When a Nurse is the Patient:
A Lesson in Empathy and Communication

By Suz Fisher, RN, BA

It certainly wasn’t the way I had planned to spend the weekend.

When I woke up early on a Saturday morning with some vague abdominal discomfort, I wrote it off as a combination of mild anxiety and the impact of a recent shift to healthier eating. But as the day went on, my appetite decreased, the pain increased, and the nausea and vomiting started. At 2 a.m. on Sunday morning, when the pain had localized to the right upper quadrant of my abdomen, I headed for the emergency department, leaving my worried partner at home with our sleeping boys.

The emergency department was more crowded than I’d expected. The nurse triaged me, gave me medicine for my nausea, and told me someone would call me back in a little while. “How long is a little while?” I wondered as I fruitlessly tried to make myself comfortable in a hard waiting room chair. Trying to distract myself from the pain, I began chatting with the woman across from me. Turns out she had been waiting for four hours, and my pain was increasing by the minute.

After more than an hour, I informed the triage nurse I was feeling worse. She told me, in a tone that made it clear I was interrupting her flow, that she would get me into a room just as soon as she could. There were no open beds, and some patients had been waiting for more than five hours, she explained.

I considered leaving without being seen, but the thought of returning to my car in my current state was overwhelming. I felt trapped, annoyed with my body, and upset with the staff (not to mention the people who design waiting room furniture).

When my name was finally called, I was taken back to a room and hooked up to a monitor. Shortly after that a nurse came in and introduced herself, started an IV, and gave me medication that unfortunately did little to alleviate my pain. A while later, the curtain rapidly whooshed open revealing a tall man in black scrubs.

He fired off several questions from the doorway. I answered as quickly as I could through a haze of pain medication, struggling to keep up with his pace. Pain in your right upper quadrant? Yes. History of gall stones? No. Without even examining me, he ordered an ultrasound and exited, whooshing the curtain shut a final time. I never saw him again.

Following the ultrasound, the same man appeared. Again from the doorway, he rapidly explained that the ultrasound showed a stone blocking a bile duct, “some inflammation”, and a thickening of the wall of my gall bladder. He concluded by telling me he was going to admit me, call the surgeon, and then they’d take my gall bladder out. He did not pause to ask what questions I had before he slid the curtain shut a final time. I never saw him again.
After what seemed like hours with no further information, I realized I needed to use the restroom. Fuzzy from the narcotics, I looked around my darkened room for the call light because I knew I was a fall risk. I checked the bed rails and the oxygen regulator on the wall behind me. It wasn't there so I decided to make the trip on my own. I tried unsuccessfully to drop the side rail and was just about to crawl off the end of the bed, when I finally spotted the call light on a shelf and managed to pull it towards me by the cord and press the button. A nurse came in to help me.

Shortly after, my friend, who happens to be a nurse, arrived just in time to advocate for me in a confusing and unpleasant exchange with the nurse regarding my pain medication dosage. I expressed to the nurse my desire to start with half the dosage ordered. She was reluctant at first, but did eventually hear our concerns and adjust. The medication finally began to help ease my pain, and I was wheeled into surgery and my gall bladder was removed.

Why My Experience Matters
As you've no doubt realized, a lot was lacking related to connection, communication, and empathy during my ED visit. The behaviors the staff and provider demonstrated did little to contribute to feelings of emotional safety and security or to reduce my anxiety. Anxious patients are less able to hear and process instructions, which can lead to poor outcomes. Patients who are anxious and fearful are also likely to express their fear as anger, increasing the time leaders spend managing patient complaints.

When we ask leaders why patient experience is important, we get varied answers. Some talk about reimbursement related to patient experience scores. Some talk about market share. Some talk about community reputation and word of mouth. All of these concerns are valid. However, the true goal of our efforts is emotional safety for our patients and better clinical outcomes.

Patient Experience Affects Clinical Outcomes
Imagine for a moment that instead of being a reasonably healthy woman in my forties, I’m a reasonably healthy woman in my seventies. I come to the ED and have an experience similar to the one I described above. Very little is explained to me, none of my clinicians introduce themselves, I don’t know how long things will take, and I’m treated more as a bother and an interruption than as a human being that needs care and compassion. Six months later, if I wake up in the morning with pneumonia symptoms, I might take some ibuprofen and some cough syrup and go back to bed rather than go to the hospital for treatment. Why would I want to be treated that way again? As healthcare professionals, we know our elderly patients with pneumonia can become septic quickly, and we know septic patients can die. A positive patient experience months earlier could change that outcome.

Now that we have reviewed what wrong looks like, let’s consider what right would have looked like in the case of my ED visit. What could have made my experience more positive? The answer is more empathy and better communication. AIDET®, Studer Group’s framework for communication, decreases patient anxiety, increases patient compliance, and improves clinical outcomes. The acronym AIDET® stands for five communication behaviors: Acknowledge, Introduce, Duration, Explanation, and Thank You.

With this in mind, let’s go back to that day. See if you can find examples of empathy and all five AIDET® behaviors in the scenario reimagined below.
What Right Looks Like

When I enter the ED, I walk up to the desk. The nurse smiles, makes eye contact, and asks me how she can help me.

At triage the nurse expresses empathy for my pain and lets me know the ED is experiencing extended wait times due to patient volume. If she’s unable to give me a specific duration, she lets me know someone will be checking on me every hour and to let her know if I’m feeling worse. She may even use key words such as, “While you’re in the waiting room, I am your nurse.”

When I let the nurse know that my pain is increasing, she offers comfort measures such as a pillow or blanket. She lets me know it is important that I stay to be seen and uses key words such as, “I want to be sure we get you taken care of.” She apologizes for the long wait and thanks me for my patience.

When I am taken back to a room, the nurse treating me introduces herself and explains exactly what she is going to do and why. After she answers all of my questions, she starts an IV and gives me medication for my pain.

Likewise, when the physician enters, he introduces himself by name and role and assures me that I am in good hands. This helps to diminish my anxiety. He comes all the way in the room and sits at the bedside rather than standing in the doorway. This helps me to know that he cares, is listening, and has time for me. Every time he enters the room, he knocks on the doorframe and washes or gels his hands. He provides a step-by-step explanation of what is going to happen in words I can understand and takes into account the fact that I have had narcotics for my pain. He answers all of my questions in detail.

The bedside nurse shows me the call light and makes sure it is within easy reach. She also listens the first time I tell her that my dose of medicine is too high and genuinely cares about my concerns.

When I am rolled into surgery, I feel prepared for the procedure. I trust that the nurses, physicians, and surgeons care about me and will do everything they can to ensure I receive the best possible care.

This is a much more positive patient experience that emphasizes compassion and patient care above all else. Patients in our EDs are often in pain, worried, and scared. It is our duty to ensure that our interactions with them decrease, rather than multiply, their concerns.

The verbal and nonverbal ways we communicate with our patients in the ED and across the continuum of care impact much more than our “satisfaction” or “experience” scores. Through effective and timely communication, we let patients know they are safe and that they can trust the care we provide to them. Helping patients is why we chose our professions and why we continue to practice. Staying connected to our passion for delivering quality healthcare is vital for our patients, our colleagues, and ourselves.

Suz Fisher, RN, BA is a Studer Group coach with more than 20 years of clinical and leadership experience. As a healthcare leadership coach, she is passionate about helping organizations achieve their highest levels of excellence by improving the quality of care provided to patients and their families.