A model of Empathic Reflection based on the philosophy of Edith Stein: A Discussion Paper

Abstract

Background

Empathy development is an integral aspect of nurse education in several countries. Empathy supports person-centred care provision by aiding effective communication and promoting feelings of wellbeing by helping people feel understood.

Aim

The development of empathy in nursing students is best facilitated through experiential learning and reflective practice, although to date, there are no reflective models specifically designed for this purpose. It is the aim of this paper to present a model designed to promote reflection on the development of empathy.

Design

The authors have developed an approach to empathic reflection based on the philosophy of Edith Stein.

Methods

In this paper we outline the Empathic Reflection model which emphasises the need for educator support and an appreciative approach. We then present a narrative example of the model in action in an acute care setting.

Results

We have developed a three-stage model designed to support experiential learning about the development of empathy for nursing students.

Conclusions

This discussion paper explores an interesting area for future nursing research about empathy development through experiential learning and reflective practice. Educators can contribute to the promotion of empathy by working in partnership with

students to explore previously held beliefs which might act as barriers to empathic care provision.

Key Words: Education; Empathy; Experiential Learning; Nursing Students; Reflective practice

Introduction

Empathy is the ability to understand what another person is feeling and respond appropriately to promote emotional well-being (Hatfield et al., 2011). Empathic care has been shown to have a positive impact on patients' physiological and psychological health outcomes (Ward et al., 2012). Person-centred care involves the development of therapeutic relationships between care providers and service users, supported by values of respect and understanding (McCormack & McCance, 2017). To support such relationships requires empathy, which along with compassion, has been described as a core component of person-centred care (Hakansson Eklund et al., 2018; Leplege et al., 2007). However, it has been suggested that there is a lack of empathy in healthcare practice, and this has led to some high-profile reports describing dehumanising patient experiences (Francis, 2013, Hindle et al., 2006).

Although nursing students' empathy levels often decline during their studies (Everson et al., 2018), empathy is nonetheless a skill which can be developed through educational interventions, for example, with nursing students (Levett-Jones et al., 2019). As a result, there has been a resurgence in interest in the concept of empathy and in strategies designed to promote its development (Levett-Jones & Cant, 2019). The most promising models of education to support empathy development are those which have an experiential component (Brunero et al., 2010) and are grounded in the humanities (Everson et al., 2018; Bas-Sarmiento et al., 2020). Particularly, simulations which include a reflective aspect are viewed as potential strategies for enhancing empathy skills (Haley et al., 2017; Levett-Jones et al., 2017; Zhu et al., 2021).

In 2019, Levett-Jones and Cant proposed a new explanatory model for teaching and evaluating healthcare students' empathy skills, referred to as the Empathy Continuum. In the Continuum, empathy is described as a three-stage overarching

process of Perceiving, Processing and Responding. Within the three stages of the Empathy Continuum are a set of interwoven attributes and abilities that are mastered through deliberate practice and deep reflection. However, to date, there is a dearth of papers focused specifically on empathic reflection. Indeed, in the integrative review undertaken by Levett-Jones and Cant (2019) and from which the Empathy Continuum was derived, few papers referred to the importance of reflection as a key component of empathy. However, we argue that rigorous and deep self-examination of an experience is likely improve one's empathic abilities for future encounters and lead to more insightful and perceptive responses to individuals in need.

Background

The term empathy can be traced to the 19th century and originates from the German word ‘einfühlung’, meaning to ‘feel into’, and initially used to describe the projection of emotions into art, not people (Matravers, 2017). The psychologist and philosopher Theodor Lipps constructed the first scientific theory of empathy and broadened its scope to not only describe the way people experience objects, but also how to understand another person’s mental state (Montag et al., 2008).

From a psychology perspective, Rogers’ (1957) described empathy as an ability ‘to sense a person’s private world as if it were your own, without ever losing the “as if” quality’. Rogers acknowledged that therapists can never really experience what the other person is feeling, but only attempt to understand it based on their own experiences of a similar situation. In this way, the therapist keeps the ‘as if’ quality, with ‘as if’ meaning in a ‘non-original way’. Rogers considered empathy to be crucial for forming a therapeutic relationship and for enabling the other person to undertake meaningful self-exploration. Rogers further suggested that over time, the empathy shown by the therapist would be internalised by the client and this would lead to self-acceptance and inner peace (Rogers, 1957). The philosopher Mayeroff (1971) explored the importance of empathy in his seminal work, ‘On Caring’. When caring for others, Mayeroff suggested the need to understand the other person and their world and be able to see ‘… with his eyes what his world is like to him and how he sees himself’ (p. 53). Like Rogers, Mayeroff (1971) maintained the need for the ‘as if’

quality and the need for the carer to keep their sense of self, whilst entering the world of another, to fully understand and care for them effectively.

In her theory of caring in nursing, Watson identified the need to understand another person by stepping into their ‘consciousness’ (Watson, 1988, p. 179). Watson stated that a ‘caring-healing moment, transforms from a two to a one field consciousness’ and described the nurse and patient as ‘co-participants in the process that can potentiate self-healing’ (Watson, 1988, p. 179). The focus on understanding the patient’s perspective was reinforced in her later work through the Attending Nurse Caring Model which identified the need to assess concerns from the patient’s frame of reference (Watson & Foster, 2003). To do so requires the nurse to understand the patient’s perspective, implying empathic connection.
In the 1990s empathy was regarded as the philosophical foundation of caring in nursing although some suggested it was not as well suited to nurses’ relationships with patients as other concepts such as sympathy and compassion (Olsen, 1991; Morse et al., 1992). There remains little consensus on a definition of empathy although Wiseman’s (1996) concept analysis proposed four defining attributes, including an ability to communicate one’s understanding of the other person’s feelings back to them, in a non-judgemental way. This ability to communicate non-judgementally, results in the other person feeling better understood and less alone (Dinkins, 2018; McKinnon, 2018).

In 1917 the German phenomenologist Edith Stein (1891-1942) published her thesis, *Zum Problem der Einfuhlung*, translated as ‘On the Problem of Empathy’. It was based on the assertion that empathy was a way to feel ‘oneself into the experiences of the other person’ (Svenaeus, 2018, p. 742). Stein extended on Lipps’ idea that empathy can help to understand another person’s mental state. Stein was a student of the phenomenologist Edmund Husserl, who supervised her thesis, although her thinking differed from his along with some other theorists such as Lipps (Baseheart, 1988).

Stein described empathy as a three-step process starting with the experiences of another person (the empathee) becoming clear to the empathiser. She suggested that by reading the empathee’s body language an assessment can be made of their

emotional state. At the core of Steins work was the belief that others are available to us to be understood and through this process we can experience their experience (Stein, 1916/1989). Davis (1990) describes this stage as intentional and an attempt to self-transpose or transfer oneself into the empathee's place. Spiegelberg (1986, p. 100) defined self-transposal as requiring some imagination, as we momentarily re-arrange reality:

> In self-transposal, as I shall call the putting of ourselves into the place of others, we leave the origin of the coordinate axes for our world, as it were… all that is imaginary about the product of this imagination is the relationship of these elements, in as much as the real self, transmigrates imaginatively into the other's real place; in other words, self-transposal is merely an imaginary rearrangement of reality.

In the second stage, 'something parallel to a personal experience occurs' (Maatta, 2006, p.6). The empathiser has clarified the empathee's emotional state and in doing so, experiences a similar or 'parallel' emotion. This cannot be the same emotion as felt by the empathee, but something that comes close, based on the empathiser's past experiences. This stage is helpful for nurses, who might feel that they have to 'put themselves in another person's shoes' to truly empathise with them. Importantly. it enables the empathiser to stay connected with their own experiences and retain their sense of self (Hamington, 2004). Stein describes the empathee's experience not as 'experienced by me, but still there, manifesting itself in my non-primordial experience' (Stein, 1916/1989, p.11). Albeit grounded in a non-original way, this stage promotes a strong emotional connection, with both people sharing a similar feeling.

In stage three, the empathiser can return from the connection experienced at stage two, having gained a more complete understanding of the empathee's experience. The self/other distinction, which lies at the heart of Stein's philosophy of empathy, means that the empathiser leaves the interaction not only with further knowledge of the empathee but also having learned more about themselves, and without losing their own sense of self. Maatta (2006, p.8) states that in stage three, 'the feeling of affinity ceases and we become ourselves once more'.

It should be noted that personal thoughts or emotions about the situation might act as blocks which inhibit progress from stage one, meaning that stages two and three are never reached (Svenaeus, 2018). Memories of past painful experiences might stop the empathic response although this could be protective for nursing students who might find the processing of challenging emotions too difficult (Kav et al., 2013). However, reaching stage one is still considered an empathic response as it provides at least an initial understanding of the empathee's emotional state, even if it goes no further (Stein, 1916/1989).

Stein's philosophy of empathy is important in nursing practice as it not only shows how empathy can support understanding of others, but also of ourselves. Through empathy, the nurse becomes more knowledgeable of others, and this is helpful for self-evaluation, as previously held and perhaps unfamiliar values become clearer through the feelings of the empathee:

> We not only learn to make ourselves into objects… but through empathy with "related natures" i.e., persons of our type, what is "sleeping" in us is developed (Stein, 1916/1989, p.116).

Stein also states that when we are faced with people who hold different values to our own, we are prompted to be more self-aware:

> When we empathically run into ranges of value closed to us, we become conscious of our own deficiency or disvalue. Every comprehension of different persons can become the basis of an understanding of value (p. 116).

Reflective Practice to develop Empathy

There is an expectation that nursing students will reflect on and learn from their experiences and thus, reflective practice has become a component of nursing education worldwide (ICN, 2021). Indeed, the ability to reflect on practice is viewed as essential, not only for nurses, but for professional competence in many healthcare professions (Mann et al., 2009).

The Standards of Proficiency for Registered Nurses in the United Kingdom (UK), state that nurses are expected to work in partnership with people to ensure person-centred care practices, which consider the individuals' preferences and

circumstances (NMC, 2018). Similarly, the Nursing and Midwifery Board of Australia's Registered Nurse Standards for Practice specify that nurses must develop their practice through reflection on experiences, knowledge, actions, feelings and beliefs (NMBA, 2016). Practice development of this kind often takes place through experience and Schon (1983) reminds us that some important skills, such as empathy, can only be developed through our own experience and not through formal learning. Reflective learning supports the development of a knowledge base that is grounded in clinical practice and is therefore helpful for the development of empathy.

Dewey (1933, p. 73) advocates that "we learn not from experience…we learn from reflecting on experience". Although reflective practice is a stated requirement of nursing education (ICN, 2021), it is often reduced to a technical approach that is summatively assessed by educators against inappropriate and rigid assessment criteria (Rolfe, 2014). Rather than join the learner on the 'risky journey' of critical reflective practice, educators might be more likely to lead from above, rather than risk exposure to gaps in their own knowledge (Bolton, 2014, p. 53). Further, the way in which learning about reflection is facilitated (often with a focus on 'what went wrong') can leave students feeling inadequate, as there is a recurring assumption that there are deficits in their practice and improvement required, when this might not always be the case (Jack, 2012). Nursing students are often anxious about their clinical learning experiences (Levett-Jones et al., 2015) and balancing academic and clinical demands can be challenging (Chernomas & Shapiro, 2019; Wedgeworth, 2016). The stress caused by the demands of clinical placements can detract from the commitment to provide empathic care unless appropriate support and opportunities to reflect are provided for students (LeBlanc, 2009). As students become more experienced, they need facilitation to develop their own methods of critical reflection, to write their stories and examine their practice, supported by trusted colleagues (Bolton, 2014).

Reflective practice has been linked to the development of self-awareness, which is a process of becoming aware of previously held assumptions and biases. Increasing awareness can reduce the risk of projecting previously held beliefs onto others and, along with active listening, has been positively linked with empathic care provision

(Haley et al, 2017; Younas et al, 2019). However, nursing students can suffer from reflection fatigue, viewing reflection as 'just another box to tick' (Kennison, 2012; Coward, 2012). Traditional reflective models are often unpopular with both students and educators (Timmins & Dunne, 2009; Timmins et al, 2013), although it is argued that it is not the models themselves that are at fault, but the way they have been implemented, in what is sometimes an authoritative rather than supportive manner (Bolton, 2014). Consequently, both students and educators fail to capitalise on the rich and meaningful opportunities which have been described by Johns (2010, p. 6) as learning not just about 'what I do' but 'who I am'. Such reflective practice requires energy but leads to the finding of meaning, vision, healing, and better knowledge of the self (Johns, 2010).

Given the importance of empathy to healthcare education and practice, we propose an innovative and bespoke reflective model to support its development. In contrast to existing reflective models, this suggested approach has been designed specifically to promote empathy. We will show how the philosophy of Edith Stein can be used to support self-exploration and enable nursing students to explore their empathic development. Our focus is appreciative, building on nursing students' existing skills and capabilities and considering how these might be further developed in the pursuit of empathic nursing care.

The Empathic Reflection Model

We suggest that Stein's philosophy is helpful to support a model of empathic reflection, particularly for nursing students, for several reasons; i.) it's clear and direct approach; ii) the focus on the empathiser's self-evaluation and growth, iii) the expectation to relate to another person in a non-original way, iiii) the option for the learner to relate to the empathee at any level. The proposed Empathic Reflection Model supports a focus on growth and development and reduces the pressure on learners to relate to the empathee completely and through all stages, thereby promoting a more affirmative stance (Figure One). The model is cyclical in nature, promoting a focus on ongoing growth in the nursing student. Each empathic encounter teaches learners, not only about the empathee, but more about themselves. This self-learning can then be applied to future empathic situations.

Figure One

(Figure One here)

Prompt questions are provided to enable a story-telling approach and are not to be used rigidly in a survey style (Table One).

Table One

(Table One here)

Table Two presents a narrative example of the model in action.

Table Two

(Table Two here)

Story-telling Approach

Maatta (2006) suggests that educators in both clinical and academic settings can contribute to the development of empathy in others. There are several barriers to empathy development in nursing students including lack of self-confidence and anxiety. Templates used to promote reflective thinking in higher education can exacerbate such negative feelings as they can leave the learner feeling that they are lacking in their empathic ability, rather than consideration being given to how they can build on existing positive practice. These approaches also create the illusion that experiences are more orderly than they really are. Experiences do not have a neat beginning, middle and ending, but are complex and contradictory in nature (Johns, 2010). Opening up experiences through narratives can help make sense of such complexity by providing access to several elements including the psychological and emotional (Bolton, 2014). Writing narratives, or stories, enable us to take 'incidents outside of ourselves' to understand our actions and how we relate to others (Bolton 2014, p. 70). Such reflection on our relational activity is helpful for the development of empathy and learners value support from educators during the process. (O'Donovan, 2006). Central to this activity is the ability to listen to learners and in doing so, educators can create a closer and more equitable relationship (Bagnato et al, 2013). We suggest that reflective discussions between learner and educator are held in an affirmative way, using an appreciative approach. Appreciative reflective

inquiry does not seek to undermine the necessary critical element to learning from experience. However, it seeks to create the safe and secure environment required to encourage the necessary risk taking required to explore nursing challenges with creativity and insight (Bolton, 2014). Reflecting appreciatively can be advantageous as it provides opportunities for educators to draw upon their own experience of 'what went well'. This could then lead to opportunities to embark on a journey alongside the learner leading to growth and change on both sides of the relationship (Bolton, 2014, p. 53).

The philosophy supporting Appreciative Inquiry (AI) is helpful as it focuses on strengths rather than weaknesses (Whitney & Trosten-Bloom, 2010). AI was originally designed as an approach to organisational change but is ideally suited to support empathy development as it engages a participatory approach. This approach aims to positively re-frame an experience, valuing the best in students, staff and organisations. AI is premised on the assumption that there is positive practice to be found everywhere; for example, all students will have some capacity to understand others to a greater or lesser extent. AI encourages story-telling on the part of the student and reduces the interrogatory nature of rigid reflective templates which can restrict rather than enhance reflective thinking. AI enables, not only a discussion of what happened, but also the context in which positive practices take place from the perspective of the student. Blocks to reflection include learners fearing that they will look incompetent or that they lack the ability to create a dynamic story (Bolton, 2014). Good stories are alive and moving, as they chart the learner's journey of becoming (Johns, 2010). From an educator perspective, exploring *what works well* brings energy and dynamism to the story; and celebrating success and encouraging positivity supports the partnership to progress with a collective forward-thinking vision. Indeed, AI has increased in popularity in health and social care research, where asset-based methods and partnership working is crucial (Dewar & Nolan, 2013). Using an AI approach, educators can support and enable students to reflect more deeply and to trial new behaviours and approaches to develop their practice and through this relationship both can embark on new learning (Rolfe, 2014).

Partnership working between educators and students also enables opportunities to discuss self-care. Identifying ways to develop self-compassion might be helpful to prevent occupational stress and burnout. Compassion fatigue is a form of

occupational stress initially described in a nursing context by Joinson (1992). It can occur when nurses witness suffering, illness and trauma on an ongoing basis. Described as ‘emotionally devastating’, it is an unavoidable part of caregiving, with the caregiver’s personality type increasing their susceptibility to it (Joinson, 1992, p. 116). There are several triggers of compassion fatigue including, personal characteristics, previous exposure to traumatic events, response to the stressor and the work environment. Signs of compassion fatigue including sadness, avoidance, detachment and changes in beliefs and assumptions (Sabo, 2011). These changes can be explored both through the story and in subsequent discussions between educator and student, leading to ongoing growth and development. As summarised by Mayeroff (1971), it is only when we can understand what it is to grow, that we can properly understand growth in another and by caring for ourselves, we can care for another.

Conclusion

This paper has proposed a new reflective model, grounded is Stein’s philosophy and specifically designed to enhance nursing students’ empathy skills. The positive, narrative-based appreciative inquiry approach which informs the model, draws on the assumption that most students have the intention and capacity to practice in an empathic manner. Empathy is a positive aspect of nursing practice and something that learners know they should develop. The Empathic Reflection Model presented here, offers a way forward for nursing students to consider their empathic capacity and explore experience as a basis for learning. There is scope for future studies that implement and evaluate the impact of this reflective model on nursing students’ empathy skills.

References

Baseheart MC (1989) Foreword in Stein, E. (1916/1989). *On the Problem of Empathy*. (Stein Waltraut Translation). Washington DC: ICS.

Bagnato, S., Dimonte, V. & Garrino, L. (2013). The Reflective Journal: A Tool for Enhancing Experienced based learning in Nursing Students in Clinical Practice *Journal of Nursing Education and Practice* 3(3), 102 – 111. DOI: 10.5430/jnep.v3n3p102

Bas-Sarmiento P, Fernández-Gutiérrez M, Baena-Baños M, Correro-Bermejo A, Soler-Martins PS, de la Torre-Moyano S. (2020) Empathy training in health sciences: A systematic review. Nurse Education in Practice. 44:102739. doi: 10.1016/j.nepr.2020.102739.

Bolton, G. (2014). *Reflective Practice: Writing and Professional Development* (Fourth Edition). Sage, London.

Chernomas, W. & Shapiro, C. (2013) Stress, Depression, and Anxiety among Undergraduate Nursing Students. International Journal of Nursing Education Scholarship. 10, 1, 255-266. https://doi.org/10.1515/ijnes-2012-0032

Coward, M. (2011). Does the use of reflective models restrict critical thinking and therefore learning in nurse education? What have we done? *Nurse Education Today* 31: 883 – 886. DOI: http://dx.doi.org/10.1016/j.nedt.2011.01.012

Cranton, P. (2016) Understanding and Promoting Transformative Learning: A guide to theory and practice. Virginia: Stylus.

Davis, C.M. (1990). What is empathy, and can empathy be taught? *Physical Therapy.* 70(11), 707-711. DOI: 10.1093/ptj/70.11.707

Dewar, B. & Nolan, M. (2013). 'Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting'. *International Journal of Nursing Studies*. 50(9) pp. 1247-1258.

Dinkins CS (2018) Ethics: Beyond patient care: practicing empathy in the workplace. *Online Journal of Issues in Nursing*. 16, 2, 11.

Elliott, C.M. (1999). *Locating the Energy for Change: A Practitioners Guide to Appreciative Inquiry.* Winnipeg: IISD

Everson N, Levett-Jones T, Pitt V. (2018) The impact of educational interventions on the empathic concern of health professional students: A literature review. Nurse Education in Practice 31, 104-111. doi: 10.1016/j.nepr.2018.05.015.

Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Executive Summary*. London, UK: The Stationery Office.

Håkansson Eklund, J., Holmström, I.K., Kumlin, T., Kaminsky, E., Skoglund, K., Höglander, J., Sundler, A.J., Condén, E., Summer Meranius, M. (2019). "Same same or different?" A review of reviews of person-centered and patient-centered care. Patient Education and Counselling. 102,(1), 3-11. doi: 10.1016/j.pec.2018.08.029.

Haley B, Heo S, Wright P et al (2017) Relationships among active listening, self-awareness, empathy, and patient-centered care in associate and baccalaureate degree nursing students. Nursing Plus Open. 3, 11–16. doi: 10.1016/j.npls.2017.05.001

Hamington, M. (2004). *Embodied care: Jane Adams, Maurice Merleau-Ponty and feminist ethics*. Chicago: University of Illinois Press.

Hatfield, E., Rapson, R.L., Le, Y.C. (2011) Emotional contagion and empathy. Social Neuroscience. Empathy 19 January.

Hindle, D., Braithwaite, J., Travaglia, J., & Ledema, R. (2006). Patient Safety: A comparative analysis of eight Inquiries in six countries. Sydney: Clinical Excellence Commission. Retrieved from http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0009/258273/patient-safety-report.pdf (Last accessed 27/3/2022)

International Council of Nurses (2021) International Code of Ethics for Nurses. Retrieved from https://www.icn.ch/system/files/2021-10/ICN_Code-of-Ethics_EN_Web_0.pdf (Last accessed 30/3/2022)

Johns, C. (2010). Guided Reflection. A narrative approach to advancing professional practice. Second Edition. Wiley Blackwell, Chichester, UK.

Joinson, C. (1992) Coping with Compassion Fatigue. *Nursing*. 4(22), 116–21

Kav, S., Citak, E., Akman, A., & Erdemir, F. (2013). Nursing students' perceptions towards cancer and caring for cancer patients in Turkey. *Nurse Education in Practice* 13, 4–10. DOI: https://doi.org/10.1016/j.nepr.2012.05.010

Kennison, M. (2012). Developing Reflective Writing as Effective Pedagogy *Nursing Education Perspectives*. 33, 306-3115.

LeBlanc, V.R. (2009) The effects of acute stress on performance: implications for health professions education. *Academic Medicine*. 84, 10, S25-S33.

Leplege A, Gzil F, Cammelli M, Lefeve C, Pachoud B, Ville I. (2007). Person-centredness: conceptual and historical perspectives. *Disability & Rehabilitation.*15,(20-21)1555-65. doi: 10.1080/09638280701618661.

Levett-Jones, T., Pitt, V. Courtney-Pratt, H., Harbrow, G. & Rossiter, R. (2015). What are the primary concerns of nursing students as they prepare for and contemplate their first clinical placement experience? *Nurse Education in Practice.* 15(4), 304-309. doi:10.1016/j.nepr.2015.03.012

Levett-Jones T, Lapkin S, Govind N, Pich J, Hoffman K, Jeong SY, Norton CA, Noble D, Maclellan L, Robinson-Reilly M, Everson N. (2017) Measuring the impact of a 'point of view' disability simulation on nursing students' empathy using the Comprehensive State Empathy Scale. Nurse Education Today. 59, 75-81. doi: 10.1016/j.nedt.2017.09.007

Levett-Jones, T. & Cant, R. (2019). The Empathy Continuum: An evidenced-based teaching model derived from contemporary nursing literature. Journal of Clinical Nursing. 29(7-8), 1026-1040.https://doi.org/10.1111/jocn.15137

Maatta, S.M. (2006). Closeness and distance in the nurse-patient relation. The relevance of Edith Stein's concept of empathy. *Nursing Philosophy*. 7, 3-10. DOI: https://doi.org/10.1111/j.1466-769X.2006.00232.x

Mann, K, Gordon, J. & MacLeod, A. (2009). Reflection and reflective practice in health professions education: a systematic review. *Advances in Health Science Education*. 14, 595 – 621 DOI: 10.1007/s10459-007-9090-2

Matravers D (2017) *Empathy*. Polity Press, Cambridge

Mayeroff, M. (1971). *On Caring*. Harper Perennial, New York.

McCormack, B & McCance, T. (2017). *Person Centred Practice in Nursing and Healthcare: Theory and Practice*. Wiley Blackwell, Oxford.

McKinnon J (2018) In their shoes: an ontological perspective on empathy in nursing practice. *Journal of Clinical Nursing* 27, 21-22, 3882-3893. doi: 10.1111/jocn.14610

Mezirow, J. 1997.Transformative Learning: Theory to Practice. New Directions in Adult and Continuing Education 74, 5-12. DOI: 10.1002/ace.7401

Mezirow, J. (2003) Transformative learning as discourse Journal of Transformative Education 1 (1), 58 - 63 DOI: https://doi.org/10.1177/1541344603252172

Montag C, Gallinat J, Heinz A (2008) Theodor Lipps and the concept of empathy: 1851-1914. *American Journal of Psychiatry*. 165, 10, 1261. doi: 10.1176/appi.ajp.2008.07081283

Morse JM, Anderson G, Bottorff JL et al (1992) Exploring empathy: a conceptual fit for nursing practice? *Image – the Journal of Nursing Scholarship*. 24, 4, 273-280. doi: 10.1111/j.1547-5069.1992.tb00733.x

Nursing and Midwifery Council (2018) *Future Nurse: Standards of Proficiency for Registered Nurses*. London: NMC.

Nursing and Midwifery Board of Australia (NMBA) (2016). *Registered nurse standards for practice (2016)*. Retrieved from *<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx >*. (Accessed: 2/4/2022)

O'Donovan, M. (2006). Reflecting during clinical placement – Discovering factors that influence pre-registration psychiatric nursing students Nurse Education in Practice 6(3), 134 – 140. DOI: 10.1016/j.nepr.2005.10.005

Olsen D (1991) Empathy as an ethical and philosophical basis for nursing. *Advances in Nursing Science* 14, 62 - 75

Rogers CR (1957) The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology.* 21, 2, 95-103.

Rolfe, G. (2014) Rethinking Reflective Education: What would Dewey have done? *Nurse Education Today*. 34, 1179 – 1183 DOI:10.1016/j.nedt.2014.03.006

Sabo, B. (2011) Reflecting on the Concept of Compassion Fatigue. *The Online Journal of Issues in Nursing.* doi:10.3912/OJIN.Vol16No01Man01.

Schon, D.A. (1983). The reflective practitioner: How professionals think in action. New York, NY: Basic Books

Spiegelberg H. (1986) Putting Ourselves into the Place of Others: Toward a Phenomenology of Imaginary Self — Transposal. In: Steppingstones Toward an Ethics for Fellow Existers. Springer, Dordrecht. https://doi.org/10.1007/978-94-009-4337-7_6

Stein, E. (1916/1989). *On the Problem of Empathy*. (Stein Waltraut Translation). Washington DC: ICS.

Svenaeus, F. (2018). Edith Stein's phenomenology of sensual and emotional empathy. *Phenomenology and the Cognitive Sciences*. 17: 741-760. (Accessed 30.12.2021) https://link.springer.com/article/10.1007/s11097-017-9544-9

Timmins, F., & Dunne, P.J. (2009). An exploration of the current use and benefit of nursing student portfolios. *Nurse Education Today*. 29, 330 – 341 DOI: 10.1016/j.nedt.2008.12.010

Timmins, F., Murphy, M., Howe, R. & Dennehy, C. (2013). "I hate Gibb's reflective cycle 1998" (Facebook©2009): Registered nurses' experiences of supporting nursing students' reflective practice in the context of student's public commentary. *Procedia – Social and Behavioural Sciences* 93, 1371 – 1375 DOI: 10.1016/j.sbspro.2013.10.046

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, 34 – 40.

Watson, M.J. (1988). New Dimensions of Human Caring Theory. Nursing Science Quarterly. 1(4), 175 – 181.

Watson, J. (2003). The Attending Nurse Caring Model®: integrating theory, evidence and advanced caring-healing therapeutics for transforming professional practice. *Journal of Clinical Nursing*. 12: 360 – 365.

Wedgeworth, M. (2016) Anxiety and education: An examination of anxiety across a nursing program. *Journal of Nursing Education and Practice*. 6, 10, 23-32.

Whitney, D., & Trosten-Bloom, A. (2010). *The Power of Appreciative Inquiry; A Practical Guide to Positive Change*. 2nd ed. Oakland: Berrett-Koehler.

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

Younas A, Rasheed SP, Sundus A et al (2019) Nurses' perspectives of self-awareness in nursing practice: a descriptive qualitative study. *Nursing and Health Sciences*. 22, 2, 398-405. doi: 10.1111/nhs.12671

Zhu Y, Yang C, Zhang J, Chen B. (2021) Developing an empathy educational model (EEM) for undergraduate nursing students: A Delphi Technique. Nurse Education in Practice. 50, 102922. doi: 10.1016/j.nepr.2020.102922.

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