The Satir Model in Developing Empathy in Nursing Communication

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ABSTRACT

Beyond verbal exchanges, nursing communication frequently needs to address patients' emotional and psychological needs, which calls for empathy and emotional sensitivity. To improve patient care and results, therapeutic relationships and nursing communication are encouraged. Through the alignment of self-awareness, emotional expression, and genuine interaction, the Satir Model can improve nurses' capacity to emotionally connect with patients.

Background And Purpose

Originally created for family therapy, the Satir Model placed a strong emphasis on emotional exploration and self-worth, both of which are critical for developing empathy. This article assesses how the model's tenets can be implemented in nursing practice to enhance the quality of care and the relationships between nurses and patients. The purpose of the review is to investigate the Satir Model, a humanistic communication technique, as a means of advancing nursing empathy.

Methodology

Using search engines like Google Scholar, Semantic Scholar, PubMed, CINAHL, and PsycINFO, a thorough search with keywords like Satir Model and Iceberg Metaphor communication in healthcare settings, with an emphasis on how it fosters empathy.

Results

According to the review, the Satir Model improves nursing's capacity for empathic communication. The Iceberg Metaphor and emotional awareness, according to key findings, enhance nurses' comprehension and responsiveness to patients' underlying emotional needs. Improved patient rapport, less emotional burnout, and greater job satisfaction were reported by nurses using the model.

Conclusion

A useful framework for developing empathy in nursing communication is provided by the Satir Model. By emphasizing emotional alignment, it enables nurses to build stronger bonds with patients, improving therapeutic alliances and patient outcomes. More patient-centered, compassionate care may result from incorporating the model into nursing practice and education.

Keywords: Satir Model, Empathy, Nursing Communication

INTRODUCTION

This paper argues that the Satir Model's emphasis on congruence, self-awareness, and emotional exploration offers a novel framework to address systemic empathy deficits in nursing communication, bridging gaps between patient-centred care ideals and clinical realities (Nembhard et al. 2022). Effective communication forms the foundation for delivering high-quality patient care and fostering strong therapeutic relationships. Nurses engage

in complex interactions with patients, their families, and interdisciplinary teams, necessitating both technical expertise and interpersonal skills. Clear, empathetic communication enhances patient assessment, treatment outcomes, and satisfaction, while poor communication may lead to misunderstanding, medical errors, and compromised care. Given healthcare's complexity and emotional demands, empathetic communication is essential to ensure patient well-being.

Empathy—the ability to understand and share others' feelings—enables nurses to provide holistic, patient-centred care. It builds trust, reduces anxiety, and fosters a sense of being heard and understood. Research demonstrates that empathetic communication improves patient compliance, health outcomes and overall patient satisfaction (Derken et al., 2013; Mudiyanse, 2016; Flickinger et al., 2016). However, barriers such as time constraints, emotional burnout, and clinical pressures often inhibit empathetic communication (Derken et al., 2016; Kiani & Ahmadi, 2019). Therefore, nursing educators seek effective frameworks to foster empathy in students. The Satir model provides one such framework (William & Stickley, 2010; Engbers, 2020). Considering these challenges, nursing educators have sought effective methods to promote empathy in students. The Satir model, a therapeutic framework based on promoting self-awareness and interpersonal communication, offers a promising approach (William & Stickley, 2010; Engbers, 2020). This paper examines how the Satir Model's principles of congruence and self-awareness can uniquely address empathy deficits in nursing communication, offering a transformative framework for education and practice.

Theoretical Foundations of the Satir Model

The Satir Model started with the work of Virginia Satir, a pioneering figure in family therapy. Scholars consider Virginia Satir a pioneer and refer to her as "The Mother in Family Therapy" (UNC Satir, 2018; Wretman, 2017). She received numerous awards both during her lifetime and after her death. In 2007, Psychotherapy Networker magazine was 25 years old and surveyed to find out the 10 most influential psychotherapists, and she won "the fifth most influential therapist" (Vaughanbell, 2007). After she passed in 1988, the Satir Model successfully integrated in over 31 different contexts and populations worldwide (Erker, 2017). Several organisations, such as the Mental Research Institute (MRI), the International Human Learning Resources Network (IHLRN), and the Satir Global Network, which she organised towards the end of her life, still hold weekly educational meetings open to the public about various ways to incorporate Satir's teachings into private practice or social activism. Averbeck (2023) explained that the Satir Model developed over time as Virginia Satir grew more on her model. For example, at the model's inception, the communication was congruent, and the model gradually developed through the stages of the human validation model, change therapy and Satir Transformational Systemic Therapy (STST). In nursing, the Satir Model's survival stances manifest in common scenarios. For instance, nurses under time constraints may adopt a super-reasonable stance (e.g., prioritising protocols over patient emotions), while burnout may trigger blaming (e.g., criticising non-compliant patients). The model equips nurses to replace these stances with congruent communication, fostering trust and reducing miscommunication.

Communication Stage

The first stage of the model, which took place during the 1950s and 1960s, concentrated on communication. Virginia Satir observed that individuals under stress would often resort to specific indirect communication patterns rooted in their childhood experiences within their family origin (Satir et al., 1991). She identified four primary communication styles, or "survival coping stances":

Placating: This involves "people-pleasing", where individuals devalue themselves while overvaluing others to cope with stress.

Blaming: This style is characterised by overvaluing one's own perspective while devaluing that of others, often as a means of asserting control.

Super-reasonableness: In this style, neither individual perspective is valued; instead, the context or rules take precedence. People using this style often communicate in a manner that seems detached or overly analytical, akin to a scientist.

Irrelevance: Here, individuals distract themselves and others by avoiding the subject entirely, failing to value their perspective, others' perspectives, or the context.

Satir introduced congruence as the ideal fifth communication style, where individuals communicate their thoughts and feelings directly and authentically. This congruent communication style forms the foundation of healthy interactions. Today, these communication styles are collectively referred to as "survival coping stances" within the Satir Model (De Little, 2021).

Human Validation Model

The Human Validation Model emerged during the 1970s and gained prominence in the 1980s, also known as the Satir Growth Model or Seed Model (Banmen & Maki-Banmen, 2014; Satir & Baldwin, 1983). In this stage, Satir presented an alternative to what she called the hierarchical model of the world. She critiqued hierarchical systems for being rooted in a reward-and-punishment framework, which often compelled individuals to conform to the expectations of a dominant few. These environments, she argued, perpetuated the use of survival coping stances.

Satir proposed that people are inherently good and capable of growth when nurtured in an egalitarian environment where they feel seen, valued, and supported. Her approach shifted the focus to identifying and leveraging the strengths and resources of individuals and families (Satir & Baldwin, 1983). This stage laid the foundation for the Satir Model as a strength-based, positive psychology framework, emphasising personal growth, empowerment, and the intrinsic potential of individuals. Its long-lasting impact continues to shape the Satir Model today (Banmen & Maki-Banmen, 2014).

Change Therapy and the Iceberg Metaphor

When Virginia Satir realised that a traumatic childhood required more, she developed Change Therapy. She placed emphasis on the individual intrapsychic process and also aimed to bring about changes in interpersonal interactions among family members (Banmen & Maki-Banmen, 2014). In this context, we employ the iceberg metaphor to generate an infinite array of process questions, assisting individuals in comprehending their inner worlds. The iceberg metaphor (see Figure 1) can be used to explore what is happening in an individual or between people as they communicate. What is visible from one person to another, like behaviour, is above the waterline. The waterline conceals the entire internal world, including feelings, thoughts, expectations, yearnings, and body sensations. Another person understands the layers beneath the surface by communicating congruently. Frequently, survival stances hover subconsciously at the waterline, acting as gatekeepers to the vulnerable information inside and thus preventing authentic connection (Satir et al., 1991).

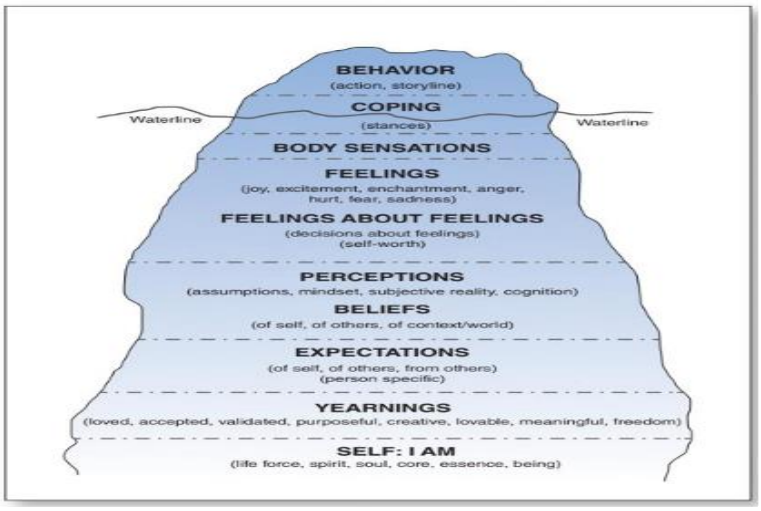

Figure 1: The Satir Personal Iceberg Metaphor. The text has been adapted from Averbeck, A. (2023). Marriage and Family Therapy: A Practice-Orientated Approach. Springer Publishing Company, Chapter 8: The Satir Model. (pp 163-185)

https://books.google.com.my/book?id=WuXPEAAAQBAJ

Satir Transformational Systemic Therapy (STST)

Lastly, Satir Transformational Systemic Therapy (STST), where the Satir Institute of the Pacific is responsible for the name change (Averbeck, 2023), believes the new name gives a more expansive and descriptive view of the therapeutic process. The Satir Model posits that healing occurs when the client simultaneously roots their energy and becomes consciously aware of the impact of their old beliefs, feelings, somatic sensations, expectations, or yearnings (Banmen & Maki-Banmen, 2014). The STST therapist then assumes the role of a guide, assisting the client in discovering their new beliefs or discoveries.

Erker (2017) and Okur (2020) pointed out that the Satir Model is foundational, humanistic, systemic, experiential and psychospiritual. Virginia Satir believed that people naturally grow in a positive direction when they release blockages like trauma or outgrown beliefs, making it a humanistic model. It is systemic because Virginia Satir never viewed a problem as linear or as a personal fault; instead, she saw people's inner worlds and their families as a complex web of interconnected elements that collectively contribute to the symptoms they experience. The model is experiential because the therapeutic work focuses on keeping the client present rather than in the past or the future. Sessions take place in the present moment, as only in the present can change occur (Erker, 2017). The past impacts the present, which helps the client determine what fits and what doesn't, what to keep, and what to let go of (Banmen & Maki-Banmen, 2014). Lastly, the model is psycho-spiritual because the main mechanism of change happens when the client accesses their spiritual core and guides them through the transformation to gain higher self-esteem and behavioural change (Okur, 2020).

The Satir Model and Empathy Development

The therapeutic framework initially caters to family therapy. Still, its principles have broad applications, for example, youth suicide intervention (Lum et al., 2002), the healthy identity in the LGBTQ community (Carlock, 2008), enhancing personal growth in social workers (Vivian Lou, 2009), teenagers' psychology (Zhang et al., 2022), rehabilitation training in patients (Zhao et al., 2022), and family carers (Wen et al., 2022). At its core, the Satir Model is concerned with improving self-awareness, communication, and emotional congruence, where these elements are crucial for fostering empathy, especially in the context of nurse-patient relationships.

The core principles of the Satir Model related to empathy development include:

Congruence: Align internal experiences (thoughts, feelings, emotions) and external expressions (words, behaviours).

Self-awareness: The ability to recognise and understand one's emotions, motivations and reactions.

Self-esteem: Self-esteem in communication.

Emotion congruence: Where feelings, thoughts and behaviours are consistent and expressed openly

Congruent communication is essential for nurses to create authentic and empathetic interactions with patients, expressing empathy through both verbal and non-verbal cues that are aligned and genuine. Self-awareness allows nurses to be mindful of their emotional state while fully attending to the patient's needs. By being aware of their feelings, nurses can prevent personal stress or bias from negatively affecting the care they provide, allowing them to respond to patients with greater empathy. A nurse with healthy self-esteem can confidently engage with patients without feeling threatened or defensive in challenging situations. This emotional stability enables the nurse to be more open and empathetic, as they are secure in their self-worth and better able to focus on the patient's needs rather than their insecurities. Emotional congruence enables nurses to relate to patients more deeply by expressing genuine concern, understanding and compassion. When nurses are emotionally congruent, they are better able to "tune in" to the emotional states of patients, which is critical for developing empathy.

Empathy Development in Nursing Communication

Empathy—the capacity to understand and share patients' emotional experiences—is a core competency for compassionate, patient-centred care. For example, Squier (1990) highlighted that empathy helps nurses perceive patients' experiences from their perspective, fostering trust, deeper connections, and improved treatment outcomes.

Beyond simply imagining oneself in another's position, empathy involves the active process of comprehending and relating to the individual's feelings and perspectives (Yang et al., 2018), allowing the nurse to respond with genuine understanding and sensitivity. Studies consistently demonstrate the positive impact of empathetic communication between healthcare professionals and patients. Studies have linked empathetic communication to enhanced patient satisfaction, improved adherence to treatment regimens, and overall better health outcomes (Squier, 1990; Yang et al., 2018). It aligns with a broader definition of empathy in healthcare (Nembhard et al., 2022), highlighting understanding, feeling and responding to a patient's emotions.

Empirical Evidence on Empathy Development in Nursing

Example studies highlight the gap in empathy training needed in nursing education. A scoping review highlighted that empathy-based experiential learning in nursing curricula effectively promotes self-awareness and emotional intelligence among students (Peisachovich et al., 2024). Sixteen out of eighteen studies reviewed confirmed the positive impact of education interventions on empathy development, suggesting a strong endorsement for their implementation in nursing education. Salazar et al. (2023) comment that empathy is a necessary healthcare skill competency in associates, improves patient outcomes, enhances job satisfaction, and increases retention and resilience across healthcare professions. Yu et al. (2022), a qualitative study, identified personal and external factors affecting empathy, suggesting that while compassion is stable, it can fluctuate based on situational stressors and work environments. Therefore, maintaining the empathy level requires training. Esterhuizen (2020), a lecturer from the University of Leeds, United Kingdom, initiated a discussion about the concept of compassion in empathy training and the reliability of empathy training as a skill to the learner. The requirements for nurses' professional empathy are outlined in the Code of Practice, which should be considered an important aspect of empathy training. Knowledge stimulation and sharing training programs on empathy skills significantly improved nurses' communication and professional identities (Ding et al., 2020). The study by Kahrimah et al. (2016) also recommended the inclusion of communication and empathic skills in in-service nursing training programmes.

Author(s)	Title	Key Findings	Relevance to Study
Peisachovich et al. (2024)	Evaluating the Effectiveness of Empathy-Based Education in Undergraduate Nursing: A Scoping Review.	Review the effectiveness of clinical empathy training for health professionals and synthesise evidence using the PICOT framework and PRISMA guidelines.	The paper focuses on synthesising evidence regarding clinical empathy skills among health professionals. It examines the effectiveness of fostering empathy development among nursing professionals.
Salazar et al. (2023)	Our Patients Need Empathy Training across Healthcare Professionals.	Vulnerable populations receive less empathic care, leading to disparities in health outcomes. There is a need for effective empathy training across healthcare professions.	The paper focuses on the need for empathy training across healthcare professionals without specific models or methodologies. A model is needed to fill the gap.
Yu et al. (2022)	The Development of Empathy in the	The study explores factors contributing to the development of empathy, like	Factors affecting empathy can be categorised, and empathy can

	Healthcare Setting: A Qualitative Approach.	personal factors and external factors such as work environment and life experiences.	fluctuate based on circumstances faced by healthcare professionals.
Esterhuizen (2020)	Commentary: The Effectiveness of Empathy Training on the Skills of Nurses Working in Intensive Care Units.	The study suggests empathy training may have a positive influence on the skills of nurses.	The paper emphasises the need for a deeper understanding of how empathy can be cultivated in healthcare professionals to improve patient care outcomes.
Ding et al. (2020)	Effectiveness of Empathy Clinical Education for Children's Nursing Students: A Quasi-Experiment Study.	The study found that clinical empathy education significantly improved the empathy levels of children's nursing students.	The study's recommendations for incorporating empathy training into nursing programmes could have lasting benefits for students and patients.
Kahriman et al. (2016)	The Effect of Empathy Training on the Empathic Skills of Nurses.	Empathy training enhances nurses' communication skills and professional satisfaction.	Nurses' communication skills and empathic skills for better patient understanding are enhanced by empathy training.

Note: Table of articles on empathy development in nursing.

Empirical Evidence on The Satir Model in Nursing

The Satir Model, also known as the Iceberg Model, is a therapeutic approach developed by Virginia Satir, an American author, clinical social worker, and psychotherapist. It has been effectively used in communication to enhance interpersonal skills and cultural sensitivity. The model emphasises congruent communication, self-awareness and emotional expression, which is crucial for nursing professionals. A study involving nursing students revealed significant improvements in communication styles post-Satir education, highlighting themes such as empathy, emotional expression, and self-reflection (Lim & Park, 2013). Students reported a shift from blame to shared responsibility, enhancing their relationship with patients and peers. The Satir Model's application in diverse cultural contexts, such as Hong Kong, underscores the need for cultural sensitivity. We can adapt the model's principles to align with hierarchical collectivist values while promoting individual expression (Cheung & Chan, 2002). This adaptability ensures that nursing communication remains effective across different cultural settings. In the current search, there is not enough research on the Satir Model in nursing care, but studies are available in other areas, such as youth suicide intervention (Lum, Smith, & Ferris, 2002) (Banmen, 2008), personal growth and reflection (Sayles, 2002) (Stuart, 2010), counselling competency (Jafari, 2017), psychoeducational programs on autism spectrum disorder (Srikosai et al., 2019), mental health (Lau et al., 2018), and alcohol relapse prevention programs (Srikosai et al., 2014).

Author(s)	Title	Key Findings	Relevance to Study
Lim & Park (2012)	Changes in Communication and Relationship Pattern for Undergraduate Nursing Students After "Satir Communication Education".	Identified five themes of communication changes, and self-reflection enhances nursing students' communication experiences.	Communication and relationship changes were observed post-Satir education, and self-reflection enhances communication experiences.

Cheung & Chan (2002)	The Satir Model and Cultural Sensitivity: A Hong Kong Reflection	The study focuses on cultural sensitivity in applying the model.	Stud We must be aware of and sensitive to Malaysia's multicultural society.
Banmen (2008)	Suicide Prevention Using the Satir Model.	The study focuses on suicide intervention and treatment.	The Satir's model addresses the mental and emotional at a deep level—the level of unmet yearnings—to provide a sense of empathy.
Stuart (2010)	The Self: Reflection on Its Nature and Structure According to the Satir Model.	The author provides a deeper exploration of the Satir concept and comparison of the model and explores the implications of the model.	The paper provides a deeper understanding and view from different points to understand the Satir Model.
Jafari (2017)	Developing a psychoeducational package based on Satir's model for conflicting couples and its effectiveness on reducing inefficient coping strategies and divorce probability.	The study focuses on using the Satir Model in couple counselling.	The study results provide evidence that the Satir Model is providing positive results in coping strategies.
Srikosai et al. (2019)	Effect of the Satir Model – Based Psychoeducational Program on Parents and Children with Autism Spectrum Disorder	The The study focuses on the negative emotions that parents experience in relation to their ASD child's self-care, social skills deficit, and self-regulation difficulties.	The Satir model-based psychoeducation program improved the coping level of parents of children with ASD. This achievement is an encouragement to explore the model in other areas.

Note: Table of articles reviewing the contribution of the Satir Model.

Application of the Satir Model in Developing Empathy Nursing Communication

The Satir Model focuses on improving communication and building emotional connections to enhance empathy in nursing. The model's application fosters a more profound understanding of patients' experiences, ultimately improving care quality, and the model can be integrated into nursing care education via a nonviolent communication program to improve nursing students' empathic abilities, self-esteem, and communication competency (Sung & Kweon, 2022). To create a complete empathy education model that highlights the need to learn empathy skills, Burkhartzmeyer et al. (2021) did a study to practise these skills in real clinical settings, using a proven empathic communication framework for nurses and health staff to improve patient experiences at a large medical organisation in the Midwest, aiming to bridge the gap between training and patient experience data to support ongoing learning and practical use of these skills. Zhu et al. (2021) used the Delphi technique in a study to develop an empathy education model for undergraduate nursing students due to the lack of formal empathy courses, and Lu et al. (2018) tried to use a creative board game for empathy-related curriculum in nursing education. We recommend adopting the empathy education model into the nursing programme to ensure students receive comprehensive education in empathy.

Key recommendations for integrating the Satir Model into nursing are:

Self-awareness and congruence: encourage nurses to practise regular self-reflection and mindfulness exercises to help nurses manage their own emotions, ensuring they approach patients with authenticity and empathy.

Empathic communication to pay attention to patients' verbal and non-verbal language and emotions, acknowledging patients' experiences without judgement.

Focus on individual strengths to highlight positive coping mechanisms or past successes when discussing treatment or challenges.

Integrate the iceberg metaphor with using open-ended questions to uncover underlying concerns, such as fears or values influencing behaviour.

Foster a safe environment by using a warm, non-threatening tone, maintaining eye contact and respecting patients' cultural and individual differences.

Encourage collaboration and growth in co-creating care plans by involving patients in decision-making.

Actionable Steps to Integrate the Satir Model

Congruence, self-awareness, emotional connection, and the Iceberg Metaphor are Satir Model priorities. Try to apply these principles to real nursing situations for further explanation.

First, develop self-awareness and alignment. Daily mindfulness and thoughtful debriefs are advised. Nurses record responses to prompts such "Did I communicate authentically?" after patient interactions. Did my words match my feelings? The Iceberg Metaphor Worksheet can help nurses map observable actions (e.g., patient hostility) and hidden emotions (e.g., fear of prognosis) to uncover underlying reasons and make positive changes.

Second, in incongruent communication, nurses use direct, sympathetic language like "I'll try to hurry!" to substitute a survival position. Often heard during busy hours. This is "placating"; try "I need 15 minutes to finish this task, but I'll prioritise your request next. Is that okay?" to a patient who requests help. Role-playing workshops to practise handling typical situations like unwelcome news can help nurses increase efficiency.

Third, use the Iceberg Metaphor to uncover emotions. Open-ended questioning help nurses find hidden issues. Ask a resistive patient, "What worries you most about this treatment?" How can we address such issues together? What nurses can learn to ask "What else?" three times to probe patients' concerns (e.g., What else disturbs you about the diagnosis?)

Fourth, strength-based treatment promotes teamwork. For example, nurses may tell a diabetic patient, "You've managed your diet well this week – let's build on that success for insulin adherence." Use SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound) to assist patients set goals.

Fifth, use non-verbal congruence (eye contact, calm tone) and cultural humility to create an emotionally safe space. One nurse told a silent bereaved family, "Take your time. I'm available for conversation." Clinics and wards can display posters advising workers to "Pause, Breathe, Respond" to encourage create emotional safe space.

Implications for nursing practice

The Satir model for developing empathy communication has broad implications for nursing practice, offering benefits and considerations across three key stakeholder groups: patients, nurses, and the healthcare system. Integrating the Satir model in nursing is multifaceted, requiring a comprehensive approach encompassing education, practical application, and structural support to maximise its positive impact.

For Patients

The Satir Model for developing empathy Communication helps improve emotional well-being, in which empathy helps patients feel understood, valued, and supported, reducing anxiety and emotional distress and promoting a sense of safety, especially during vulnerable moments such as diagnosis or treatment. Patients who trust their nurses are more likely to share concerns openly, enabling accurate diagnosis and tailored care.

Empowerment by recognising individual strengths fosters self-efficacy and encourages patients to actively participate in their care. Holistic healing, with the iceberg metaphor addressing the underlying beliefs, feelings, and unmet needs, can lead to a deeper understanding of the patient and support physical and emotional recovery. The patient feels heard, reducing anxiety (e.g., a cancer patient shares fears about chemotherapy after congruent communication). This is an empowerment – strengths-based care increases self-efficacy in patients being able to set achievable goals for rehab.

For Nurses

The Satir Model improves communication skills where nurses foster active listening and non-judgemental interactions; it helps carers navigate challenging conversations, such as delivering bad news or managing non-compliance. Authentic connections with patients bring fulfilment and reduce burnout associated with repetitive tasks or emotional strain, which can increase nurses' job satisfaction. Promote professional growth with self-reflection and emotional intelligence, enhancing personal and professional resilience. And nurses practicing congruence are better equipped to handle their emotions, which reduces compassion fatigue and improves mental health care strategies for stress management. Self-awareness practices help nurses to manage stress (e.g., debriefing after a traumatic code blue). And mastery of the Iceberg Metaphor as skill development in improves conflict resolution (de-escalating a frustrated family member).

For Healthcare Systems

The benefit of the Satir Model is that it improves patient outcomes by enhancing communication, leading to better adherence to treatment plans, fewer misunderstandings, and improved recovery rates. Empathic care minimises miscommunication and reduces patient complaints and conflicts; it also has the potential to reduce legal issues. Clear communication prevents errors and saves time by reducing repeated explanations and misunderstandings, which will increase the efficiency of healthcare. Fostering a patient-centred culture encourages a shift towards holistic, patient-focused care, which is central to modern healthcare. With the positive impact of addressing emotional and professional needs, the model can improve nurse retention rates and reduce costs associated with high turnover. The Satir Model's acceptance is a challenge, as some people may resist open communication due to cultural or personal barriers. Nurses may need training to enhance their empathy skills, particularly in high-stress environments; the implementation of the Satir Model in the healthcare system necessitates investment in education, time for reflective practices and supportive leadership. By adopting the Satir Model, healthcare stakeholders can collaboratively foster an environment where empathy and effective communication enhance both individual experiences and systemic outcomes. Cost savings in fewer miscommunications reduce readmissions (e.g., clearer discharge instructions improve adherence). And cultural competency in adapting the model to a diverse populations (e.g., respecting silence in collectivist cultures) enhances equity.

Practical Application in Nursing Education

Empathy Training Workshops

Incorporating the Satir Model into nursing education can enhance empathy development through interactive workshops. For example, a workshop might include role-playing exercises where nursing students practise responding to patients' emotional needs using congruent communication. Feedback from peers and instructors helps them refine their skills in time.

Reflective Practices

Nursing students can also engage in reflective journaling to explore their emotional triggers and biases. For instance, after a challenging patient encounter, a student might write about how the situation affected them emotionally and how they could approach it differently using self-awareness and empathy.

Simulation Scenarios

Stimulated patient interactions can help students apply the Satir Model in controlled environments. In one scenario, a patient exhibits anger due to a long wait time. The student tasked with acknowledging the patient's frustration ("I understand how frustrating delays can be") while exploring underlying concerns with open-ended questions. This exercise builds confidence in handling real-world situations.

Cultural Adaptation Models to tailor Satir principles to diverse populations. Using a case study on patients from a culture that values familial decision-making in stimulation sessions for nursing students to explore "How might you involve the family while respecting the patient's autonomy using the Satir Model?" from the workshops, role-playing nursing students will gain insight and having opportunity to practice before encounter the real-situation with patient.

CONCLUSION

The Satir Model provides a comprehensive framework for developing empathy in nursing communication. By focusing on congruence, self-awareness, and the ability to connect with patients on a deeper emotional level, nurses can enhance their therapeutic relationships and contribute to better outcomes. Integrating this model into nursing education and practice offers a pathway to foster compassionate, patient-centred care in today's complex healthcare environment. Future research should explore the long-term impact of empathy training using the Satir Model across diverse healthcare settings.

REFERENCES

1. Averbeck, A. (2023). Marriage and Family Therapy: A Practice-Oriented Approach. Springer Publishing Company, Chapter 8: The Satir Model. p163-185. https://books.google.com.my/books?id=WuXPEAAAQBAJ
2. Banmen, J. (2008). Suicide Prevention Using the Satir Model. Satir Journal.2 (1), p6. ISSN 1718-2050
3. Banmen, J., & Maki-Banmen, K. (2014). What Has Become of Virginia Satir's Therapy Model Since She Left Us in 1988? Journal of Family Psychotherapy, 25, p117-131. https://doi.org/10.1080.08975353.2014.909706
4. Burkhartzmeyer, H., L., Preston, H., R., Arcand, L., L., Mullenbach, D., L., Nelson, D., E., Lorentz, P., A., & Stevens, S., K. (2021). Speaking to the Heart of Our Patients: An Empathic Communication Education Initiative. The Journal of Continuing Education in Nursing, 52 (7), p319-325. https://doi.org/10.3928/00220124-20210611-06
5. Carlock, C., J. (2008). Building Healthy Self Identity in Gays and Lesbians: A Satir Approach. The Satir Journal, 2 (3), p20-75. ISSN-1718-2050 online 1718-2069
6. Cheung, G., & Chan, C. (2002). The Satir Model and Cultural Sensitivity: A Hong Kong Reflection. Contemporary Family Therapy. 24, p199-155. https://doi.org/10.1023/A:1014338025464
7. De Little, M. (2021). Interview with Dr. John Banmen Training Director Emeritus of the Satir Institute of the Pacific. The Wisdom Box. Winter Edition. https://satirpacific.org/wp-content/uploads/2021/12/WisdomBox-2021-12-14-Winter_compressed-compressed.pdf
8. Derksen, F., AWM., Hartman, T., C., Bensing, J., M., & Largo-Jannsen, A., LM. (2016). Managing Barriers to Empathy in the Clinical Encounter: A Qualitative Interview Study with GPs. British Journal of General Practice. 66, (653):e887-e895. https://doi.org/10.3399/bjgp16X687565
9. Derksen, F., Bensing, J., & Lagro-Janssen, A. (2013). Effectiveness of Empathy in General Practice: A Systematic Review. British Journal of General Practice. 63, (606):e76-e84. https://doi.org/10.3399/bjgp13X660814
10. Engbers, R., A. (2020). Students' Perceptions of Interventions Designed to Foster Empathy: An Integrative Review. Nurse Education Today. 86, 104325. https://doi.org/10.1016/j.nedt.2019.104325
11. Erker, J. (2017). A Summary of Qualitative Study of Satir Family Therapy: Theoretical and Practical Developments Over the Past 30 Years. Satir International Journal, 5(1), p76-81. https://journals.uvic.ca/index.php/satir/article/view/17876
12. Esterhuizen, P. (2020). Commentary: The Effectiveness of Empathy Training on The Skills of Nurses Working in Intensive Care Units. Journal of Research in Nursing. 25 (8). https://doi.org/10.1177/1744987120902949

13. Flickinger, T., E., Saha, S., Roter, D., Korthuis, T.Tood,. Sharp, V., Cohn, J., Eggly, S., Moore, R., D., & Beach, M., C. (2016). Clinician Empathy is Associated with Differences in Patient-Clinician Communication Behaviors and Higher Medication Self-Efficacy in HIV Care. Patient Education and Counseling. 99, (2). p220-226. https://doi.org/10.1016/j-pec.2015.09.001
14. Jafari, A. (2017). Developing a Psycho-educational Package on Satir, S Model for Conflicting Couples and It, S Effectiveness on Reducing Inefficient Coping Strategy and Divorce Probability. Counseling Culture and Psychotherapy. 8 (30), p107-130. https://doi.org/10.22054/qccpc.2017.23163.1564
15. Kahriman, I., Nural, N., Arslan, U., Topbas, M., Can, G., & Kasim, S. (2016). The Effect of Empathy Training on the Empathic Skills of Nurses. Iran Red Crescent Med J. 18 (6):e24847 https://doi.org/10.5812/irmj.24847.
16. Kelly, K., J., & Kelley, M., F. (2013). Teaching Empathy and Other Compassion-Based Communication Skills. Journal for Nurses in Professional Development. 29, (6). p321-324. 10.1097/01.NND.0000436794.24434.90
17. Kiani, F., Z., & Ahmadi, A. (2019). Barriers and Facilitating Factors of Communication in Iranian Educational Health Care Centers: A Systemic Review. Strides Dev Med Educ. 16, (1)):e80871. https://doi.org/10.5812/sdme.80871
18. Lim, S., J., & Park, E., Y. (2013). Changes in Communication and Relationship Pattern for Undergraduate Nursing Students After "Satir Communication Education". The Journal of Korean Academic Society of Nursing Education. 19 (2), p151-162. https://doi.org/10.5977/jkasne.2013.19.2.151
19. Lu, Chueh-Fen., Wu, Shu-Mei., Shu, Ying-Mei., & Yeh, Mei-Yu. (2018). [Applying Game-Based learning in Nursing Education: Empathy Board Game Learning]. The Journal of Nursing (China), 65 (1), p96-103. https://doi.org/10.6224/JN.201802_65(1).13
20. Lum, W., Smith, J., & Ferris, J. (2002). Youth Suicide Intervention Using the Satir Model. Contemporary Family Therapy: An International Journal, 24 (1), p 139-159. https://doi.org/10.1023/A:1014381807717
21. Mudiyanse, R., M. (2016). Empathy for Patient Centeredness and Patient Empowerment. Journal General Practice. 4, (1). http://dx.doi.org/10.4172/2329-9126.1000224
22. Nembhard, I., M., David, G., Ezzeddine, I., Bretts, D., & Radin, J. (2022). A Systematic Review of Research on Empathy in Health Care. Health Service Research. 58, (2), p250-263. https://dpi.org/10111/1475-6773.14016
23. Okur, S. (2020). Satir Transformational Systemic Therapy and Spirituality. Spirituality Psychology and Counseling, 5, p45-64. https://dx.doi.org/10.37898/spc.2020.5.1.094
24. Peisachovich, E., H., Sombilon, E., V., Grant, N., Ladha, N., & Da Silva, C. (2024). Evaluating the Effectiveness of Empathy-Based Education in Undergraduate Nursing: A Scoping Review. Journal of Nursing Education. 63 (6), p367-371. https://doi.org/10.3928/01484834-20240404-01
25. Salazar, K., Adams, J., L., Neis, M., A., Robinson, R., Hedwig, T., & Hellem, T. (2023). Our Patients Need Empathy Training across Healthcare Professions. American Journal of Pharmaceutical Education. 87 (5), 100011. https://doi.org/10.1016/j.ajpe.2022.09.001
26. Satir, V., & Baldwin, M. (1983). Satir Step by Step: A Guide to Creating Change in Families. Science and Behavior Books. INC. Palo Alto, California.
27. Satir, V., Banmen, J., Gerber, J., & Gomori, M. (1991). The Satir Model: Family Therapy and Beyond. Science and Behavior Books. INC. Palo Alto California.
28. Sayles, C. (2002). Transformational Change – Based on the Model of Virginia Satir. Contemporary Family Therapy. 24, p93-109. https://doi.org/10.1023/A:1014325722738
29. Squier, R. W. (1990). A Model of Empathic Understanding and Adherence to Treatment Regimes in Practitioner-Patient Relationships. Social Science and Medicine, 30 (3), p325-339. https://doi.org/10.1016/0277-9536(90)90188-X
30. Srikosai, S., Dornnork, P., Somchai, C., Sriseub, P., Taweewattanaprecha, S., & Saipanish, R. (2019). Effect of the Satir Model–Based Psychoeducational Program on Parents and Children with Autism Spectrum Disorder. International Journal of Child Development and Mental Health. 7 (2), p41-54. Online/electronic-ISSN:2586-887X; Print ISSN:2286-7481 Retrieved from https://he01.tci-thaijo.org/index.php/cdmh/article/view/209154
31. Srikosai, S., Thapinta, D., Kittirattanapaiboon, P., & Piyavhatkul, N. (2014). Effectiveness of an Alcohol Relapse Prevention Program Based on the Satir Model in Alcohol-dependent Women. Chaing Mai

University Journal of Natural Sciences. 13 (2). p227-239. Retrieved from https://www.thaiscience.info/Journals/Article/CMUJ/10932666.pdf

32. Stuart, P. (2010). The Self: Reflection on its Nature and Structure According to the Satir Model. Satir Journal. 4 (1), p109. ISSN 1718-2050
33. Sung, J., & Kweon, Y. (2022). Effects of a Nonviolent Communication-Based Empathy Education Program for Nursing Students: A Quasi-Experimental Pilot Study. Nurs. Per. 22, p824-835. https://doi.org/10.3390/nursrep12040080
34. University of North Carolina Satir. (2018). About Virginia Satir. https://satir.web.unc.edu/about-virginia-satir/
35. Vaughanbell. (2007). Top 10 Influential Psychotherapists. Mind Hack. https://mindhacks.com/2007/04/06/top-10-influential-psychotherapists/
36. Vivian Lou, W., Q. (2009). Enhancing Personal Growth for Social Work Students: Using the Satir Model. The Satir Journal, 3 (2), ISSN-1718-2050 Online 1718-2069
37. Wen, X., M., Cai, P., Chu, J., H., Su, H., Tong, T., S., & Gu, D., F. (2022). Application of Satir Model Intervention in Family Caregivers of Patients with Esophageal Cancer. Chinese Nursing Research, 36 (9), p1671-1675. https://doi.org/10.12102/j.issn.1009-6493.2022.09.032
38. Williams, J. & Stickley, T. (2010). Empathy and Nurse Education. Nurse Education Today. 30, (8), p752-755. https://doi.org/10.1016/j.nedt.2010.01.018
39. Wretman, D., J. (2017). Satir the Interventionist: A Response to Lee and Rovers. Social Work, 62(2), p185-186. https://doi.org/10.1093/sw/swx002
40. Yang, Ningxi., Xiao, Han., Cao, Yingnan., Li, Shiyue., Yan, Hong., & Wang, Yifang. (2018). Does Narrative Medicine Education Improve Nursing Students' Empathic Abilities and Academic Achievement? A Randomised Controlled Trial. Journal of International Medical Research, 46 (8), p3306-3317. https://doi.org/10.1177/0300060518781476
41. Yu, C. C., Tan, L., Le, M., K., Tang, B., Liaw, S., Y., ….. & Low, J.,A. (2022). The Development of Empathy in the Healthcare Setting: A Quality Approach. BMC Med Educ. 22, p245. https://doi.org/10.1186/s12909-022-03312-y
42. Zhang, X., Liu, B., Chen, Z., & Xu, Y. (2022). An Analysis of the Factors Affecting Chinese Teenagers' Psychology of Study-Weary from the Perspective of Satir's Iceberg Theory. Journal of Psychology and Behavior Studies. https://doi.org/10.32996/jpbs.2022.2.2.5
43. Zhao, L., Chang, Y., S., & Sun, W., H. (2022). Application of Satir Model Group Psychological Intervention Combined with Rehabilitation Training in Patients with Lung Cancer Surgery. Chinese Nursing Research, 36 (20), p3711-3715. https://doi.org/10.12102/j.issn.1009-6493.2022.20.028
44. Zhu, Y., Yang, C., & Chen, B. (2021). Developing an empathy education model (EEM) for Undergraduate Nursing Students: A Delphi Techniques. Nurse Education in Practice. 50. https://doi.org/10.1016/j.nepr.2020.102922