Objective
By the end of this video segment, viewers will be able to: discuss factors that may contribute to a patient or family’s potential denial regarding the current status of a medical condition; and discuss the differences between having sympathy versus having empathy for patients.

Summary
This segment takes place in the home of Mr. and Mrs. Cohen with Gilbert, the visiting hospice nurse, conducting a visit. The focus of the visit is the discussion of Mr. Cohen “slowing down” as the patient replies, “I’m glad when I move at all.”

Gilbert Oakley, RN, a hospice home care nurse, talks about how he “feels bad” for people, but that he doesn’t “feel sorry” for them, and how he doesn’t want them to feel sorry for themselves. He reflects on terminal illness in general, and how to best spend one’s last days.

Patient Highlighted
Bert Cohen, 95-year-old living at home with his wife, and receiving hospice services. He is sleeping more and slowing down. Their adult children, though very supportive, are not there according to Mrs. Cohen.

Discussion Points
When talking about the need for a hospital bed, Mrs. Cohen sounds adamant when she states “He doesn’t need it yet.” The nurse is trying to teach him how to get into his bed with less difficulty; however, he is moving very slowly.

Discussion Question 1
What are some of the factors that may be contributing to Mrs. Cohen refusing the need for a hospital bed?

Further Discussion/Points as Needed to Prompt Audience Interaction
Many factors contribute to why people choose to accept equipment, services, and support. Although Mrs. Cohen may be exhibiting denial about the progression of Mr. Cohen’s weakness, she later admits that he has become so weak that she has
recommended a wheelchair and he has refused to use one. How may the acceptance of medical equipment bring unwanted reality to a situation like the Cohens’? What may be other reasons that people refuse such equipment? (Examples include cost, limited room/space, aesthetic look to the room/home, desire to avoid the appearance of a hospital/sickness/death; it may act as a reminder that a loved one is sick or dying.)

**Discussion Question 2**
If you were the nurse in the Cohen’s home during this discourse, what might you have said to Mr. Cohen about accepting a hospital bed in the home? To Mrs. Cohen?

**Discussion Points**
Although Gilbert does not use the words “sympathy” or “empathy,” his reflections portray these two very different concepts.

**Discussion Question 3**
What do you think Gilbert means when he says “I don’t feel sorry for my patients?”

**Further Discussion/Points as Needed to Prompt Audience Interaction**
Do you think that by saying “I don’t feel sorry for my patients” that the nurse is uncaring in some way? What are the definitions of *sympathy* versus *empathy* and how do they relate to this vignette? While the words and their meanings are close, and sometimes are used interchangeably, they are different. **Empathy** tends not to imply pity for another person, whereas sometimes **sympathy** may imply this (see Merriam-Webster Dictionary definitions below).

**Sympathy**: “the feeling that you care about and are sorry about someone else’s trouble, grief, misfortune, etc.: a sympathetic feeling.” (Merriam-Webster Learner’s Dictionary, 2017).

**Empathy**: “the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.” (Merriam-Webster Dictionary, 2017)

**Discussion Question 4**
How do you differentiate **sympathy** and **empathy** in your own words?

**Suggested Applicability to Nursing Courses and/or to Care Settings**
*Courses*: Palliative/Hospice Care; Introduction to Nursing; Nursing Roles; Geriatric Nursing; Home Health/Community Nursing; Mental Health Nursing; Medical/Surgical Nursing; and any course focused on communication and/or family systems. *Care Settings*: Orientation and/or in-service programs for health care providers in primary, acute, long term, hospice/palliative care, and/or home care settings.

**Suggested Congruence with ELNEC® Modules**
Palliative Nursing Care; Symptom Management; Ethical Issues in Palliative Care Nursing; Cultural/Spiritual Considerations in End-of-Life Care; Communication; Loss, Grief, Bereavement.

**Related Video Segment**
#6: Hospice Is Hard to Accept.

**References**

USING THIS GUIDE

Defining Hope is a one-hour, eighteen-minute film. This guide was developed to stimulate audience reflection, conversation, and interaction. This guide highlights 14 brief video segments so that viewers may watch single segments of the film focused on particular topics.

The individual video segments can be viewed for free at www.hope.film/study-guide-videos

Nurses can receive free contact hours for watching each video segment and completing the evaluation thanks to the generous support of Walden University. Walden University is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. For more information visit www.hope.film/study-guide-videos

Each of the 14 segments is based on the following template:

Segment #1-14, Title, Length: Each segment is numbered, titled, and followed by the approximate length of run time in minutes for that segment.

Objective/s
A minimum of one learning objective is included for each video segment.

Summary
There is a brief overview of the segment followed by a description of the patient or nurse highlighted therein.

Discussion Points
Each summary is followed by a suggested “discussion point” that the speaker/educator may use to initiate conversation or to present more insight into that segment.

Discussion Question/s
Discussion points are followed by a minimum of two discussion questions designed to encourage reflection and discussion among audience members. Questions were developed to stimulate interaction; there are no “right” or “wrong” answers.

Further Discussion/Points as Needed to Prompt Audience Interaction
Discussion questions are followed by further discussion points in the event that the audience requires more prompting or encouragement to share ideas.

Suggested Applicability to Nursing Courses and/or to Care Settings
This section provides suggested courses (nursing or other), as well as other care settings where educators may find value by embedding particular video segments into curriculum to highlight a point.

Suggested Congruence with ELNEC© Modules
This section provides suggested End-of-Life Nursing Education Consortium (ELNEC)© modules where ELNEC© educators may find value by embedding particular segments into their curriculum. ELNEC© is a national education initiative to improve nursing education on end-of-life care. The project is administered by the American Association of Colleges of Nursing and City of Hope.

Related Segments
Some segments are related to others presented elsewhere in the film. This section provides the titles of any related video segments.

References
If materials or other sources were used within a section, a reference list is provided.

OBJECTIVES

By the end of this film, viewers will be able to:
1. Discuss key factors that affect patient and family decision making about end-of-life care.
2. Differentiate between hospice and palliative care.
3. Compare and contrast the terms sympathy and empathy.
4. Discuss internal conflicts that people may encounter when making decisions about whether to pursue aggressive treatment for life threatening illnesses.
5. Describe the role of the nurse in palliative care/hospice settings.
6. Discuss how family members play a significant role in decision making surrounding care choices.
ABOUT THIS GUIDE

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The American Nurses Foundation
The American Nurses Foundation is dedicated to transforming the nation’s health through the power of nursing. It helps nurses help people by supporting, recognizing and investing in the 4 million nurses across the United States. Learn more about the American Nurses Foundation and recognize nursing excellence at www.givetonursing.org

The Rita & Alex Hillman Foundation
The Rita & Alex Hillman Foundation cultivates nurse leaders, supports nursing research and innovations, and disseminates new models of care—all critical to transforming our health-care system into one that is more patient-centered, accessible, equitable, and affordable; one that delivers the high-quality care patients need and deserve. Learn more about the Rita & Alex Hillman Foundation and our approach to nursing-driven innovation at www.rahf.org

OTHER RESOURCES BY CAROLYN JONES

From the creators of Defining Hope, further film and narrative resources about nurses and nurses’ care for the seriously ill can be found at:

www.DyingInAmerica.org, an interview project that examines the dying experience through the eyes of nurses.

www.AmericanNurseProject.com, a multimedia initiative to elevate the voice of nurses in this country by capturing their personal stories through photography and film. A portion of all proceeds benefit a scholarship fund for nurse education through the American Nurses Foundation.

THE FILM

The full film is available at www.hope.film.
A portion of the proceeds of proceeds from this documentary support programs that advance expertise in palliative nursing practice at the American Nurses Foundation and Jonas Nursing and Veterans Healthcare.

For more information visit www.hope.film