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Abstract

Nurses and actors both require the ability to demonstrate empathy in their practice. Mastering communication skills and techniques can inform an empathetic response. This skill is particularly important for nurses working in paediatric palliative and end of life care but there is lack of consensus whether empathy can be taught. The process an actor follows when getting into character incorporates drawing on personal emotive experiences and necessitates being receptive to others on stage in order to 'journey' from listening and empathising to actually being a character. We have translated this practice into the way we teach nursing students to communicate empathy.

Keywords

INTRODUCTION

The ability to demonstrate empathy is essential to the practice of both nurses and actors yet portraying empathy may not equate with 'feeling' empathetic. The claim is based on Rogers' (1959) early thinking, that empathy is '..perceiving the internal frame of reference of another with accuracy and with emotional component and meanings which pertain hitherto as if one were the person, but without ever losing the 'as if' condition' (Rogers, 1959, pgs. 210-211). Reynolds (2017) states that empathy is integral aspect of all helping relationships, of which nursing is, and scholars have over the years tried to understand this phenomenon and how it develops in humans. Exploring nursing and drama students' understanding of empathy can inform teaching and learning practices. Empathy is considered one of the most effective skills employed when caring for dying people and their close families. However, one big challenge is how nurses and actors transform such an elusive construct into practice and help patients. Nursing and drama students' thoughts on empathy were ascertained following their involvement in a participatory performance developed from a teaching workshop exploring communication skills like empathy in palliative and end of life care. In this paper the concept of empathy and the perspectives of both student groups are explored.

BACKGROUND

Empathy is thought to emanate from the German word '*Einfulhlung*' (Wispe, 1986) literally meaning "in-feeling" but its conceptualisation may back date to the beginnings of philosophical inquiry (Stotland 'et al.', 1978). Batson (2009) describes five rationales for how the thoughts and feelings of another person can be known. These include projection into the context the observed is experiencing and imagining how they are feeling; the action either singular or collective rationale. Current neuroscientific research around the affective and cognitive components of empathy whilst bringing new insights into how we understand and share

emotional responses, also demonstrates the need for further neuroimaging research into types and forms of empathy and their inter-relation (Batson, 2015; Ferrari and Coudé, 2018). Whilst motivation to help someone arising from witnessing their distress was once perceived egoistic (aiming to relieve the impact of witnessing distress), an altruistic motivation for empathy is accepted when recognising associated negatives, such as altruistic behaviour resulting in injury, or even death (Batson, 2015).

Empathy in nursing practice

The idea and function of empathy is often associated with evidence of negative states, such as distress, suffering or grief, in the other person. In palliative care today, health care professionals tend to recognise not only physical threats, but emotional as well as psychological dangers. The response is to offer support through empathy for the other person to achieve emotional stability. Its use in nursing practice is underpinned by standards of practice and behaviour requiring the nurses to have the ability to convey compassion, an empathic response to patient's suffering, in clinical practice (Nursing and Midwifery Council 2018, Perz-Bret, 2016). Empathy makes this supportive response possible by our ability to step into the 'shoes' of another person in order to appreciate their 'world view' as if it was our own but, as Carl Rogers once cautioned, 'without forgetting the ….'*as if'* condition (Rogers 1959). Henry David Thoreau captures the essence of empathy: '*could a greater miracle take place than for us to look through each other's eyes for an instant'* (Thoreau, 1854). The inference from this could be that we can at best only imagine how the other person might be feeling. By extension, it would not be possible to understand how the other person is feeling. Whilst this is a true affective dimension of empathy, focussing on another's feelings and our imaginative ability to appreciate the other person's plight, it is possible to have a better understanding of what the other person is feeling.

Despite widespread use of empathy in clinical practice and discussion of this in the literature (Rogers, 1959; Hogan, 1969; Goleman, 2011; Mann and Barnett 2013), there is a lack of definitional consensus of empathy in general and nursing in particular. The only agreement is that empathy is a construct. McDonald and Messinger (2011) state that empathy is a psychological motivator for helping others in distress. For purposes of this paper empathy is defined as the ability to identify with the emotional experiences of others and that offering effective support enables other people to enhance their quality of life (Nyatanga, 2013) and well-being. However, for more details on the nature and development of empathy, readers are directed to McDonald and Messinger (2011).

Teaching Empathy

Richardson, Percy and Hughes (2015) claim there is lack of consensus on whether empathy can be taught, a debate beyond the scope of this paper, but serves to highlight the complexity of this phenomenon. One of the key implications to consider about this lack of consensus is that it might affect the way both researchers and nurses internalise empathy through understanding or feeling. According to Mann and Barnett (2012), such discrepancy leads to a disconnect between ways of researching empathy and how it is included in education and training to establish and transform empathy in practice. However, there are common themes which seem to suggest an interplay between individuals and their emotional sensitivity and understanding of another person's situation, be it emotional or psychological. The essence of such sensitivity relies on an individual's ability to perceive how someone feels: this would constitute empathy or empathic understanding of someone else's situation. For example, Hogan (1969, p.308) postulates that empathy was 'the act of constructing for oneself another person's mental state.' Looking at this postulation closely, the construction would be the ability to imagine, and then place yourself emotionally, in someone else's situation. Facilitating

student's experience of this in an educational setting can be challenging. However, benefits of such imaginative process can only help students foster a close emotional relationship with patients, a quality central to nursing, specifically when caring for someone who is dying. It is also possible that to be with someone in this way (empathic), one needs to be able to lay aside (suspend) views and values they hold in order to 'enter' another's world without prejudice (Rogers, 1959; Nyatanga, 2013). Rogers argues those able to do this are secure enough in themselves and will not experience negative episodes in what may turn out to be quite a different world of the other person. This important concept to consider in teaching empathy is that negative episodes suggest a lack of ability to comfortably return oneself (emotionally) to our own world afterwards, or when we wish to.

There is evidence from the work of Daniel Goleman that there are three types of empathy and these are often intertwined: the emotional, empathic concern and the cognitive empathy (Goleman, 2011). Since emotional empathy is regularly discussed in the literature (Bennett, 2008: Hinton 'et al'., 2008) our focus is on cognitive empathy, which according to Goleman (2011), enables us to understand how the other person might be thinking about their feelings, empathy being an element of emotional intelligence.

Cognitive Empathy

In cognitive empathy, it is possible to understand how the other person thinks about the things that are troubling them. This is the ability to 'see' (understand) things from the other person's perspective (Goleman 2011), but without claiming to feel how they feel. Goleman calls this *'perspective-taking'* and claims that using this approach can help with motivating patients to be actively involved in negotiating best plan of care for them (Goleman, 2011). Perspective-taking can also help improve overall communication with patients, by knowing how to put the information across in a way that will be easy for them to take it in. This may be particularly helpful in nursing, where patients and families have

to deal with so many distressing and sensitive variables/situations at the same time. Cognitive empathy gives carers an added dimension in their understanding of the patient and therefore provides wider options to support the patient more effectively. This compares vicarious sharing of emotions (emotional empathy), for example, when the nurse begins to openly express his/her own feelings to an extent that they are no longer in a position to support the patient. An important conjecture is that both emotional and cognitive empathy are seen and allowed to work side by side and complement each other while offering balanced support for patients. Indeed, with many of these ideas, like many others in the past, they can be translated and applied to other care dimensions like leadership where cognitive empathy can drive performance coupled with job satisfaction. For this paper, empathy can be seen to have links with drama where actors can show empathetic practice.

Empathy and Drama

Goleman's three types of empathy also provide a useful starting point to consider the way actors think and feel about portraying a role and 'the link between empathy and drama may not be obvious at first, but the way in which acting theorists describe "getting into character" reflects the empathetic process' (Goodwin and Deady, 2013, p.128). Merlin suggests 'the art of great acting is the art of true listening' (2007, p.19) as this makes an actor receptive to others on stage so they can respond truthfully. Merlin believes Stanislavski's psycho-physical training system that focuses on exploring characters' motivations before portraying the role on stage puts an actor in the strongest position to listen and establish an inner creative state.

Stanislavski's original training exercises developed in the 1930s and outlined in *An Actor Prepares* encouraged the actor to understand their character and develop a 'sincerity of emotion' (Stanislavski and Hapgood, 2013, p.34). His technique of 'emotion memory' maybe regarded as the central feature of his early work and 'many acting teachers still make emotion memory exercises part of their training methods' (Hetzler, 2019, p.2). 'Emotion memory'

specifically focuses on the way an actor can relate his/her own emotional experiences to the role they are playing 'and using those memories to induce the needed emotional state' (Hetzler, 2019, p.2). Stanislavski believed by tapping into their 'emotion memory' an actor can move from listening and sympathising with a character to becoming the character:

> 'From the very moment when the actor feels that change take place […] real human feelings are born in him - *often this transformation from human sympathy into real feelings of the person in the part occurs spontaneously.'* (2013, p.189 original emphasis).

This process has been critiqued as potentially dangerous for actors who have 'merged their personal lives with that of the characters' lives in psychologically unhealthy ways' (Hetzler, 2019, p.1) Stanislavski himself moved away from his early development of emotion memory to the more outward facing method of physical actions as he realised its limitations and that often 'the evocation of past experiences produced negative results- tension, exhaustion, sometimes hysteria' (Benedetti, 2008, p.90).

This quest for actors to act authentically and uncover the complexity of the characters' feelings could be regarded as them developing empathy. This is supported by Aden's work with language students where he showed performing a character in a play 'developed emotional, communicative and linguistics skills through empathizing physically and mentally with the characters' (2014, p.2).

Drama and Healthcare Education

Goffman's seminal work (Goffman, 1990) resonates with Stanislavski's acting techniques in suggesting people's day-to-day actions are in fact performances used to portray the way in which people wish others to see them. Following this analogy Goffman (1990, p. 32) differentiates between observed (front stage) and unobserved (back stage) behaviour and adopted roles aligning to time, place and audience which could be translated to nursing: the

process of donning a uniform, entering a clinical environment and taking on the role of a nurse. Hochschild (1979) furthers this work incorporating emotion: "the act of evoking or shaping, as well as suppressing, feeling in oneself" (p.561). Hochschild's concept that feeling informs behaviour (or acting) is important in the context of nurses demonstrating empathy in practice: the ability to evoke (when not innately present) or suppress empathetic responses when required (Hochschild, 1979). The issue for nurses here is that they are required by their profession to portray empathy, even when they do not innately feel empathetic.

Drama has been incorporated in various medical education modules, due to its ability to actively engage its audience; 'As a genre, drama is amenable to fluid interpretation, consultation, and reformulation' (Matharu, 'et al.', 2011, p.444). Drama seeks to find out what motivates a character's actions in order to understand them more completely and this approach can be usefully harnessed for nurses' interaction with patients.

There has already been considerable research exploring the contribution actors, drama practitioners and drama students have made to the education of nurses and other healthcare professionals. Sextou and Karypidou exploring the competencies of actors working in healthcare systems suggest 'actors are required to develop an all-round awareness of emotions during performance, including their own and those of their audience' (2018, p.116). This challenges actors to explore their own emotional existence so they can be aware of other's needs and care for them. Jacobs and Van Jaarsveldt demonstrated that drama students have had a significant impact in mental health nursing contexts and this interdisciplinary approach means students 'can develop self-awareness, explore their own identities and learn to value and respect the authenticity of others' (2016, p.205). In this way Drama 'acts through emotional identification and finds its resonance in the human connection' (Welch and Welch, 2008, p.262). The emotional understanding that an actor seeks to develop for the character they are

playing is a similar process to Goleman's (2011) ideas of cognitive empathy or perspective taking.

<u>Empathy and Nursing</u>

Empathy has been described as a clinical skill, a competency and a therapeutic tool for nurses (Lee, 'et al.', 2018; Bas-Sarmiento, 'et al.', 2017). The importance of empathy in achieving effective communication is recognised and necessitates skills such as active listening (Pherson, 'et al.', 2016). Studies have explored, and found value in, simulation teaching methods (using, for example, mannequins, role play, ACES-simulation) examining the impact of communication in developing empathy (Dean, 'et.al.', 2017; Haley, 'et.al.', 2017; Bearman,'et al.', 2015). However, there is a paucity of literature exploring an understanding of how empathy looks and feels rather than measuring level of empathy. Recognising and understanding the patient's emotional journey can enhance quality of life in adult palliative care (Nyatanga, 2013) and could also be applicable in a paediatric setting. Portraying empathy can lead to benefits for both patients (such as, enhanced patient satisfaction) and staff (such as, reduced risk of burnout) (Bas-Sarmiento, 'et al.', 2017). It could be argued, the ability to feel empathetic can arise or be triggered from being exposed to rare clinical experience, such as when student nurses witness death and dying episodes for the first time. Little is known about student nurses' understanding of empathy in relation to palliative and end of life care for children and young people.

It is well-recognised that both teaching empathy and assessing competency in nurses is difficult (Lee, 'et al.', 2018). Empathy can be viewed as a skill that can be mastered through both education and practice despite the lack of consensus on whether it can be taught (Richardson, 'et al.', 2015; Cunico, 'et al.', 2012). However, if lack of consensus is about classroom teaching, there is an argument about empathy being learned when one is exposed to it, and through experiencing (feeling) it, and also witnessing others practicing it. Once armed with these experiences, it can be further argued that nurses can then apply it and benefit patients and

families they care for. Identified notions of empathy (a human trait, professional state, communication and caring processes, and as a special relationship) (Kunyk and Olson, 2001) are useful considerations in developing communication and caring skills. The concept of viewing empathy as an innate trait (and difficult to transform) rather than a professional state (learnt empathy) and the perceived opposing portrayals in practice (Brunero, 'et al.', 2010; Kunyk and Olson, 2001) can inform teaching approaches. Therefore, the aim of this study was to explore the impact of a novel communication skills workshop in developing an understanding of empathy among nursing and drama students.

METHODS

This study used a qualitative approach in the form of semi-structured interviews in a questionnaire format to explore nursing and drama students' views on understanding empathy following their participation in a novel communication skills workshop focusing on palliative and end of life care. The innovative aspect of the workshop was the way drama and nursing students learned from each other by focussing on this very specialist area of nursing. Drama students in recreating the real-life scenarios felt strong empathy for the experiences of the nurses. When the Drama students facilitated Forum Theatre the reflexivity of the exercises allowed nursing students to relate to and empathize with the situations in practice.

Pre-registration nurses

First year pre-registration nurses (PRN) attended a- half-day communication skills workshop which comprised a taught session led by two accredited advanced communication skills facilitators, followed by a participatory performance. The taught session used a range of teaching methods to demonstrate and discuss facilitative communication skills both broadly, such as structuring questions and responses, and within palliative care, such as breaking sensitive news to patients and families. PRNs were informed of the study by the clinical skills

module lead and given on-line access to the participant information sheet in advance of the workshop. Participation in the study (completion of a survey) was optional and voluntary. An overview of the study with an opportunity to ask questions was given by the researchers before the workshop commenced. Informed written consent from those wishing to participate was obtained at this time.

<u>Drama students</u>

Second year Drama students (DS) studying Applied Theatre developed scenarios, with supervision from their tutor, based on the real-life situations that nursing students had witnessed or faced. These students were aware of the applied theatre module content before selecting the optional module. The scenarios were written by final year child branch PRN reflecting on their experiences from practice. They were asked to outline an interesting, difficult or challenging palliative, end of life or bereavement care situation they had faced in clinical practice, identify difficulties and challenges faced and describe how these were addressed or resolved and their learning from the experience (Neilson and Reeves, 2019).

In order to portray the characters believably and sensitively -DS worked through Stanislavski's System of exercises outlined in *An Actor Prepares*. In order to relate the emotions in the scene to emotions from their own lives as the situations were beyond their experience, emotion memory exercises were given particular emphasis to enable them to translate 'human sympathy into the real feelings of the person' (Stanislavski, 2013, p.162). Stanislavski suggested to actors that as well as using 'past emotions as creative material' that they also used the feelings created through 'sympathising with the emotions of others' (2013, p.162). This relates to Roger's 'as if' condition' (1959, pgs. 210-211) and involves promoting emotional recall through imagination.

Using participatory drama techniques, including forum theatre (Boal, 1979), recognised as beneficial to action-based learning (Neilson and Reeves 2019), nurses participated in

developing good communication skills with patients and reflected on feelings that arose when they witnessed poor communication in the re-enacted scenes. Details of this workshop and the research methods are reported elsewhere (Reeves and Neilson 2018; Neilson and Reeves 2019).

Ethics

University ethics approval was obtained before conducting the study. Because of the sensitive nature of the topic area and the fact it could potentially cause emotional distress to students, depending on their personal experience, a number of safeguards were put in place. Prior to commencing the work students received formal teaching on children's end of life and bereavement care. At the end of each lesson they were offered a debrief session where students will be given the opportunity to talk to the researchers as a group or individually. Provision was made for any students experiencing stress or distress to be referred to SOMA or the university's counselling service. Students were free to withdraw from the project at any time and DS students would be offered alternative assessment tasks.

Participants

The purposive sample was first year PRN across all fields of practice, (adult, mental health and child branch), were conveniently attending a communication workshop at a UK university (n=158) and DS leading part of the workshop (n= 15).

Data collection

Semi-structured interview questions were sent to participants in a questionnaire format (as face-to-face interviews were not possible) specifically to examine students' views on, understanding of and experiences of, exploring empathy in this context and application to their practice (drama and nursing).

At the end of a communication skills and performance workshop, all PRN participants were asked to complete a questionnaire comprising 6 questions (1 closed and 5 open-ended questions), designed to encourage participants to reflect on, and document, their understanding of empathy and its application in practice in this context (Table 1).

Table I: Questionnaires Extracts

PRN questionnaire	DS questionnaire
List three ways empathy in which nurses can show empathy to patients and their families.	In what ways is it necessary to empathise with a character to play them on stage effectively?
What have you learnt about empathy in care from the performance?	What were the emotional demands of participating?
How will your learning from today inform your future practice?	How has being involved added to your understanding of the emotional pressure nurses are under?

The questionnaire was developed to examine student understanding of portraying empathy in this context (in terms of whether seeing and hearing empathetic actions aided learning and the application of empathy in clinical practice rather than learning from the process), their learning from the workshop and application of learning to practice and the use of real-life scenarios to inform learning. The PRN questionnaire questions explored understanding of empathy and teaching empathy through drama: 1) understanding of empathy (this was to inform their ability to recognise empathy in the performance (question 3) and not a measure of learning from the

activity 2) whether empathy could be taught 3) the rationale for this 4) learning from the performance 5) learning from the real-life scenarios 6) application to clinical practice.

Drama students

DS participants completed questionnaires at the end of the devising and performance process. The questionnaire used open questions to probe DS students' experience of developing empathy for the characters they played and an appreciation of the emotional demands on nurses and PRN students' understanding of empathy and application in practice (Table 1). The DS questionnaire comprised 10 questions focused on the creative process of developing and performing exploring: 1) the use of real-life scenarios 2) how empathy was depicted 3) the emotional demands of participating 4) resilience strategies 5) empathizing with a character in order to play them on stage effectively 6) understanding of emotional pressures of nurses 7) demanding aspects of the process 8) impact of preparatory research 9) personal digital story preparation 10) rewarding aspects.

Analysis

Analysis was through thematic analysis of qualitative data (Braun and Clarke, 2006) and standard descriptive statistics. Free text data were collated into a table, read and re-read, interesting sentences or words were assigned initial codes. The codes were re-viewed and collated into initial themes (Table 2). Data were initially analysed by the respective research leads (AR: Drama and SN: Nursing), then discussed and analysed collectively by both research leads to enhance rigour.

Table 2: Extract from coding table for 'Portraying empathy'

Quotation	Participant Number(s)	Code	Theme
Ask how they are feeling/coping	1, 2, 7, 10, 22, 23, 26, 30	Asking	Portraying empathy
Asking how they are so they have the opportunity to speak about their feelings	5, 31, 61	Asking	
Body language	55, 74, 77, 81	Non-verbal communication	
Facial expression	40	Non-verbal communication	

FINDINGS

Participants

One hundred and fifteen (115) (75%) pre-registration nursing and 15 (100%) drama students participated. Direct quotes are used to illustrate the findings verbatim and are referenced with the participant group (PRN or DS) and participant number.

From analysis of the data five themes were identified: Emotional demands and challenges, Factual information, Working as an actor, Understanding the nursing perspective and Support of the group.

Figure 1: Combined PRN and Drama student findings

Emotional demands and challenges

Students found the reality of the situations derived from nurses' experiences were emotionally demanding 'knowing these things actually happened' (DS 10). They found it hard to portray the characters because of the sensitivity of the material as 'it felt very raw and awkward to begin with' (DS 12) and the difficulty of getting into character 'through another person's emotional story' (DS 1). One student struggled to empathise with a mother 'who didn't want her child to refuse treatment' (DS 3) as she philosophically felt the child's wishes should be respected. Many students expressed the need for resilience and 'only empathising to a certain point before allowing myself to get too emotionally involved' (DS 6).

Factual information

Students felt that working with real events was comforting rather than 'speculation and stereotypes' (DS 5). They appreciated that research and collaboration with peers was crucial 'to gain a greater shared understanding' (DS 5). This medical knowledge of palliative and end of life care helped to develop empathy for the creation of characters: 'It helped me better understand not only the medical setting and terminology but also the emotions of both nurse and patient' (DS 7).

<u>Working as an actor</u>

Students felt their responsibility as actors was to play characters with 'a truthful emotional response between nurse and patient /parent' (DS 5) that an audience can recognise and respond to: 'Without empathising with the characters means that they won't be convincing, but also the audience will find it difficult to connect but also empathise with themselves'(DS 12). One student felt that if you did not empathise with the character 'you run the risk of being disrespectful to the person' (DS 3). However the need for emotional distancing was felt to be particularly important in this applied theatre context which used real-life scenarios: 'As an actor you are taught to embrace their emotions but this type of theatre involves sticking to facts and making sure you don't add your problems or feelings too much in the situation' (DS 4).

<u>Understanding the nursing perspective</u>

All students expressed the different ways that their understanding of nursing staff had increased and made them gain 'a whole new level of respect for the profession' (DS 3). Because they could see situations nurses dealt with 'on a daily basis' (DS 11) and 'how much nurses take home with them' (DS 3) they also realised 'how underappreciated nurses are in handling that level of empathy' (DS 6).

<u>Support of the group</u>

Students recognised that the group were very supportive of each other and 'having an open and safe space where nothing was judged was essential' (DS 3). They considered this 'very cathartic and created a bond between us as a class (DS 3) and 'allowed us to develop a strong level of trust within the group (DS 4). The ability to 'stay positive' (DS 7) and 'have an amazing sense of humour' (DS 15) also made the group closer. One student emphasised again the need

for emotional resilience and a way to not get too involved was 'taking a few minutes before break to just talk as a group really helped bring you back to reality' (DS 11).

<u>Pre-registration nurses</u>

From analysis of the data three themes were identified: Portraying empathy, Learning from the performance and Professional role realism.

<u>Portraying empathy</u>

Two identified sub-themes demonstrate the nuances involved in the process of nurses demonstrating empathy to patients and their families in practice: Active Understanding and Self-Awareness. Ways of showing empathy included: listening (n=64), touch (n=29) pausing (n=20), body language (n=17), having sufficient time (n=12), eye contact (n=9), tone of voice, asking how they feel (n=8), acknowledging (n=8), summarising (n=8), providing support (n=8). Active understanding highlighted the awareness of the importance of communication skills, such as listening skills (n=68), in actively seeking insight and understanding into patient's experiences. Recognition of this as skill, rather than a process, was through acknowledgement of the need to 'listen actively' (PRN 90) and being comfortable with silences in order to 'allow them to process the information' (PRN 43) and '… express their feelings' (PRN 73). Identified approaches to gaining information included direct questioning, 'Ask how they are feeling' (PRN 1) and through clarifying understanding by acknowledging and summarising. Self-awareness was the insight into the potential impact of their intentional / unintentional actions, such as body language. Actions included 'nodding' (PRN 8), 'maintaining eye contact' (PRN 2), 'appropriate touch' (PRN 38) and 'proximity' (PRN 23).

<u>Learning from the performance</u>

Although there was consensus that empathy is a skill that could be taught, but required practice and experience (63%), and that there was learning from the performance, consideration was also given to empathy being an innate trait and whether people without this trait could be taught to *appear* empathetic. An example of appearing empathetic using a student exemplar in the context of the agreed definition of empathy for this paper is through the use of 'appropriate touch': whilst the action might be carried out the student might not "identify with the emotional experiences of others" (Nyatanga, 2013). The associated lack of support then impacts on the patient's ability to enhance their own quality of life. Those that perceived empathy to be a trait (24%) felt an empathetic personality was required for effective learning about empathy.

The use of real-life scenarios in the performance made it realistic and relatable to practice, aiding learning. Two identified sub-themes, understanding how good and poor communication looks and feels and the use of reflexivity in practice helped highlight the importance of demonstrating empathy in practice through understanding: 'It can really help patients and families to feel listened to and understood' (PRN 70). Demonstrated application to practice included recognition of the need to 'think before speaking' (PRN 8), 'that silence is okay' (PRN 93), and the need for awareness and appreciation of 'tone, body language, positioning' (PRN 76). Interestingly, using real-life scenarios enhanced students' awareness of the impact of poor practice, opening their 'eyes to the reality of it' (PRN 47).

The performance aided learning through the re-enactments, the ability to 're-wind and try different methods of communication' (PRN 99). Seeing poor practice in the performance was beneficial in demonstrating the 'impact not being empathetic can have' (PRN 59) both on communication and the professional nurse-patient relationship: 'It allowed me to see how we could come across to a patient if we say the wrong thing and how we could break trust with a patient' (PRN 81).

The importance of reflexivity informing practice was also recognised, 'we can improve by reflecting on what we see and do' (PRN 23). The performance achieved its aim aiding understanding of empathy and reflection on practice, '*(It)* Got me thinking how I could improve' (PRN 22).

Professional role realism

The theme here related to understanding the reality of the profession they had entered: nursing. As first year student nurses the awareness of what they might face in practice became evident: 'It opened my eyes to potential real-life situations that we as nurses could come across on the ward' (PRN 63).

Being an undergraduate student in nursing requires self-awareness and insight: the need to be aware of the impact of their and others' practice and take responsibility for their own learning. Data was analysed collectively to identify factors to inform the use of drama in teaching empathy to PRN. Findings from the nursing and drama student data highlighted five themes: Emotion, Real-life Professionalism, Reflexivity, and Support (Figure 1) that will now be discussed.

DISCUSSION

In a sensitive and emotive clinical setting nurses' empathetic responses are particularly important and finding innovative approaches to demonstrating these to PRN could enhance their ability to effectively and meaningfully demonstrate empathy in practice. Using Applied Theatre in this setting enabled DS to demonstrate what empathy 'looked and felt' like in different contexts, using real-life scenarios. The scenarios not only provided a realistic setting, but also engaged the PRN as their relevance, and application to practice, was evident. The real-life scenarios posed emotional demands on the DS as they strived to portray the scenes accurately. As already discussed on p16, this further strengthened the bond between the DS.

Conversely the PRN appreciated the realistic and relatable scenarios, rather than focusing on the emotional toll from the topic area. Techniques such as emotion memory were used by the drama students to enhance understanding and engagement of nursing students through realistic portrayal of real-life scenarios. Engagement aided the students' emotional reconstruction of what they saw and felt, aligning with Hogan's postulation of empathy (Hogan, 1969) and informing Hochschild's work around managing emotion through evoking or suppressing feelings (Hochschild, 1979).

During the performance drama students initially shared scenes where they acted in roles as nurses responding with an obvious lack of empathy. The process is described in detail elsewhere (Reeves and Neilson 2018; Neilson and Reeves 2019). Poor practice was easily identified by nurses and the immediate stepped feedback meant nursing students were implementing empathetic responses in the specialized context and reflecting on their appropriateness in real time. The ways of showing empathy identified by the PRN following their depiction/discussion in the performance such as how 'touch' could be carried out without an associated empathic approach and the process of re-enactment of scenarios, building from demonstration of a lack of empathy to an empathic approach, helped differentiate these approaches.

The innovative nature of this project was that it allowed PRN to give immediate feedback on a scene as they chose the responses the nurses could give to patients or family members in situations drawn from real-life children's palliative care scenarios. This process of reflexivity through unpicking and examining of the elements of the scenes, understanding the visual portrayal and emotional impact of empathy (both positive and negative), parallels an approach (Stanislavski, 2013) actors employ when getting into role, for example their close examination of a character's motivation. The links drawn in the analysis of the qualitative data from drama and nursing students suggest that the building blocks that allow an actor to perform the role of

a nurse empathetically and a nurse to behave empathetically in response to a patient are similar. In a clinical setting this demonstrates cognitive empathy: the nurse understanding what the patient is thinking through perspective-taking (Goleman, 2011) rather than purporting to feel what they feel. The structured exercises helped both drama students and nurses professionally deal with unexpected responses and provided the support to empathize in their theatrical roles and clinical settings. Interestingly, whilst the DS were keen to portray empathy accurately in order to engage and convince the audience they also recognised the need for emotional distancing. The process of acting empathetically resonated with the PRN: empathy was perceived to be a skill that could be taught with practice (acting and re-enacting). Goodwin and Deady (2013) suggest that psychiatric and mental health practitioners could use Stanislavski's emotion/affective memory exercises to 'build a "bank" of sensory (and more importantly) emotional sensations in the process of interactions with clients' (p. 132) that would in turn help develop an understanding of clients' perspectives and a greater sense of empathy.

Although some nurses will be more empathetic than others, the workshop provided an opportunity to develop empathetic responses and shape the behaviour of the drama students (in role as nurses) and allowed them to explore different strategies and levels of response. Stanislavski's method supplied a system of exercises that provided scaffolding, or background information to portray a character believably on stage and for the purposes of this project particular emphasis was placed on his emotion memory techniques. The drama students drew on their experience of a range of emotions as 'there is no doubt that we are relying on our own previous experience to understand the emotions a character undergoes in a role' (Whyman, 2013, p.36). Specifically they recalled memories that were connected to particular emotions in order to relive and embody them. Some actors could create the emotional link to the character without the need for his system but this may prove elusive and the meticulous care needed to understand the psychological motivation of a character provides a lasting support for the

portrayal of the role. As Merlin writes 'all actors know from experience, "feeling something" is a capricious and unsustainable activity' (2007,18) and that a disciplined actor training is the only way to build belief.

Study limitations

A limitation of the study is that it is not known if nurses applied what they learned in clinical practice but the immediate impact from participating in the workshop was that they could recognize empathy, suggest empathetic behaviour and build on it. However, such a limitation is characteristic of most educational academic inputs where students are taught theory in a classroom and they then apply it to practice later. Identified additional limitations arose from the challenges of collaborative nursing/drama student development of the performance and the possibly associated lack of nurse participation as actors in the performance.

CONCLUSION

This paper demonstrates that scenes developed by and performed by drama students studying Applied Theatre can be used to explore how to demonstrate empathy in practice to nursing students in the specific context of palliative and end of life care for children and young people. Although challenging, using drama techniques we were able to facilitate nursing students' experiences and understanding of empathy. The exercises used in developing an understanding of role in a theatrical setting may be applicable to developing empathy in nursing students, demonstrating how empathy looks and feels when portrayed through behaviour and language. However, findings have identified a need for further research into how both understanding and feeling empathy complement each other and maybe integrated within teaching nursing students.

Responding to drama students in role as nurses, allowed nursing students to see gradients of good practice, or steps in the right direction as it is not always possible to provide the perfect

empathetic response. The involvement of the drama students in the creative development of the scenes based on the real experiences of the nursing students seemed to develop a deep investment in the portrayal of characters accurately and sensitively. In this process the need for artistic involvement is greater than the more familiar model of drama students playing standardized patient roles.

This method could be replicated in other institutions however, further investigation is required to identify the exact nature and most effective building blocks to train nurses. However, early engagement of the nursing and drama student groups is recommended to facilitate maximum engagement in the performance. It would also be important to explore whether nurses can be taught to act empathetically and so limit the emotional labour they may experience supporting patients and their families in palliative and end of life care.

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