptions of people from a range of diverse backgrounds.¹⁹ The stories are multidimensional in nature enabling exploration of reality from different perspectives.



SIMULATION ROOM: Simulation toolkits and rich media that allow learners to 'stand in the patient's shoes'.²⁰ They create a unique vantage point from which learners can see the world through the eyes of another person in order to gain new insights into their feelings, perspectives and needs.²¹

<https://www.virtualempathymuseum.com.au/>

ACKNOWLEDGEMENTS

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Objective

- To investigate the impact of the Empathy Immersion Program on healthcare staff empathy levels and healthcare unit culture.
- To investigate the impact of the Empathy Immersion Program on patient experience of empathetic care and patient-reported healthcare outcome measure.
- To test the feasibility and effectiveness of the Empathy Immersion Program in a clinical setting

Research design

Mixed methods sequential exploratory design:

- Stage 1. Quasi-experimental interrupted time-series, non-equivalent groups design
- Stage 2. Qualitative data collection using personal reflections and focus groups.

Selection criteria

Healthcare staff: including nursing, medical, allied health, domestic and administration staff working within two wards in one metropolitan hospital.

Study procedure

Two ward/units were selected for the pilot study. One was classified as the control unit and the other the experimental unit.

Data was to be collected at three separate time points - prior to, following and at three months post intervention.

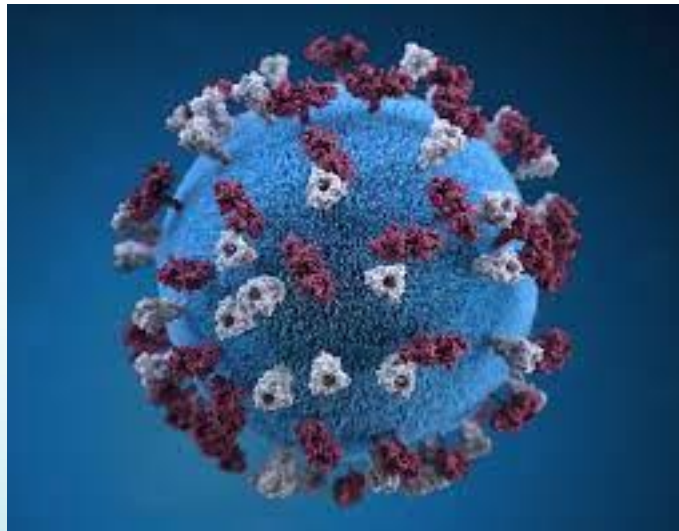
The intervention consists of an evidence-based Empathy Immersion training Program. Describe this briefly

Data collection:

Instruments used to evaluate the effectiveness of the program include the Jefferson Empathy Scale, The Employee Organizational Satisfaction Scale, Consultation and Relational Empathy measure and the Schwartz Center Compassionate Care Scale.

Focus groups and Continuing Professional Development (CPD) reflections of healthcare staff will provide feedback on the program.

Where are we up to?



Initial findings

Quantitative

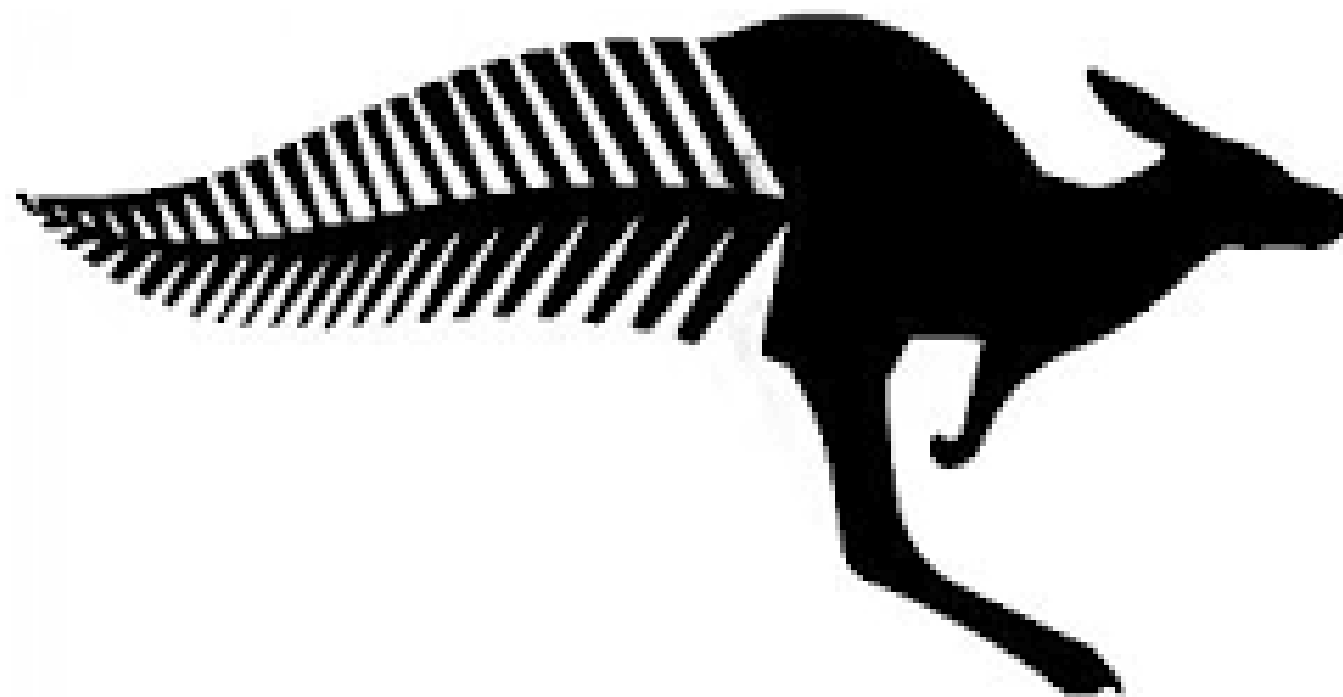
- Phase 1 collected

Qualitative

- Positive feedback
- Surprise
 - Refreshing
 - Collegial relationships
 - Understanding

Next phase

.....



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