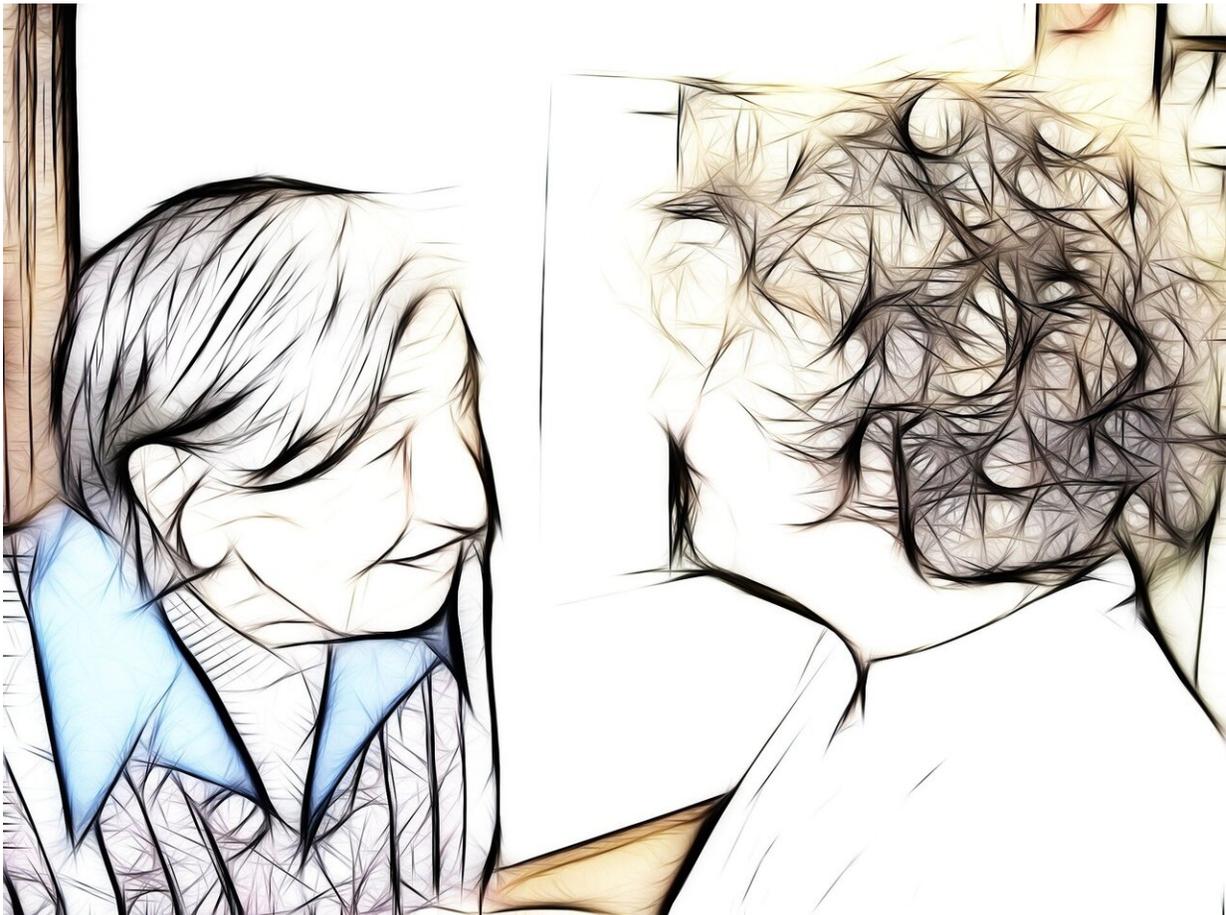


Learning empathy as a care giver takes more than experience

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Poverty takes a toll on health in many ways. It often causes malnutrition

and hunger, creates barriers to access basic resources, and can also impact well-being in more subtle ways linked to social discrimination and exclusion. Nurses, one of the most important healthcare providers, serve both as advocates for patients and as their most constant caregivers. They are trained to provide compassionate care to all. New research from Thomas Jefferson University shows that existing training may not adequately challenge nursing students' pre-existing assumptions about poverty, and that more needs to be done to help nurses reflect on their role in combating the societal stigma of poverty.

"We should be trained, as nurses, to empathize with our patients and ultimately to help close the gap in health disparities," says author Karen Alexander, Ph.D., RN, "In our research, we wanted to look at whether or not [past experiences](#) with [poverty](#) (either lived or as a [volunteer](#)) gave nurses a stronger sense of empathy towards populations experiencing poverty."

The results were published March 5th in the *Journal of Nursing Education*.

The researchers surveyed 104 nursing students using the Jefferson Empathy Scale, an internationally-used tool to measure empathy in healthcare contexts, and a second validated survey called Attitudes Towards Poverty (short form) at one time point. They also collected demographic information on students, which included questions on exposure to poverty through lived experience or volunteer experience, as well as age, gender, ethnicity, religion and others.

"What surprised us at first was that [personal experience](#) with poverty didn't necessarily yield higher empathy scores," says Dr. Alexander. "In fact, the scores were the same as average. What was more surprising was that those students who had interacted with poverty through volunteer experiences had lower [empathy](#) scores than the remainder of the cohort."

"The volunteer experience is central to a lot of medical and nursing-school pedagogy," says Dr. Alexander. "It's this idea that exposure is enough to help challenge assumptions, and remove stigma. But it may not have the effect we think it's having. Our results suggest that service learning isn't enough, and it may be, in fact, detrimental."

Students may bring their biases to volunteer experiences, Dr. Alexander explained, and may have those biases confirmed rather than challenged.

One intervention that Dr. Alexander finds particularly useful to gently help identify and help dismantle each [student](#)'s pre-existing opinions surrounding poverty is self-reflection through journaling and peer-reflection and discussion.

"It's important for students to be able to see themselves in their patients. To think 'that could be me or someone I know.' It's hard to get to that position in the absence of a meaningful relationship," says Dr. Alexander.

More information: Karen Alexander et al, The Relationship Between Past Experience, Empathy, and Attitudes Toward Poverty, *Journal of Nursing Education* (2020). [DOI: 10.3928/01484834-20200220-07](https://doi.org/10.3928/01484834-20200220-07)

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