One doesn’t have to operate with great malice to do great harm. The absence of empathy and understanding are sufficient ~ Charles M Blow
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INTRODUCTION

Empathy is a multidimensional construct and various definitions of the term are evident in the literature. Generally speaking, empathy involves the cognitive ability to comprehend what another person is feeling, an emotional resonance with those feelings, and the willingness to respond appropriately to the person's needs (Hatfield, 2011). In healthcare, empathy is considered a basic component of therapeutic relationships and a critical factor in patients' definitions of quality care (Hojat, 2013). More than 200 studies have demonstrated the positive impact of empathy on patient outcomes (Trzeciak, 2017). For example, there is evidence that encounters with empathetic healthcare professionals result in: decreased levels of patient depression, anxiety, distress; and increased levels of emotional wellbeing, satisfaction and adherence to treatment regimens (Hojat, 2013). Examples of physiological outcomes include: improved wound healing and cancer survival rates; as well as a reduction in rates of infection, diabetes complications and pain (Scott, 2011, Trzeciak, 2017). However, despite the increasing recognition of the impact of empathy on patient outcomes, there is compelling research indicating that contemporary healthcare environments are besieged by a generalised lack of empathy (Lown, 2011).

Frail older people are at particular risk from healthcare interactions that are devoid of empathy (Batson, Chang, Orr & Rowland, 2002). Ageist attitudes can result in the provision of healthcare that is unkind, indifferent, callous and sometimes even cruel (Higgins, Vanderreit, Slater & Peek, 2007). Indeed, national and international healthcare reports tell stories of appalling suffering where older people were subjected to abuse, with some left in wet beds and excruciating pain for hours at a time (Francis, 2013; Garling, 2008). It is also evident that, unless appropriately prepared for clinical practice and committed to empathic care, healthcare students may experience distress, repulsion or even disgust when faced with older people in comprised situations, such those experiencing urinary or faecal incontinence (O’Lynn & Krautscheid, 2014).

This e-simulation has been designed to address the issues outlined above by preparing healthcare students to provide empathic and person-centred care to older people, particularly at times when they are particularly vulnerable. It is our sincere hope that you find this resource helpful and that your use of it positively influences your students’ empathy towards older people.
ACKNOWLEDGMENTS

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LEARNING OUTCOMES

Participation in the ‘Empathic care of an older person’ e-simulation will enable students to:

- Discuss the potential feelings, experiences and needs of an older person requiring healthcare.
- Demonstrate an understanding of healthcare experiences viewed through the unique lens of a vulnerable older person.
- Discuss the relationship between empathy, person-centred care, therapeutic communication, dignity and patient safety for older people.
- Identify and discuss appropriate actions to address the needs of vulnerable older people requiring healthcare.
- Reflect on how one’s own experiences, perspectives and biases might influence the care provided to older people.
- Reflect on how empathic healthcare interactions can influence the health and wellbeing of older people.
- Discuss how completing the e-simulation will influence the care provided to older people.

Structure of the simulation

The film component of the e-simulation (which includes the pre-brief) is 6 minutes in duration and the debrief 25-30 takes minutes. The e-simulation film can be viewed on any computer or tablet device with audio and video capacity. Students can undertake this e-simulation as a classroom-based group activity or as an individual online learning activity (in which case the debrief questions can be used to guide reflection).

Link to view or download the ‘Empathic care of an older person’ film:
https://cloudstor.aarnet.edu.au/plus/s/Ok5J67fMhQNF3F3A
**PRE-BRIEF**

The following information is provided at the beginning of the film:

This film tells the story of Mr William Sharman, an 86-year-old man who has been admitted to hospital with diarrhoea and vomiting for investigation. Mr Sharman had been a very distinguished and well-kept gentleman but since his wife Dorothy died six months ago he has become dishevelled and quite unkempt. While previously a jovial and garrulous man, Mr Sharman is now quiet and withdrawn.

Clinically Mr Sharman is experiencing dizziness, weakness and exhaustion. Since admission to hospital his diarrhoea and vomiting have continued so he has an IV running at 84 mL/hr.

While viewing the film, try to imagine what it might feel like to ‘walk in Mr Sharman’s shoes’. You do not need to analyse the unfolding scene; simply view the situation from Mr Sharman’s perspective and consider his feelings and needs.

After the film finishes and while waiting for the debrief do not to discuss the simulation or your responses to it. Spend this time reflecting on the situation portrayed from Mr Sharman’s perspective and in consideration of his feelings and needs.

**DEBRIEF**

At the commencement of the debrief capture students’ attention by providing these ‘Four Fast Facts’:

1. More than 200 studies have demonstrated the positive impact of empathy on patient outcomes (Trzeciak, 2017).
2. Contemporary healthcare environments are besieged by a generalised lack of empathy (Lown, 2011).
3. Frail older people are at particular risk from healthcare interactions that are devoid of empathy (Batson, Chang, Orr & Rowland, 2002).
4. Ageist attitudes can result in the provision of healthcare that is unkind, indifferent, callous and even cruel (Higgins, Vanderreit, Slater & Peek, 2007).

The group debrief is an integral component of the learning experience and fundamental to attitudinal changes and empathy development. Specific evidence-based strategies have been incorporated into the debrief questions to elicit dialogue about empathic care of older people and to address negative attitudes and stereotypes.

The educator is to address the following questions/issues sequentially during the debrief:

- What were you thinking and feeling as you were watching the e-simulation?
- What do you think the nurse was thinking while caring for Mr Sharman?
- What do you imagine Mr Sharman might have been feeling and thinking as the situation unfolded, and why?
- What do you think Mr Smith needed in this situation?
- What did the nurse do to portray empathy, person-centred care and therapeutic communication?
- Is there anything else the nurse could have done to make Mr Sharman feel less distressed or more comfortable?
• What is the relationship between empathy, poor health outcomes and patient safety when caring for vulnerable older people?

• How might healthcare professionals’ and students’ prior experiences, perspectives and attitudes influence the care they provide to older people?

• As a result of what you have learned from this e-simulation and debrief, what actions will you take when caring for an older person in the future?

Patient Dignity Inventory

If there is time (or perhaps as a follow-up learning activity) discuss the Patient Dignity Inventory\(^1\) (Appendix C) and consider how much distress Mr Sharman may have been feeling in this situation.

Following the Debrief

Thank students for participating and remind them of the immense impact they can each have on the care of older people.

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RESEARCH & EVALUATION

Students who have agreed to participate in the research should be given the Comprehensive State Empathy Scale (CSES) \(^2\) pre-test (Appendix A) prior to the pre-brief and the CSES post-test (Appendix B) immediately following the debrief.

COMPREHENSIVE STATE EMPATHY SCALE (CSES)

The CSES was designed to take into account Batson’s (2009) eight dimensions of empathy:

1. imagining how the other person is feeling and thinking
2. imagining how one would think and feel in the other person’s situation
3. understanding another person’s emotional and cognitive state
4. matching the neural response of the other person
5. experiencing the same or similar feelings as the other person
6. projecting oneself into the other person’s situation
7. feeling distress for the suffering of the other person
8. feeling for the person who is suffering.

A challenge in measuring empathy is that most of the currently available scales measure trait empathy (empathy as a psychological disposition) rather than state empathy (empathy at a point in time). Trait empathy scales are not appropriate for pre-test post-test studies conducted over a short time frame as they rely on self-report of previous experience and behaviours. In lieu of a feasible method to assess state empathic accuracy, the approach taken with the CSES was to develop items that measure state empathy by adapting items from validated trait empathy questionnaires.

Psychometric testing of the CSES revealed good internal consistency with a Cronbach’s alpha (CA) of 0.96. Factor analysis identified six factors:

1. Empathic concern (items 1-6) \(\alpha 0.87\)
2. Distress (items 7-12) \(\alpha 0.93\)
3. Shared affect (items 13-16) \(\alpha 0.86\)
4. Empathetic imagination (items 17-20) \(\alpha 0.82\)
5. Helping motivation (items 21-24) \(\alpha 0.84\)
6. Cognitive empathy (items 25-30) \(\alpha 0.93\).

Measuring empathy using the CSES

The CSES scenarios included in this toolkit relate to the measurement of empathy towards an older person. To ensure authenticity they were derived from a search of the literature to identify the experiences of and difficulties encountered by frail older people who are in hospital, and they were reviewed by an expert panel. The scenarios depict an older man experiencing distress related to ill health. Each scenario also includes a relevant image.

Participants are asked to respond to the questions on the CSES based upon their attitudes and feelings toward the person (Mr Lucas or Mr Alan) described in the accompanying scenario. The scale takes approximately 10 minutes to complete.

Each item is scored using a five-point Likert scale with response ranges from 1 (completely untrue) to 5 (completely true). Overall empathy scores are obtained by calculating the sum of the individual items of the CSES and subscales. Changes between pre and post empathy scores can be analysed using paired sample t-tests or nonparametric alternatives such as paired Wilcoxin Signed Rank Tests.

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REFERENCES


APPENDICES

APPENDIX A: CSES PRE-TEST

Please read and reflect on the story below then answer the questions on the following pages.

Note: Mr Lucas’ story is based on a true account, but details have been changed to ensure anonymity.

Mr Lucas, 75-years-old, is four days post op following a bowel resection and formation of a stoma. Before coming into hospital, he lived in his own home but as his bowel cancer progressed, he became increasingly debilitated and found it hard to manage on his own. Mr Lucas has been fiercely independent his whole life, but he is frightened that he will be admitted to a nursing home if he cannot regain his strength and manage his stoma on his own.

When Mr Lucas rings his call bell and the nursing student answers he is very distressed. His ileostomy bag has leaked, and his pyjamas and bedding are soiled. Mr Lucas is trying to clean up some of the mess with his tissues. He is embarrassed that the student has seen him this way. As she is cleaning him up and changing the bed Mr Lucas apologises repeatedly saying, almost to himself, “Why does this keep happening?”. He is worried that he will be sent to a nursing home if he can’t manage his stoma properly, so he asks the student not to tell anyone.

On the next pages, you will find a series of statements and questions. Please read and respond to each one, even if it seems very similar to another. Answer each question quickly, without spending too much time on any particular one.
Below is a list of feelings. On a scale of 1-5 please rate the extent to which you experienced each of these feelings in response to Mr Lucas’ story.

1 indicates that you experienced this feeling **not at all**
5 indicates that you experienced this feeling **very much**

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<tr>
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<th>Not at all</th>
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<th>Very much</th>
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<tbody>
<tr>
<td>1. Compassionate</td>
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<td>5</td>
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<td>2. Moved</td>
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<td>3. Soft-hearted</td>
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<td>4. Sympathetic</td>
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<td>5. Tender</td>
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<td>6. Warm</td>
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<td>7. Distressed</td>
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<td>8. Disturbed</td>
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<td>9. Grieved</td>
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<td>10. Troubled</td>
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<td>11. Upset</td>
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<td>12. Afraid</td>
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</table>
Below is a list of statements. On a scale of 1-5 please rate the extent to which each statement is true for you in relation to Mr Lucas’ story.

1 indicates that this is completely untrue for you

5 indicates that this is completely true for you

<table>
<thead>
<tr>
<th>Statement</th>
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<td>13. I found that the scenario affected my mood</td>
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<td>14. I was very affected by the emotions in this story</td>
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<td>15. I actually felt Mr Lucas’ distress</td>
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<td>16. I experienced Mr Lucas’ feelings as if they were my own</td>
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<td>17. I found myself imagining how I would feel in Mr Lucas’ situation</td>
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<td>18. I found myself imagining myself in Mr Lucas’ shoes</td>
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<td>19. I found myself trying to imagine how things looked to Mr Lucas</td>
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<td>20. I found myself trying to imagine what Mr Lucas was experiencing</td>
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<td>21. I would really focus on Mr Lucas’ emotions if I was caring for him</td>
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<td>22. I experienced a strong urge to help Mr Lucas</td>
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<td>23. I would get really involved in trying to help Mr Lucas</td>
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<td>24. I found myself thinking about what could be done to help Mr Lucas</td>
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<td>25. I feel confident that I could accurately describe Mr Lucas’ experience from his point of view</td>
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<td>26. I found it easy to understand Mr Lucas’ reactions</td>
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<td>27. I found it easy to see how the situation looked from Mr Lucas’ point of view</td>
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<tr>
<td>28. Even though Mr Lucas’ life experiences are different to mine, I can really see things from his perspective</td>
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<td>29. I am sure that I know how Mr Lucas was feeling</td>
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<td>30. I feel confident that I could accurately describe how Mr Lucas felt</td>
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APPENDIX B: CSES POST-TEST

Please read and reflect on the story below then answer the questions on the following pages.

Note: Mr Alan’s story is based on a true account, but details have been changed ensure anonymity.

Mr Alan is an 84-year-old man who has been admitted to the medical ward following a right-sided stroke. Mr Alan’s wife and only son were killed in a motor vehicle accident a year ago and since then he has lived alone with only his dog ‘Jack’ for company. Although his neighbour is feeding Jack, Mr Alan is worried that he will be fretting. Mr Alan is anxious to get home, but he has been told that he must be able to manage on his own before he can be discharged.

Mr Alan has been trying to become more independent and self-caring, but his gown is stained with food and incorrectly buttoned. When the nursing student helps him to undress for the shower, she notices that Mr Alan’s underpants are soiled with urine and faeces. Mr Alan is embarrassed that she has seen him this way and he tells her that his wife would be shocked at the mess he is in. Mr Alan apologises repeatedly when he can’t manage to wash himself properly. When the student tells him that she will go and get his clean pyjamas, Mr Alan becomes very emotional and explains that he has no clean clothes left. He tried to wash some of his underpants in the bathroom sink but didn’t know how to dry them. Mr Alan pleads with the student not to tell anyone. He is worried that if the other nurses find out they won’t let him go home to be with Jack.

On the next pages, you will find a series of statements and questions. Please read and respond to each one, even if it seems very similar to another. Answer each question quickly, without spending too much time on any particular one.
Below is a list of feelings. On a scale of 1-5 please rate the extent to which you experienced each of these feelings in response to Mr Alan’s story.

1 indicates that you experienced this feeling **not at all**  
5 indicates that you experienced this feeling **very much**

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<tr>
<th></th>
<th>Not at all</th>
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<td>1.</td>
<td>Compassionate</td>
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<td>Moved</td>
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<td>3.</td>
<td>Soft-hearted</td>
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<td>Sympathetic</td>
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<td>6.</td>
<td>Warm</td>
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<td>7.</td>
<td>Distressed</td>
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<td>8.</td>
<td>Disturbed</td>
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<td>9.</td>
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<td>11.</td>
<td>Upset</td>
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<td>12.</td>
<td>Afraid</td>
<td>1</td>
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<td>4</td>
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</table>
Below is a list of statements. On a scale of 1-5 please rate the extent to which each statement is true for you in relation to Mr Alan’s story.

1 indicates that this is **completely untrue for you**

5 indicates that this is **completely true for you**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Completely untrue</th>
<th>Completely true</th>
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<tr>
<td>13. I found that the scenario affected my mood</td>
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<td>15. I actually felt Mr Alan’s distress</td>
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<td>16. I experienced Mr Alan’s feelings as if they were my own</td>
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<td>17. I found myself imagining how I would feel in Mr Alan’s situation</td>
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<td>18. I found myself imagining myself in Mr Alan’s shoes</td>
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<td>22. I experienced a strong urge to help Mr Alan</td>
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<td>29. I am sure that I know how Mr Alan was feeling</td>
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<tr>
<td>30. I feel confident that I could accurately describe how Mr Alan felt</td>
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Do you have any comments to make about the e-simulation experience?
APPENDIX C: PATIENT DIGNITY INVENTORY

The Patient Dignity Inventory (PDI) identifies a multitude of issues associated with physical, psychosocial, existential, and spiritual domains of concern. Initially developed and validated as a research tool, it can also be used to guide discussions with healthcare students about the factors may impact a person’s dignity.

1. Not being able to carry out tasks associated with daily living (e.g., washing oneself and getting dressed).
2. Not being able to attend to bodily functions independently (e.g., needing assistance with toileting-related activities)
3. Experiencing physically distressing symptoms (such as pain, shortness of breath, nausea).
4. Feeling that one’s appearance has changed significantly.
5. Feeling depressed.
8. Worrying about one’s future.
9. Not being able to think clearly.
10. Not being able to continue with usual routines.
11. Not feeling like a person once was.
12. Not feeling worthwhile or valued.
13. Not being able to carry out important roles (e.g., spouse, parent).
14. Feeling that life no longer has meaning or purpose.
15. A feeling of not having made a meaningful and lasting contribution during one’s lifetime.
16. A feeling of ‘unfinished business’ (e.g., things left unsaid, or incomplete)
17. Concern that one’s spiritual life is not meaningful.
18. Feeling like a burden to others.
19. A lack of feeling of control over one’s life.
20. A feeling that illness and care needs have reduced a person’s privacy.
21. A feeling of not being supported by one’s community of friends and family.
22. Not feeling supported by health care providers.
23. Not feeling able to mentally ‘fight’ the challenges of one’s illness.
24. Not being able to accept the way things are.
25. Not being treated with respect or understanding by others.