

Practitioner's blog

Empathy speaks all languages

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Communicating with people from other cultures, especially where language is not shared, is often a cause of anxiety and can result in misunderstanding, upset and less than optimal outcomes for the patient or family concerned (Ulrey and Amason, 2001). This level of anxiety is greatly increased when it is related to traumatic events in which a sound understanding of the patient's need is imperative. Our hospitals are accessed by increasingly diverse minority groups of people, including refugees and asylum seekers for whom the emergency department may be the first and only point of healthcare access. There is, as a result, a greater demand for professional interpreting and for those delivering care to fully appreciate the needs of those who do not share the indigenous language or dominant culture, and who are often also socially disadvantaged.

Most discussion of intercultural communication tends to focus on issues of language. When any level of proficiency in the language is evident, there is a tendency to dismiss the many other aspects of difference that can lead to misunderstanding. There is now a greater emphasis on the importance of professional interpreters in healthcare settings. The tendency to use families or indeed anybody close to hand who speaks the language has been widely discouraged and regarded as poor practice. Moreover, healthcare education programmes in all disciplines have embraced the need to achieve cultural competence, and have incorporated such teaching into their curricula (Leininger, 1991; Dogra *et al*, 2005).

However, language is only one barrier to effective communication. A lack of understanding or inappropriate responses to the cultural needs of the person may be just as important, if not more so, and have greater resonance with the person on the receiving end. Cultural awareness and interpreting for diverse groups may not always be enough, and they are no substitute for empathy, kindness and genuine acts of humanity on the part of caregivers. Indeed, where language and cultural differences exist there is an even greater need for such qualities.

I recently witnessed one such incident when a refugee family consisting of four children and their parents was brought to an emergency department

following a fire. Tragically, two of the children died. The other two children and their father were badly injured. The mother was uninjured physically, but her anguish and grief on being told that two of her children were dead was heart-rending to watch. In her despair she wailed and recounted her torment in her mother tongue. This was a family who had fled war and ethnic cleansing in their own country. They had witnessed death, destruction and loss in their homeland in the Middle East and had sought refuge in the UK which, they believed, could offer them safety and a more hopeful future for their children. The outbreak of fire in their home spelt an end to such modest hopes.

This mother spoke and understood very little English, and the police had brought along a forensic interpreter to improve communication. The interpreter, who was from the mother's country, was explaining matters to her, but in a detached and perfunctory way. Rather than reassuring her, the interpreter's explanations only resulted in greater outpourings of raw anguish. Many of the men folk from her extended family were also present, standing respectfully aside, clearly uncomfortable, uncertain about how to respond, and unable to grasp the horror of what had happened.

Nursing staff were trying to comfort the mother, but their words fell short and meant little in the face of the magnitude of her desolation. Despite the fact that she was surrounded by so many sympathetic people, she seemed to be in a state of incomparable loneliness, burdened by a grief that was hers alone to bear. On seeing her sons unconscious and attached to breathing equipment, she began to sink to the floor, sobbing and distraught. A young police officer who had been present throughout moved quickly past the onlooking family of men and women to support her. He put his arms around her, helped her to a chair and sat down beside her, continuing to hold her hands. He said nothing, but his empathy and compassion for her were so palpable that they soothed in a way that no words could. She did not pull away, but was calmed and began to regain enough composure to ask questions in her faltering English.

This was such a tragic scene, but the humanity shown by the young police officer was exemplary, and was testimony to the fact that compassion and

empathy may be silent gestures but universal human responses that are understood in a look or an action, and are often much more powerful than words. All of the cultural barriers and differences, perceived or otherwise, were dissolved with one simple gesture of empathy.

Despite many studies and much discussion in the literature on empathy, there continues to be a lack of clarity as to what it means (Sutherland, 1993). Peplau (1987), who perceived empathy as an emotion that is triggered by non-verbal cues, defined it as the ability to feel in oneself the feelings that are being experienced by another person. However, it is difficult to imagine how one could experience the same feeling as this unfortunate woman. Davis's definition of empathy as being a visceral emotional reaction better describes the response of the police officer (Davis, 1983). Irrespective of any clear definition of empathy, this scene clearly demonstrated how basic kindness and compassion are human qualities that are appreciated by most, leaving aside any structural concepts of cultural competence.

Indeed, had the police officer stopped to consider cultural norms in this situation, he might well have decided against any physical contact with this woman, especially in the presence of the men folk of her family. His response, which was so spontaneous and genuine and inspired by compassion, was appreciated not only by the grief-stricken mother, but by the family who were also shocked and traumatised. They seemed very touched that a police officer had reacted with such sensitivity to their suffering.

This was a very sad and tragic encounter, but beneath and beyond the tragedy of the situation lay an important message for us all as caregivers. Although it is

important for us to respect and respond competently to the cultural needs of and differences between people, it is more important to consider the individual and their predicament, and not to allow such differences to influence behaviours to the detriment of human gestures of empathy and compassion. These human qualities are universal, and it is the appreciation and need of these qualities that make us all the same inside, and that square the circle of cultural diversity.

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To come?