Using Empathy in Communication with Older People: What Nurses Need to Know

Abstract

Empathy is an integral aspect of communication with older people and lies at the heart of person-centred care provision. Empathic communication helps older people feel like they are being heard and their perspective is valued. Through empathy, nurses can attempt to understand older person's thoughts and feelings and communicate this understanding back to them. This has positive physical and psychological effects on the wellbeing of older people including improvements in health literacy and adherence to treatment plans. This article focuses on the use of empathy in communication with older people. It introduces the origin and some definitions of empathy and discusses why it is important to understand the concept to enhance communication with older people. It explores the personal and professional barriers to empathy and provides ways to promote the development of empathic behaviours. It then focuses on ways in which nurses can adopt self-care strategies, to support their own wellbeing and effective interpersonal relationships with older people.

Why you should read this article:

To raise your awareness of the importance of empathy in communication with older people

To support your skills development in promoting empathy towards older people

To contribute towards revalidation as part of your 35 hours of CPD (UK readers)

To contribute towards your professional development and local registration renewal requirements (non-UK readers)

Aim:

The aim of this article is to raise awareness of the importance of empathy and explore practical skills to support its use in communication with older people. After reading this article and completing the time out activities you should be able to:

Objectives

Discuss the importance of empathy in the care of older people.

Identify personal bias/assumptions which might influence empathic communication with older people.

Identify the importance of seeking the older person's perspective and point of view.

Discuss helping behaviours, which enable displays of empathy to older people.

Discuss the importance of nurse self-care behaviours on the development of empathy.

Introduction

The concept of empathy is familiar to the nursing profession and was adopted from the discipline of psychology, from the work of the psychotherapist Carl Rogers. In the 1990's it was suggested this move was an uncritical one and that empathy was not as suited as other communication strategies in nurse-patient relationships, such as sympathy, pity, and compassion (Morse et al, 1992a). However, recently there has been an increasing interest in empathy and a systematic review of the nursing literature revealed an increase in the number of research studies over the last decade, especially between 2016 – 2018 (Levett-Jones and Cant, 2019). Despite this rise in interest, there remains little consensus on the definition and meaning of empathy.

Empathy is believed to be a translation of the German word Einfuhlung, which translates as 'feeling into' although in the late 19th Century this term was used to describe the projection of emotion into art, rather than people (Matravers, 2017). The psychologist and philosopher Theodor Lipps developed the first scientific theory of empathy, explaining it not solely as the way people experience objects, such as pieces of art, but also as the way they understand the mental states of others (Montag et al, 2008). Lipps' philosophy of empathy explored how it could support understanding of another person's mental state, an idea developed further by the philosopher Edith Stein. Stein suggested empathy was more than an understanding of mental states, describing it as a feeling-based experience of another person's feeling; a way to feel 'oneself into the experiences of the other person' (Svenaeus, 2018: 742).

Empathy in nursing practice has been developed from the field of psychotherapy and counselling practice, most notably from the seminal theory of Carl Rogers. Rogers' (1957: p 95) classic definition of empathy is:

'To sense the client's private world as if it were your own, without ever losing the 'as if' quality'

Rogers described the need to be able to sense another person's private world, whilst acknowledging that we can never really experience what they are truly feeling. We can only understand their feelings, based on our own individual experiences of similar times, thereby keeping the 'as if' quality, that is, in a non-original way. Rogers viewed empathy as crucial in being able to form a therapeutic alliance and enabling self-exploration of the client. In time, Rogers suggested the client could internalise the empathic attitude leading to a greater level of self-acceptance and inner peace.

There is a growing recognition of the importance of empathy to support effective communication, which lies at the heart of quality person centred care provision (Levett-Jones and Cant, 2019). In the nursing literature, empathy is described not only as an ability to perceive another's feelings, but to communicate that understanding back to them, resulting in the other person feeling understood and less alone (Dinkins, 2018; McKinnon, 2018). A concept analysis of empathy undertaken by Wiseman (1996) suggested four defining attributes of empathy, including the need to communicate our understanding of another person's perspective back to them, as in doing this, they feel understood (Box One).

Box One: The Defining Attributes of Empathy (adapted from Wiseman, 1996)

To be able to see the world as another person sees it

To be non-judgemental

To recognise and understand another person's feelings

To communicate that understanding

Morse et al (1992b) described empathy as having four domains: emotive: the subjective ability to experience and share another's psychological state; moral: derived from a sense of altruism that motivates us to show empathy; cognitive: the objective ability to identify and understand another person's perspective; behavioural: a communication response that transmits another person's perspective. Similarly, Latimer et al (2017) describe empathy as having both affective (feeling) and cognitive (thinking) domains, which enable

understanding of both the emotional and intellectual perspective of another person. Levett-Jones and Cant (2019) described empathy as a continuum, which is a three-stage process of perceiving, processing and responding (Box Two). This is based on a review which uncovered 'patterns of consistency in the attributes of empathy' (p. 1026) and is helpful to enhance learning and the application of empathy in practice.

Box Two: The Empathy Continuum (adapted from Levett-Jones and Cant, 2019)

Stage	Description
Perceiving	This stage is informed by the professional's moral stance/disposition and includes: The ability to recognise the sensory and affective cues displayed by another person The professional's ability to be aware of their own existing biases and prejudices.
Processing	This stage includes the ability to recognise and appreciate the feelings and perspectives of another person.
Responding	This stage includes the helping behaviours, which have been informed by feelings of concern for another person

Time Out 1

Consider the definition of empathy outlined in the Introduction by Rogers (1957). Reflect on your own practice, and the older people you care for. How easy do you find it to explore their feelings and perspectives? Write down the top three ways you use to facilitate your understanding of their perspectives (for example, your list might include verbal and non-verbal communication). Now write down three things that get in the way of being able to understand the feelings and perspectives of an older person. You will return to this list later.

The Importance of Empathy

Older people value professionals who are competent in interpersonal communication, especially those who promote person centred care through their relationships (Soares, 2019). Empathy is a core characteristic of being a 'good nurse' and enables older people to discuss their needs and perspectives (van der Elst et al., 2012). Empathy is essential to support effective communication, as part of quality care provision, leading to increased emotional wellbeing and adherence to treatment plans (Hojat et al., 2013). The presence of empathy can positively affect physical wellbeing such as a reduction in pain, complications of diabetes and improvements in wound healing (Scott, 2011; Trzeciak et al, 2017). Enhancing empathic communication is one of the World Health Organisation's three key strategies to reduce ageism towards older people (WHO, 2021). Seeking clear and non-judgemental understanding of another person's perspective leads to greater appreciation of their needs and preferences and can support shared decision making, which is central to person centred care provision (WHO, 2021).

Despite the importance of empathic communication, factors such as nurses' ongoing exposure to patient suffering and heavy workload can lead to its decline (Tavakol et al., 2012). Negative attitudes towards older people along with nurses' lack of willingness to care for them, can influence therapeutic communication and a decline in empathy (Zhang et al., 2016; Ward et al., 2012). Feeling a lack of empathy can lead nurses to practice ineffective or negative forms of communication. This might include the use of simple vocabulary, a slowing down of the conversation and repetition, a phenomenon known as elderspeak (McLaughlin, 2020). Elderspeak is problematic as it implies the older person is less

physically and cognitively competent than the caregiver, which in turn, can lead to dependency on nurses and contribute to early decline of older people (Sprangers et al., 2015). Nurses can monitor their personal influence on empathic relationships through furthering their self-awareness. Self-awareness development is important, not only for personal self-development but to enable the nurturing of empathic relationships with others. Self-awareness development is described as an ongoing and deliberate process of self-discovery and a way that we can know ourselves better, described by Burnard (2002: 30) as:

'…the gradual and continuous process of noticing and exploring aspects of the self, whether behavioural, psychological or physical, with the intention of developing personal and interpersonal understanding'

Burnard (2002) suggests that until we know ourselves well, we cannot begin to know others and use this knowledge to develop effective relationships. Becoming aware of our personal presuppositions, for example, stereotypes about older people, can lessen the risk that we project them onto others, enabling enhanced person-centred care provision (Younas et al, 2019). Combined with active listening, self-awareness development is positively linked with empathy and person-centred care provision in nurses (Haley et al, 2017).

Time Out 2

In Time Out One you were asked to consider what stops you from being able to understand another person's perspectives. Your list might have included some pre-conceived ideas about older people, such as stereotypes and assumptions, that older people are resistant to change or slow to understand what we tell them. One way to explore our pre-conceived ideas can be by reading poetry written by older people. Reading poems can help us empathise with what older people are feeling and enable us to contact our own thoughts and feelings, in a safe environment.

Read the following poem, Health Check by Penny Feinstein. The nurse has some presuppositions about what is 'best' and communicates these in ways that challenge the views of the older person. Read the poem a few times and then answer the questions:

[Diamond Twig poem of the month: 'Health Check' by Penny Feinstein](#)

In what ways does the nurse project their presuppositions about health onto the attendee? What effect does this have on the older person?

Now reflect on your feelings when you read this poem. In what ways can you relate to the older person?

Return to Wiseman's attributes of empathy. How far does the nurse meet Wiseman's attributes of empathy, in terms of viewing the world as another person sees it?

Empathic Communication

Empathy is not only about understanding another person's perspective, but also about communicating that understanding back to them. This enables a connection to develop, leaving older people feeling valued and a part of the decisions made about their care. Egan (2017) describes such an empathic connection as a form of professional 'presence'; a way of being, and being with, others. To achieve this relies on the development of interpersonal communication skills, which enable us to convey our presence and connection with others. Empathy is often viewed primarily as a communication process, which requires skills such as active listening, echoing and checks for accuracy about what has been said (Campbell-Yeo et al., 2008; Haley et al., 2017; Sheehan et al., 2013). The ability to communicate empathically relies heavily on both verbal and non-verbal skills (Riess and Kraft-Todd, 2014).

Verbal Communication Skills

It is possible to develop a communication style to show an understanding of the perspectives and feelings of older people. However, physiological changes such as age-related hearing loss and cognitive impairment can be barriers to the use of communication skills to develop empathy. Up to 33% of the global population of older people experience hearing loss although many underestimate the effect this has on their ability to communicate (WHO, 2015). The ability to store and process enough information to speak and understand language can be impaired (Harwood et al, 2012). From a nurse's perspective, ageist attitudes can lead to patronising communication. Verbal elderspeak might include closed questioning, ignoring topics important to the older person, and excessive repetition rather than rephrasing what they have said (Ryan et al, 1995). Asking repeated close questions can feel like an interrogation, e.g., How much do you get out? Do

you know that being overweight is dangerous? In contrast, empathic communication promotes exploration of the older person's perspectives and feelings. For example, open ended questions encourage older people to describe their thoughts and feelings and can promote an ongoing conversation, such as, *can you share more about what has been happening? Can you tell me more about the sort of things you have tried?*

Directly affirming and clarifying topics important to older people can encourage further exploration and offers a way for nurses to empathise with what the older person is experiencing (Ballantine-Dykes et al., 2017). Clarifying is a way for nurses to show they have been listening to the older person and enables them to hear what the nurse thinks they have said and formulate a response. Clarifying can be an opening to ask for further information: *So, what I hear you saying is... It sounds like what you are saying is……. Is that right?*

Egan (2017) provides a helpful formula, which can be adapted to fit the nurses own personal style. This starts with, '*You feel'*… (then accurately name the emotion expressed by the older person) and continues with, '*because*….' (then specify accurately the thoughts, experiences and behaviours that have caused the feelings).

An example of this formula in action with an older person could be when they have reduced confidence due to being excluded from decisions made about them:

'*I don't feel very confident anymore'*. The empathic nurse might reply, '*and you used to feel much more confident about yourself didn't you*'. By doing this, nurses can communicate clear understanding of the older person's feelings. It can also be helpful for nurses to specify the experience that have cause the older person to lose confidence. For example, the nurse might say, '*because it is out of your control now, isn't it'*. This communicates understanding about the cause of the loss of confidence, thereby increasing empathy with the older person. Using techniques like '*You feel….because*' enables nurses to keep a focus on the main points of the older person's story along with their associated feelings. It is important to use 'you' and 'your' rather than 'we', for example, *'we used to feel confident, didn't we',* as this is a form of elderspeak, which shows lack of respect for older people and could be seen as controlling (McLaughlin, 2020).

Non-Verbal Communication

In addition to verbal communication to enable empathic responses, to be fully present with an older person, nurses can use non-verbal signals to communicate understanding and

shared emotion. In psychotherapy practice, eye contact and a forward leaning posture is associated with increased empathy and credibility of the therapist's treatment plan (Dowell and Berman, 2013). Both eye gaze and body orientation, are important ways to show empathy and could be even more effective than verbal communication (Vogel et al, 2018). Eye contact and the nurse's seating position are part of a checklist suggested by Stickley (2011), developed to support effective non-verbal communication. 'SURETY' provides a helpful guide developed from a model originally proposed by Egan (1975), aimed at supporting learning about non-verbal communication, 'SOLER'. SOLER is an acronym for the following: Sit squarely; Open posture; Lean towards the other; Eye contact; Relax. Stickley's (2011) model supports an approach, which relies more on the nurse's natural ability and is less likely to be applied mechanistically. The positive aspects of Egans' model have been built on to include the use of touch and the nurse's intuition (Box Three). The use of touch is a complex aspect of clinical practice, which is highly contextual and often viewed negatively, falling into two areas: expressive and procedural (Davin et al, 2019). Procedural touch occurs during tasks such as examinations whereas expressive touch supports the expression of emotions and enables the nurse to show interest in another person, two key components of empathy (Chang, 2001).

Box Three: SURETY Non-Verbal Communication Model (adapted from Stickley, 2011)

S – Sit at an angle to the client (creates a non-confrontational arrangement)

U – Uncross legs and arms (communicates we are open and receptive)

R – Relax (adopt a natural position)

E – Eye contact (communicates respect and attention, without staring at the other person)

T – Touch (respectful use of touch can communicate empathy although cultural sensitivity is required)

Y – Your intuition (remembering that every interaction is unique and each situation should be assessed individually)

Having reviewed the SURETY checklist, you can use it to inform your non-verbal communication skills in your future interactions with others.

Time Out 3

Describe the cognitive and physical challenges that older people might have when trying to convey their perspective to you. Thinking about the non-verbal communication skills discussed here, describe how you might use one of them to support older people to talk about how they feel. For example, you might want to consider your body language to communicate a more open and receptive posture. Identify two weeks in practice when you will make a conscious effort to practice this skill. Note down any changes in how older people respond to you. For example, have you noticed that they feel more able to talk you through how they feel? Write down two ways in which this promotes empathy.

The importance of self-care

Empathy has been shown to have positive effects on communication with older people and promotes the development of empathic relationships. However, developing empathic relationships with others, can potentially lead to negative consequences for nurses. Empathy has been associated with compassion fatigue among nurses and there is an association between emotional empathy and potential burnout (Figley, 2002; Hunt et al., 2017). Compassion fatigue is a response to substantial amounts of stress and occurs when nurses are exposed to ongoing suffering, illness, and trauma (Joinson, 1992). Compared to other professional groups, nurses experience particularly high stress related to their role and relationships with others (Angland et al., 2014). The rate of mental health problems for nurses is increasing and figures from the UK Office for National Statistics suggests that the suicide rate for nurses is 23% above the national average with females at a higher risk (ONS, 2018).

Self-compassion is a way for nurses to positively alter the way they relate to themselves during stressful times and contains six related components, including increased self-kindness, reduced self-judgement and mindfulness (Neff et al., 2020). Effective self-care skills and activities have been linked to a decrease in stress and mindfulness has been shown to be protective against workplace stressors (Merluzzi et al., 2011; Westphal et al., 2015). Mindfulness is described as 'the awareness that emerges through paying attention on purpose in the present moment, and nonjudgmentally to the unfolding of experience moment to moment' (Kabatt-Zinn, 2003: 145). Mindfulness interventions can support stress management, psychological wellbeing and reduce burnout in nursing (Khoury et al., 2013; Zhao et al., 2019).

There is increasing interest in the use of the arts and humanities, not only to enhance nurses' empathy towards others but to support compassion and healing for themselves (Jack and Tetley, 2016). Creative approaches such as poetry writing to explore emotions can be helpful to explore feelings and effective coping mechanisms (Jack, 2017). For example, the use of metaphor, a figure of speech that describes something differently, can help nurses to move beyond the reality of an experience and to frame it in a broader and less painful sense (Fox, 1997). Poetry collections, sometimes written by practitioners, provide insight into their lived experiences (see Alma and Amiel, 2020). Poems written by other nurses can reduce feelings of isolation for the reader, as they recognise their own experiences and emotions though their reading.

Time Out 4

Reflect on your activities over the past two weeks. On how many days did you take some time out for yourself to undertake self-care activities? You might be good at taking time out for yourself or you might prioritise another persons' needs above your own. List three reasons why this might be the case. How can you get better at taking time out? This might mean asking another person for help or changing our behaviour so that taking time out for ourselves becomes a habit.

Conclusion

When communicating with older people, displays of empathy are essential to promote person-centred care. Due to the nature of their work, nurses have unique opportunities to show understanding of older persons' perspectives and be able to communicate this understanding back to them. Creating a climate of understanding and respect for older people leads to them feeling less alone and vulnerable and more valued as equal partners in the healthcare relationship. Older people can experience barriers to empathy, which arise from the ageing process such as cognitive and physical difficulties. However, empathy can be blocked due to stereotypes and assumptions about older people, held by nurses. Nurses have an obligation to promote non-judgemental care and can show their commitment to empathic relationships through ongoing self-awareness development and experiential learning. Developing verbal and non-verbal communication skills can enhance displays of empathic behaviours and nurses can take responsibility to developing this aspect of their

practice. It is acknowledged that engagement in empathic communication can contribute to compassion fatigue in nurses and time for self-care activities is essential for health and wellbeing. Empathy is important in effective communication with older people and through knowledge, skills and self-development, nurses can build their confidence in this aspect of care.

Time Out 5

Return to Time Out One when you were asked to list three barriers to communicating empathically with older people. Having read this article and completed the activities, write down two aspects of your practice that you will change to promote enhanced empathic communication with older people. This might include changes to your pre-judgements, your verbal communication or even changes to your self-care activities. Write your answers in three columns:

Barrier to empathy with older people	What is the required change to promote empathic communication with older persons	Timeframe (might include shorter and longer-term planning)

Time Out 6

Consider how the concept of empathy with older people relates to The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (Nursing and Midwifery Council 2018), or, for non-UK readers, the requirements of your regulatory body

Time Out 7

Now that you have completed the article, reflect on your practice in this area and consider writing a reflective account using this link: rcni.com/reflective-account

Further Resources to Support the Development of Empathy

The Virtual Empathy Museum:

Virtual Empathy Museum — The Empathy Initiative

The Poetry Health Service:

[Poetry Health Service](#)

Mindfulness Resource:

https://www.nhs.uk/mental-health/self-help/tips-and-support/mindfulness/

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