

Original Article

Educational Strategies to Foster Empathy Utilizing Simulation Pedagogy

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Abstract

Background: Empathy is a critical component of the nurse-patient relationship. Simulation is a pedagogy that is used more frequently in nursing education and can be a tool to enhance empathy levels of students.

Objective: The purpose of this study was to identify educational strategies to foster empathy utilizing nursing simulation pedagogy.

Methodology: An interpretive phenomenological design was used to identify educational strategies to foster empathy utilizing simulation pedagogy. Nursing simulation faculty from colleges or universities with both baccalaureate and graduate nursing programs on the East Coast of the United States were recruited to participate in this study (n=14). Data were collected through semistructured interviews and analyzed.

Results: Strategies identified included utilizing standardized patients, engaging students in the patient's perspective, role modeling, and the scaffolding of empathy.

Conclusion: The results suggest that there are multiple educational strategies that can be used by nursing simulation faculty to foster empathy using simulation pedagogy. Nurse educators can use the findings of this study to implement educational strategies that foster empathy.

Keywords: simulation, empathy, nursing education, pedagogy, standardized patient, storytelling, role modeling, scaffolding

Introduction

Empathy is an important component of effective communication in the nursing profession and is the foundation for quality patient-centered care. Empathic care has a positive effect on patient satisfaction, patient compliance, and health outcomes (Fields et al. 2004, Hojat et al 2011, Kim, Kaplowitz & Johnston, 2004, LaMonica et al. 1987). Empathy also has a positive effect on a nurses' professional satisfaction (McGilton, Robinson & Boscart, 2006). An empathic caregiver can improve health outcomes and has been shown to improve patients' mental (LaMonica et al. 1987) and physical health (Hojat et al. 2011). Poor communication skills are commonly cited in patients' complaints (Reader, Gillespie & Roberts 2014) and adverse events (Bartlett 2008). Recently, empathic communication has been identified as a measure of healthcare quality and has been tied to

reimbursement (Berkowitz 2016). Despite the positive effects of empathy on quality patient care, empathy levels have been shown to decline during nursing school (Ward et al. 2012) and practice (Lombardo & Eyre 2011). Nurses become fixated on tasks and technology at the expense of communicating empathically with their patients (Neto, Shalof & Costello 2006).

Background: Simulation pedagogy is being used more frequently to better prepare nursing students with the knowledge and skills needed for competent practice in a complex healthcare environment. As the use of simulation increases, a concern is whether it can hinder the development of empathy in participants with the use of manikin-based pedagogy (Dean, Williams, & Balnaves, 2016). Technical competency is often valued over human connectedness (Ward et al. 2012). However, there are methods within simulation

pedagogy that have been effective in cultivating the development of empathy. Experiential simulations allow students to take on the role of the patient and “walk a mile” in their shoes. Levett-Jones et al. (2018) found that nursing students who took on the role of a patient with an acute traumatic brain injury had enhanced empathy levels. Nurse educators need to develop innovative, evidence-based strategies that improve simulation pedagogy focusing on empathic patient-centered care. Nurses who are trained to be more empathic will likely have improved patient satisfaction and health outcomes. This research examined nursing simulation faculty educational strategies to fostering empathy utilizing simulation pedagogy.

Framework: The conceptual framework that guided this study was the NLN Jeffries simulation theory (Jeffries 2016). The NLN Jeffries simulation theory consists of eight concepts: context, background, design, simulation experience, facilitator, educational strategies, participant, and outcomes. According to the theory, the context influences three interdependent elements: background, design, and the simulation experience. These three elements lead to desired outcomes. The interview protocol guide was developed based on the NLN Jeffries simulation theory and the literature review.

Purpose: The purpose of this study was to identify educational strategies to foster empathy utilizing nursing simulation pedagogy. It is hypothesized that there are multiple strategies used by simulation faculty to foster empathy. The results of this study could provide educators with strategies they can use in simulation pedagogy to foster empathy.

Methodology: The qualitative research study used an interpretive phenomenological approach by interviewing nursing simulation faculty to identify strategies that they used or perceived could be helpful to fostering empathy utilizing simulation pedagogy. A sample of 14 nursing simulation faculty were recruited to participate in this study. Criteria for selection of research participants were individuals who (a) worked in the capacity of a nursing simulation faculty (b) who worked at colleges or universities on the East Coast of the United States with both baccalaureate and graduate nursing programs. Participants for this

phenomenological research study were identified through purposive and snowball strategies from October 2017 to January 2018. Data for the study were gathered through in-depth, face-to-face or telephone, semistructured individual interviews utilizing an interview guide that was developed by the researcher. A modified version of Diekelmann et al.'s (1989) seven-stage analysis was used to systematically identify the categories, relational themes, and constitutive patterns of texts.

Ethics: The study was approved by the university's Institutional Review Board. Participation in the study was voluntary, and participants were free to withdraw at any stage. Informed consent was obtained before interviews. Participants received a copy of the consent and were given a pseudonym to assure confidentiality and anonymity.

Trustworthiness: To ensure trustworthiness of this study, the framework developed by Lincoln and Guba (1985) was used. The framework examines four constructs to establish the trustworthiness of qualitative inquiry: credibility, transferability, dependability, and confirmability. The results are reliable due to the rigor of the study design. The researcher followed the protocols set forth in this study to minimize errors and biases. To assure trustworthiness, the researcher maintained a reflexive journal. Data immersion was accomplished by listening to audio recordings of interviews, transcripts, rereading narratives, and field notes. Triangulation was used as a method for corroborating findings and testing validity. The researcher used investigator triangulation by having the researcher's advisor and committee members review the findings. An audit trail was maintained.

Results

Through the analysis of the data, four themes emerged: utilizing standardized patients, engaging students in the patient's perspective, role modeling, and the scaffolding of empathy. Participants were eager to share their perspectives on methods to foster empathy utilizing simulation.

Theme 1—Standardized Patients

Authenticity emerged as an important component for buy-in to occur regarding empathy. Participants suggested using standardized patients in a simulated experience, in which empathy is a

desired outcome. According to participants, If you use standardized patients that you even have more [empathy] because you can really have that dynamic interaction of person-to-person.

So, I think that would be best simulation scenario that you could have, would be one-to-one [with a] standardized patient. (participant 7)

I think that if we can use more standardized patients, I think that would be helpful and add to the realism. (participant 1)

I think standardized patients would be huge in the development of empathy. (participant 5)

The integration of standardized patients into simulation pedagogy allows students to interpret patient cues and adapt their interpersonal communication skills to the individual patient. Interacting with standardized patients fosters a more genuine empathic engagement.

Theme 2—Engaging Students in the Patient's Perspective

Employing educational strategies that engage students in the patient's perspective can foster empathy. Educational strategies include: participant reflection, storytelling, and simulations where students take on the role of the patient.

Participant responses included the following:

It is not until we lead them along and sometimes it's not until we are debriefing that they get that aha moment. (participant 12)

I would love to see them hear the stories, the narratives, written . . . either read, or as a little video before. I would say that can pull at their heartstrings and maybe get some more empathy out of them. (participant 14)

Putting them to act in roles where they have to act as the person who requires the empathy so that they are forced into the

other person's position, and they are vulnerable by that situation a bit can definitely help facilitate feelings of empathy. (participant 9)

Making them go through an experience or an ostomy experience like we do in lab, to simulate wearing that, has fostered a lot of empathy. (participant 13)

Engaging participants in the patient's perspective expands their consciousness about what the patient must be experiencing.

Theme 3—Role Modeling

Role modeling of empathy is learned through observation, as well as from creating a caring learning environment. A teacher's empathy can influence a nursing student's learning and professional development (Mikkonen et al. 2015). All 14 participants in this study suggested that role modeling was a strategy to cultivate empathy:

If you really want people to get it, you have to model it the whole way along. (participant 4)

If they have the opportunity to observe, watch a video, or see some demonstration of somebody having a good conversation and demonstrating empathy well . . . some students will mirror that exactly. (participant 2)

I think, from start to finish. I think the role modeling is 100%. Our facilitators really respect the students, and they talk to them as if they were on their level. (participant 7)

Role models can shape behaviors, attitudes, and skills learned by students (Armstrong 2008).

Theme 4—Scaffolding Empathy

Scaffolding of empathy fosters the development of the knowledge, skills, and attitudes needed for a higher level of empathic care. Benner (1984) distinguishes between five levels of competency in nursing practice—novice, advanced beginner, competent, proficient, and expert. This concept can be applied to the deliberate and meaningful scaffolding of empathy to increase empathic competency in nursing students. Simulations from

multiple content areas were suggested from participants, as well as simulations in one content area that built on earlier simulations in the course.

I do a hearing voices simulation. I have them go out and then come back and talk about that. Then, I have them meet someone, and we'll do another simulation on top of that. It keeps building. So, now you personally experience what it's like to hear voices. . . Then, you follow it up with a scenario where they are dealing with someone, and so it builds that level. They have that personal experience first, then they come back, and now they're in a situation dealing with someone with the same situation. Those are ways that I try to build on experiences so that they can personally get what it's like then deal with it in a different role. (participant 8)

If you want to improve empathy levels in nursing students, you have to be purposeful in how you plan your simulations. So, you have to keep building the level of degrees. You have to keep exposing them to more and more as you go along. (participant 8)

Novice nursing students who do not practice being empathic in medical situations will likely not be able to be competent once in clinical practice. Deliberate practice through simulation pedagogy increases competency (Barsuk et al. 2009).

Discussion

Nurse simulation faculty play a key role in fostering empathy by employing educational and design strategies, such as utilizing standardized patients, engaging students in the patient's perspective, and scaffolding of empathy. The findings support improving the authenticity of the simulation by using standardized patients and confederates.

The use of standardized patients has been shown to improve empathy (Urness 2016) and therapeutic communication skills (MacLean 2017). Schlegel et al. (2009) found that nursing students' communication skills were significantly better than those of a control group when using standardized patients.

Engaging students into the patient's perspective is another method for fostering empathy. Experiential simulations have been used in which students took on the role of the patient, such as being a schizophrenic patient and hearing voices (Chaffin 2013), taking on the role of an elderly patient (Eymard, Crawford & Keller, 2010), and wearing an ostomy bag for 48 hours (Maruca 2015).

The use of reflection provides a valuable vehicle for simulation educators trying to cultivate empathy in nursing simulation pedagogy. Reflection is an integral process for learning to occur with simulation (International Nursing Association for Clinical Simulation and Learning Standards Committee 2016).

Reflection helps nurses make sense of practice; develop critical reasoning and judgement skills; acquire new learning; and change actions, behaviors, and perspectives (Atkins & Murphy 1993, Bulman & Schultz 2013, Dreifuerst 2009). Another way for students to connect with the patient's perspective is by using real patients during debriefing to facilitate understanding and enhance empathy (Diaz-Agea 2017). Embracing the patient's perspective prior to a simulation through community service can foster a patient-centered perspective and empathy (Brown & Bright 2016).

Storytelling is a way to engage students into the patient's perspective and has also been shown to cultivate empathy (Fairbairn 2002, Kumagai, Murphy & Ross, 2009). It represents a means to understanding a patient's lived experience and provides an avenue for empathic patient-centered care. The power of story can also inform and provide students with unforgettable insight into the patient's perspective (Kawashima 2005).

Storytelling, as a teaching method, can help nurses connect and empathize during the patient's journey (Billings 2016). Storytelling has a unique ability to persuade and motivate the listener because it influences one's emotions and ability for empathy (Yaghmaei, Monajemi & Soltani-Arabshahi, 2014). Students can improve empathy, develop more effective interpersonal skills, and practice more patient-centered care when they hear patients' stories (Costello & Horne 2001).

Role models can shape behaviors, attitudes, and skills learned by students (Mikkonen, Kyngas & Kaariainen, 2015, Armstrong 2008, Burgess, Oates & Goulston, 2016, Shapiro 2002, Weissman et al. 2006). All 14 participants in this study suggested that role modeling was a strategy to cultivate empathy. Armstrong (2008) suggested that role models have an important responsibility to be “gatekeepers” in learning. A teacher’s empathy can influence a nursing student’s learning and professional development (Mikkonen, Kyngas & Kaariainen, 2015). Weissman et al. (2006) found clinical medical education instructors taught humanistic and professional values almost exclusively by role modeling.

The deliberate and meaningful scaffolding of empathy in the curriculum helps develop empathic skills in nursing students. More than half of the participants in the present study ($n = 10$, 71.4%) suggested that empathy was woven into their curriculum and that this was demonstrated through classroom instruction, simulations designed to improve empathy, and community service. All 14 participants identified simulation experiences that they had used or planned to use to cultivate empathy.

The identified simulations were performed in different content specialties, such as psychiatric, obstetric, pediatric, medical-surgical, oncology, and geriatric nursing and were conducted at the undergraduate graduate level. In addition, participants identified important topics in nursing that could be used in simulation experiences to foster empathy, such as socioeconomic issues, care for diverse populations, care for the dying, transgender patients, opioid addicted patients, and interdisciplinary training.

The diverse spectrum of simulations can be enhanced with the scaffolding of empathy into lectures and students engaging into community service. Foster et al. (2008) found that utilizing simulation scenarios with other educational activities such as lectures was more effective than utilizing simulations alone. Therefore, adding classroom instruction and prebriefing assignments is expected to enhance learning. Further scaffolding of empathy can extend to students being engaged in community service opportunities. Community service has been used to teach

empathy (Brown & Bright 2016). Curricular maps can be used to ensure important concepts are addressed and incorporated in nursing programs and the scaffolding of empathy in nursing education.

Empathy is an essential component of the nurse-patient relationship. However, there is some difficulty and disagreement in defining exactly what empathy is or entails (Alligood 2007). In addition to having various definitions, empathy is also associated with many different concepts, such as compassion, caring, sympathy, and pity. Empathy can also be under an umbrella of other concepts, such as patient-centered care and effective or therapeutic communication.

The participants in the present study referred to the different concepts in their discussions about empathy and had different definitions of empathy. Participants’ definitions of empathy can impact how they design, carry out, evaluate, and research simulations involving empathy. Conceptual clarity is needed in nursing education, practice, and research.

Limitations: A limitation of this study existed in the small sample size. Participants were recruited from programs with both graduate and undergraduate programs that may have more resources than those at smaller programs. Therefore, participants’ view may not reflect the views of other nursing simulation faculty and the results may not be generalizable to other nursing programs.

Conclusions: Empathy is an important component of the nurse patient relationship. The aim of this study was to identify educational strategies to foster empathy utilizing simulation pedagogy. Multiple strategies were identified such as: utilizing standardized patients, engaging students in the patient’s perspective, role modeling, and the scaffolding of empathy. Further investigation of these and other educational strategies to foster empathy utilizing simulation is needed, and it is recommended that the research involves multiple schools of nursing from different geographical areas in graduate, baccalaureate, and associate degree programs. Future research can use different methodologies and explore different perspectives regarding the different strategies, as well as the barriers to fostering empathy in simulation. The

results could potentially translate into more empathic nurses and improved quality of care.

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