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# Teaching Empathy and Other Compassion-Based Communication Skills

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Empathy plays an important role in comprehensive nursing care. Empathy outcome research shows that exposure to an empathetic person has a palliative and even healing effect on patients. Teaching nurses how to communicate with empathy is crucial to unleash the true potential that empathy has to transform and heal. Four active listening skills and six compassion-based skills are defined. A suggested training rubric appropriate for use in multiple training contexts is provided.

There is broad consensus in the nursing profession regarding the important role that empathy plays in comprehensive nursing care. Empathy is such a broad topic, that researchers approach it from multiple perspectives. Recent neuroscience evidence now seems to implicate a distinct emotional mirror neuron system subserving the uniquely human capacity for empathy. "The instantaneous understanding of the emotions of others, rendered possible by the emotional mirror neuron system, is a necessary condition for the empathy, which lies at the root of most of our more complex inter-individual relationships" (Rizzolatti & Sinigaglia, 2008, pp. 190–191). Evidence now indicates that humans are prewired with the capacity to make deeply intimate, emotional connections with others. Caring is in our very nature.

Kelley, Lepo, and Frinzi (2011) reviewed the literature and compiled several strategies that nurses can utilize to enhance their experience of empathy. Techniques such as knowledge-informed imagery, mimicking, contextualizing, and participating in simulation exercises are useful methods for assisting nurses to develop greater empathy for patients. However, these techniques, although useful for enhancing nurses' subjective experience of empathy for patients, are not the same as developing the communication skills needed to accurately convey that subjective experience to the patient in a way that has palliative value.

When a nurse can verbally communicate his or her understanding of what a patient is experiencing, he or she is enacting an empathetic connection to the patient, which has transformative and healing power (Elliott, Bohart, Watson, & Greenberg, 2011; Rogers, 1957). Although teaching nurses to experience greater levels of empathy is very valuable, teaching nurses how to accurately, genuinely, and effectively communicate their empathetic awareness (i.e., show understanding) is absolutely crucial.

Morse, Bottorff, Anderson, O'Brien, and Solberg (1992/2006) emphasized other compassion-based techniques designed to provide comfort to patients. The techniques identified by Morse et al. include pity, sympathy, consolation, compassion, commiseration, and reflexive reassurance.

## COMMUNICATION: GENERAL INFORMATION

The effective demonstration of empathy and compassion involves a conversation (however long or brief it may be) between the nurse and the patient. When demonstrating empathy, the patient is encouraged to do the talking (to tell his or her story or explain his or her concerns), and the nurse has the opportunity to make a connection with the patient. The nurse can do this most effectively not just by "being quiet and just listening" (although, at times, that is an effective method) but also by actively showing the ability to understand and relate to the emotions behind what the patient is expressing about his or her experience. When demonstrating compassion, on the other hand, the nurse typically initiates the conversation by making a statement about the patient's condition or suffering to comfort the patient.

## THE DEMONSTRATION OF EMPATHY AND COMPASSION: NONVERBAL COMMUNICATION SKILLS

A nurse's experience of affectively attuned, accurate empathy and compassion takes on truly transformative power

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when it can be communicated to the patient. This communication process occurs via two main channels: nonverbal and verbal. As nurses participate in a conversation with a patient, engaging a few, simple, nonverbal techniques will ensure that a strong foundation is being laid for making an effective empathetic connection.

The primary nonverbal channels include the following: (1) body orientation—whenever possible, position the body in a way that is oriented toward the patient; (2) eye contact—occasional direct eye contact can often be a key ingredient in making an empathetic connection to a patient; (3) head nods—this simple, yet powerful, nonverbal action communicates to the patient that the nurse is listening to what the patient is expressing; and (4) voice tone and vocal rhythm—the tonal and rhythmic matching of the nurse's words and mannerisms to the patient's communication style.

It may be easy to dismiss the significance of nonverbal communication skills; however, when poor communication occurs, it often includes weak use of nonverbal skills. Second, the patient's cultural background must always be taken into account as the appropriateness and meaning of some of these skills vary by culture. For example, eye contact can be off-putting to those of Asian descent, and standing too far away can be off-putting for those from many Spanish speaking cultures.

## THE DEMONSTRATION OF EMPATHY AND COMPASSION: VERBAL COMMUNICATION SKILLS

The term "active listening" denotes the set of verbal skills, primarily derived from counseling psychology, that a nurse can use to show that he or she is listening attentively and understanding accurately what the patient is experiencing. They represent the skills associated with demonstrating the nurses' experience of empathy. Each of the skills is defined below. In practice, the use of both the nonverbal and verbal (active listening) skills occurs in a natural give-and-take between the nurse and the patient.

### Demonstrating Empathy Using Active Listening

#### *Transitional phrases*

Occasionally saying "Umhm," "I see," "Okay," and "Go on" provides important signals to the patient that the nurse is attentively listening and encourages the patient to continue talking.

#### *Parroting response*

With a parroting response, the nurse repeats, verbatim, what the patient said. Sometimes, this is said as either an exclamation or with a questioning tone of voice. Be careful not to use this technique excessively as it will tend to inhibit the patient from saying more.

#### *Paraphrasing*

The nurse uses his or her own words to recommunicate the same meaning of what was just said by the patient. This is one of the two most frequently used verbal strategies for effectively communicating accurate empathy.

#### *Reflection of feelings*

This technique is the single most powerful verbal response a nurse can make. To do this, the nurse must listen for the emotion being expressed "between the lines" of the patient's words and state that observation back to the patient. Experience has shown that it is often helpful to start with phrases such as "It sounds like you're feeling…," "I hear you saying that…," or "You sound... (fill in feeling word)."

### Demonstrating Compassion Using Comfort Skills

Morse et al. (1992/2006) identified verbal skills they collectively refer to as comfort skills because patient comfort is the expected, potential outcome for a patient when a nurse correctly uses the skills. They represent the skills associated with demonstrating the nurses' experience of compassion.

#### *Pity*

An expression of pity is an attempt to express regret or sorrow to someone who is suffering because of extreme pain or extreme distress. The intent is to "facilitate the sufferer's acceptance of reality, which hastens the adjustment period and allows the patient to attain comfort sooner" (Morse et al., 1992/2006, p. 78). When a nurse genuinely feels deep sorrow for the patient's suffering, a statement of pity is an attempt to verbalize this internal emotional state. It is designed to confirm the patient's reality/situation in a way that allows the patient to move forward in the healing process. This skill is typically used only in the beginning stages of suffering when patient denial of the full impact of the patient's condition is likely to be at its strongest.

#### *Sympathy*

"In contrast to pity, sympathy is an expression of the caregiver's own sorrow at another's plight. It has an 'I' focus expressing 'I'm sorry' rather than 'poor you'" (Morse et al., 1992/2006, p. 78). With sympathy, the nurse is observing his or her own internal emotional state and verbally expressing it to the patient. The intent of an expression of sympathy is to validate the legitimacy of the patient's suffering. Such emotionally congruent validation can bring great comfort to a patient in distress.

#### *Compassion*

With compassion, a nurse is sharing in the suffering being experienced by the patient and expressing that shared experience to both strengthen and comfort the patient. "…[R]ather than being an expression of the caregiver's

sorrow (as in sympathy), the compassionate caregiver echoes the sufferer's sentiment and shares in the suffering" (Morse et al., 1992/2006, p. 80). Genuine compassion is emotionally difficult for the nurse because it often requires a confrontation with his or her own mortality or past experiences with pain in a way that is quite vivid and revealing.

### *Consolation*

To console someone is to offer words of encouragement or soothing during times of suffering, pain, or distress. A nurse can offer consolation to a patient in multiple ways with words that are designed to inform, support, provide a different perspective, or offer hope at a time of despair.

### *Commiseration*

Nurses also have their own health issues with which they have had to cope. When a nurse is able to share his or her past encounters with illness, pain, suffering, or experiences of distress with a patient going through the same or very similar experience, a powerful healing opportunity is created. "While commiserating, the caregiver and the sufferer share a feeling of identity, enabling the caregiver to listen and communicate sincere expressions of agreement and understanding" (Morse et al., 1992/2006, p. 81). In commiseration, there is a joining together between nurse and patient around their shared experience, where the patient, in essence, borrows from the nurse the necessary resources to bear his or her suffering, cope with pain, or overcome distress. This is often why participation in a support group is so helpful to many patients and is what Yalom (1995) referred to as "universality," one of the curative factors in group psychotherapy.

### *Reflexive Reassurance*

The purpose of offering reassurance to a patient is to alleviate anxiety, worry, and uncertainty. Such expressions must, of course, be honest and should not be designed to offer false hope or be based on knowledge that the nurse does not actually have about the patient or his or her prognosis.

It is useful to draw the following distinction between the active listening skills and the comfort skills. With active listening, the nurse is typically responding to something the patient has said. The purpose of active listening is to prove that the nurse accurately heard and understood the true meaning of what the patient was saying, especially understanding the emotions behind what the patient was saying. Meanwhile, with the comfort skills, the nurse is typically initiating the conversation or making an unsolicited comment designed to encourage the enhancement of patient comfort. To truly do this well requires that the nurse have experienced a felt sense of empathy for the patient's distress and, from that place of empathetic awareness, seeks to foster greater patient comfort.

These strategies, although basic, have been consistently found to be powerful methods for demonstrating accurate empathy and fostering great comfort. When practiced with skill and care, use of these skills can facilitate a powerfully transformative and even healing connection with another person.

With practice comes the ability to use the skills naturally, without the responses sounding staged or fake.

## PROFESSIONAL DEVELOPMENT IMPLICATIONS

Regardless of the context for educating nurses in the skills detailed in this article, the following rubric would be appropriate.

### Step One: Reading

An instructor would begin by providing a didactic lesson on these communication skills. Providing copies of work on this topic (Hojat, 2009; Kelley et al., 2011; Neukrug, Bayne, Dean-Nganga, & Pusateri, 2013; Pavletic, 2011) will give learners a framework on which to build a thorough understanding of the principles of effective compassion-based, empathetically enhanced communication.

### Step Two: Modeling

The instructor would initiate a series of role-playing scenes. Learners are asked to generate hypothetical nurse–patient situations that then serve as materials for discussion. The instructor takes on the role of the nurse to show the skills, whereas the learner takes on the role of the patient. After each "scene" is enacted, the other participants can then be challenged to identify the specific skills used by the instructor and make comments about the effect on the "patient."

### Step Three: Practice

(1) Small groups of learners (two to four per group) are asked to practice use of the various skills, with one playing the part of the nurse, another playing the patient, and the remaining members serving as observers to provide feedback after each scene is practiced. Multiple scenarios can be loosely scripted or the scene "set up" by the instructor, using learner-generated situations or those provided by the instructor. (2) Another way to practice using these communication skills is to have the learners write process recordings of interactions with patients, friends, and family members where these skills in clinical and real-life situations are identified.

With sufficient practice and effort, a nurse can engage in a highly attuned, empathetically rich conversation smoothly, naturally, and without much effort. The nurse can verbally show high levels of compassion that lead to significant reductions in patient distress and foster in the patient the experience of having been truly comforted.

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