

Explore Best Practices in Family Nursing in Kenya: Empathy as a Value in Caring

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Abstract

Introduction: Empathy is an affective-cognitive concept that has a rationally mediated set of responses. Family forms the basis of societal identity, kinships and survival. Through families the basis of caring, socialisation and identity for individuals is established. Family empathy ensures that family members care for one another as a shared responsibility. This study aimed at describing empathy characteristic values in caring.

Methodology: An explanatory sequential design was used to conduct a qualitative research at Kenyatta National Hospital. A purposive sample of thirty-two nurses was randomly assigned to three focused groups for discussions. Data collection was by verbatim notes and recorded tapes. Data analysis was by correspondence and thematic analysis.

Findings: Empathy involves displaying kindness and concern for others while caring is the state of being aware or informed about needs and intervening to meet that need. The relationship between empathy and caring was significant ($p=0.000$; $p=0.05$). Empathy as a value in caring was characterized by kindness, tolerance, listening, understanding and being available to intervene in patient needs. Caring was viewed as ability to achieve patient healthcare satisfaction, boost self-image and esteem for nurses, professional pride, and encouraging social cohesion and fosters national unity.

Conclusion: Empathy has its values in family and social structure. A functional family structure prepares individuals to embrace values of empathy and care for others as a personal responsibility. Caring nature of nurses has benefits for both nurses and patients.

Keywords: Empathy, Caring, knowing, Family nursing, Family empathy.

Introduction

The concept of empathy in family nursing

Family nursing seeks to empower families and the members therewith to remain healthy or seek expert interventions whenever care need arises. Family forms the basis of societal identity, kinships and survival. Through families the basis of caring, socialisation and identity for individuals is established. Within a family, "family empathy" ensues that family members embrace the art of caring for one another as a shared responsibility. In nursing, a stranger (nurse) is entrusted in the care and continuity of family empathy due to mutually trusting relationships nurses establish with patients and families. Outside own family, people tend to identify much easier with those persons who can evoke our caring tenets that we learned in our families because caring is a value that is related to communicating our concern to other persons in a gentle way. Communication within the context of a family helps to achieve the desired chemistry amongst members of such an emotional intense structure (Pembroke, 2007). Carelessness is not an option to anyone who owes to a functional family; we have to care for

one another at all times. The caring values of our society reflects the caring statuses of our families. If we don't care, we may have a challenge in our empathetic ability or focus [1]. Caring attitudes and practices have been heavily linked with empathy. Empathy characterises the values in caring regardless of whether the care is offered by the family member or a trained healthcare professional (stranger). There seems to be no such concept as "family empathy". Therefore, by suggesting this concept, we intend to adequately illustrate the family as the core structure where empathy can be considered as a value in caring. We hope our research findings will be adequate to clarify its importance and operational meaning.

Human beings are not exclusively the only organizations in nature having ability to show empathy. Researchers at McGill University in Canada put mice couples to look at one another as one of the two animals received pain stimuli. They remarked with surprise, that there was a statistically significant behavioural change in pain even in the mouse-observer (Langford, et al 2006). Observing a member of family go through excruciating experience evoked empathy. Although empathy is not always as the result of previous experience, painful experiences can provoke fear, negative emotionality and behavioural changes towards intentions to help to relieve

distress. Empathy helps in taking perspectives to understand other person's emotional-social status. Empathy related behaviours are mainly non-verbal contacts between people towards care (Goldie, 2000). In this context, what is important is the degree of empathy assumed by the individual and not as necessarily attributed to the stimulus. Emotionality and behavioural representation of empathy has a wider locus than earlier thought. Both emotions and behaviours have intentionality or non-intentionality. According to Blackman, 2013, an emotion's intentionality supervenes on (but is often not identical to) the intentionality of only one of its subvening members, specifically, the evaluative representation [2]. Behavioural manifestation of empathy has a variety of values. These values include social imagination and positioning; the ability to correctly imagine what another person is feeling and be in their situation, effective communication; ability to confer the right messages about feelings of self and others, and showing kindness.

Empathy related behaviours have been implicated with functional patient-nurse interaction and better patient health outcomes. Despite its importance, empathy has not been well understood and explored in the perspectives of it as a trainable skill or as a competence that needs to be developed and sustained. Errant levels of empathy in nursing practice have been reported in Kenya and have negative effects in the overall perception of nurses by general public.

Care Delivery Protocols – Caring Cycle in family Nursing (Kenya)

The art of nursing is the ability to connect with those around us. It has always been the nurses take up caring responsibilities as their assigned roles. In the context of this study, nurses took up the roles of patient care, teaching, support, communication, medication, and coordination patient care processes. Nurses provided comfort and hope to the patients and their families. Nurses were just prepared and motivated and just knew what to do to meet patient's care needs. Nurses actually know when to hold a patient's hand, when to stroke their brow, crack a joke or just sit and listen.

This continuum suggests that care comes in many forms. The principles of nursing practice is that care is provided at all levels of family cycles in health: To prevent and treat disease, promote health, offer specialized, high quality health care and to maintain a healthy lifestyle. The perspective of the caring presence and connectedness of the care giver, the integration of knowing, understanding, caring and the exploration of the meaning that patients and families attach to health, sickness, recovery or death. This connection according to Cardillo can create an environment that allows patient to fully participate in their own recovery process while maintaining their social and familial dignity and receiving their deserved care [3]. Caring for health helps them remain healthy and live a healthy life but sometimes, they might fall sick. When they fall sick, they assume sick role and prescribed care is recommended to them; some recover others develop complications and others may not recover; they die with honor. This is illustrated in the proposed care continuum concept on figure 1.

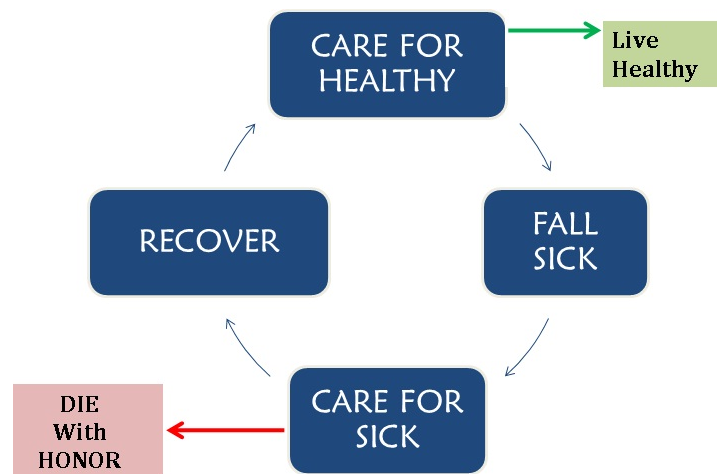


Figure 1: Care Continuum Concept of family nursing in KENYA.

Logical Positioning of Caring and Empathy Empathy and Caring for Pain

Empathy and caring are pairs which provoke response to a need for those who are sick, suffering or both. Socialists suggest that even those without diseases or without suffering may require some degree of care. In most occasions, whenever pain comes our way, we deserve to be cared for. Pain is not exclusively physiological but also includes spiritual, emotional and psychosocial dimensions [4]. The goal of pain management throughout the life cycle is the same – to address the dimensions of pain and to provide maximum pain relief with minimal side effects. Review of the literature, anecdotal reports and dialogue with colleagues reveals that the majority of patients do not receive adequate pain management [5]. The inadequacy of pain care may not be pharmacological only but also social-cognitive perspectives. Inculcating empathy would help caregivers to provide adequate interventions in pain management. Caring involves, having the right information at the right time (understanding) and using that information correctly to alleviate suffering (empathy) for the benefits of self and others in the current advances in science and technology [6].

Perspectives of Caring and Empathy

The way we are socialized, or brought up in our families and social development, is important in determining whether we can correctly view empathy and caring as a personalized responsibility for others. Stueber, (2011) recognizes that one of the most useful ways to look at empathy for the purpose of the life and work of nurses may be to take empathy not as a feeling or an instinct but as a practice, a competence and a life-skill. The perspectives of caring the body include; knowing, understanding and empathy. Caring involves displaying kindness and concern for others while knowing is the state of being aware or informed [7]. Anecdotes indicate that, people do not care how much we know until they know how much we care about them. This phrase is drawn from works of John Maxwell who got it from Howard Hendricks who got it from Theodore Roosevelt who internalized it from Jesus Christ when he washed his disciple's feet. Therefore, to provide a high quality nursing care, nurses need to make it known to patients and significant others that nurses know when, where, why

and how to care for those in need of nursing care. The scope of this type of understanding is cognitive empathy – we cannot just teach and preach at people, we have to show them care as well [8]. This perspective would promote a desire to know how to care, and actually care about people at all times.

Methodology

This study is a follow up of a quantitative research performed to evaluate and describe the relationship and challenges of developing and sustaining empathy among nurses in Kenya. An explanatory sequential design was used to conduct a qualitative research at the Kenyatta National Hospital. A purposive sample of thirty-two nurses were randomly assigned to three focused groups for discussions. Data collection was by taking verbatim notes and audio recordings. Data analysis was by triangulation of methods. Correspondence analysis and thematic analysis methods were used.

Results

Understanding and Caring

Understanding and caring were used in this study as much related perspectives. Actually, the meaning of understanding in caring perspectives is; recognition of self-worth and value for others, knowledge of what pain is, processes to alleviate pain, knowledge of patient’s perspectives and dimensions of pain, care and empathy. Caring to know the other person’s pain and how to relieve it, is important tenet in nursing profession. Knowledge is a gift which depends on caring so that it is made useful. Understanding can make our caring acts more productive and fruitful. Being a caring nurse requires a very strong, intelligent, calm and compassionate person to take on the ills of the world with passion and purpose and work to maintain the health and well-being of human beings. Caring for a sick person would take us several days of empathy and caring.

Correspondence Analysis

For correspondence analysis, the responses from all the thirty-two (32) nurses were recorded and notes taken during the focused group discussions. For each, the variable EMPATHY recorded traits or values in caring and empathy as a competence that have many skills. The variable CARING recorded characterizations that are considered essential to the care givers. Two dimensions were encountered during the analysis. The dimensions were variables aforementioned. A simple correspondence analysis was conducted at 0.05 alpha levels. Chi-square showed significance ($\chi^2=91.6$, $\chi^2=55.7$) relationships between empathy values and caring. The results revealed how nurses identified and characterized empathy as a value in caring as shown in figure 2.

Summary of multiple points in the plot:

Point	Actual Label
(1)	Understanding
(1)	Gentle
(2)	Altruistic
(2)	Professional image
(3)	Cordiality
(3)	Self esteem

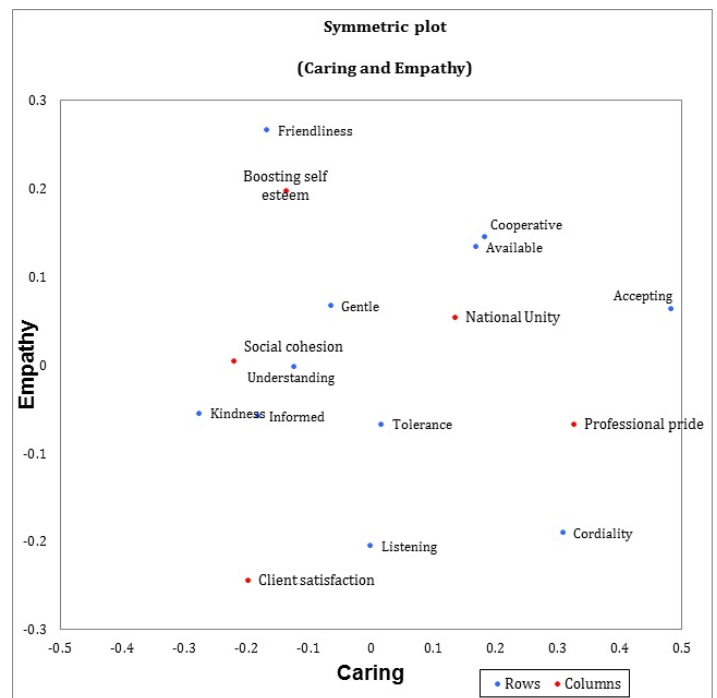


Figure 2: Correspondence Analysis - Empathy dimension by Caring dimension.

Thematic analysis

With empathy as a value in caring as the main category, various themes emerged as shown in table 1.

Category	Themes	Keywords
Empathy as a Values in caring	Gentleness	Less painful interventions, pre-medication, soothing massages, pressure relieving
	Accurate listening	Active listening, accurate social imagination, confirming messages, non-verbal cues
	Kindness	Loves caring, loves people, ready to help, available when needed, has a welcoming heart, good spirited and a forgiving individual
	Social cohesion	Encourages unity, promotes equality, well informed in terms of care protocols and standards, ethical and friendly to all persons

Table 1: Focused Group Discussion – Categories, themes and keywords.

The data shows that nurses perceived self and colleagues as groups at risk from antagonistic responses from patients and relatives who do not receive the expectations from the health care prescribed.

Conclusion

Knowing proves to be vital but caring determines the correct use of the knowledge. Knowledge alone may bring pride but caring promotes empathy as essential values in caring for sick or health people. Having knowledge and caring skills is incomplete until decide to give out to those in need of it, be charitable. All the health care professionals are guided by the same principle of providing holistic care to the human person. The nurses must continue to

build on the positive values of empathy in caring, self-control, listening and being listenable [9].

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