Commentary

Our Patients Need Empathy Training across Healthcare Professions

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A R T I C L E   I N F O

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A B S T R A C T

Vulnerable populations are those who experience disparity at a disproportionate rate. For this article, specific vulnerable populations of interest include people who experience intellectual or developmental disorders, mental illness, or substance misuse. Vulnerable populations are some of the most stigmatized populations in our society. Research shows that vulnerable populations receive less empathic care than general health care populations, resulting in reduced quality of care and disparities in health outcomes. Empathy, a necessary health care competency, is associated with improved patient outcomes, enhanced job satisfaction, and increased retention and resilience across health care professions. However, there is no current standard for how empathy is taught, assessed, or sustained. Even when empathy education is implemented in healthcare professions curricula, research has demonstrated that it appears to erode with experience and time. In addition, the COVID-19 pandemic has exacerbated inequities in health care systems, with consequences for both patients and providers. There is an urgent need to develop efficacious training in empathy across health care professions to foster and sustain a robust workforce and improve health care experiences and outcomes.

1. Background

There is an urgent need to improve health care experiences for patients and health care providers. The health care system continues to be a potential source of harm for people who use and work within it.\cite{1-3} Health care professionals can make patients who need compassionate care feel devalued and contribute to negative emotional states, aggression, and violence toward clinicians and other patients.\cite{1} Vulnerable populations are those that experience disparity at a disproportionate rate. For this article, specific vulnerable populations of interest include people who experience intellectual or developmental disorders, mental illness, or substance misuse. An estimated 20\% of United States adults suffer from mental health disorders and/or substance use disorders, while nearly 18\% of children have some form of intellectual or developmental disability.\cite{4} Many patients have disorders or disabilities that challenge a health care professional’s ability to understand a patient’s perspective and lived experience.\cite{5} Vulnerable populations are some of the most marginalized and stigmatized populations in our society.\cite{5} This is partly because people, including health care professionals, are frequently not taught the skills necessary to empathize and misattribute behaviors as being intentionally ‘bad’ rather than a result of a health disorder or disabilities.\cite{3} Negative stereotypes and public perceptions can prefigure clinical encounters, resulting in poorer health outcomes and reduced health equity.\cite{2} Stigma, prejudice, and discrimination can become entrenched in everyday clinical practice if not actively reflected upon and included at all levels of health professions education.\cite{2,3} Empathy is an essential skill and core competency that can mediate the negative effects of stigma and improve health outcomes for all patients, including vulnerable patients as well as health care professionals.\cite{6} Empathy is a cognitive, attitudinal, and behavioral process. The cognitive aspect is intertwined with skills and the capacity to communicate and gain understanding about the experiences, concerns, and perspectives of another person.\cite{7} Although there is debate as to whether empathy is innate or can be taught, a majority of the evidence suggests

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that empathy is teachable; however, the best teaching methods, as well as the evaluation of empathy levels, have yet to be determined. Research has shown that the benefits of empathy and relationship-building activities by health care professionals on patient health outcomes in chronic disease management, including increased self-care of health care professionals. Relationship-building capabilities of health care professionals help relieve patient suffering associated with diagnosis and treatment. The patient-clinician relationship plays an integral role in patient healing. Importantly, authentic empathy can positively impact health care professionals, and evidence indicates empathy may reduce symptoms of burnout in some health care professions. Furthermore, professional satisfaction and engagement are improved when health care professionals feel connections with patients. A systematic review of the effectiveness of empathy in general practice identified beliefs that empathy can be improved by targeted educational activities and opportunities to enhance empathy during education exist.

Health care professionals across disciplines are critical for identifying signs or concerns related to health disparities and providing an opportunity to offer services to impacted individuals. However, when health care professionals lack training in empathy or display inappropriate attitudes toward patients, evidence shows poorer health outcomes and higher rates of aggression and violence toward health care professionals. Notably, rates of patient violence toward staff have increased significantly in recent years. These incidents, among other work environment circumstances, take an emotional toll on health care professionals and result in diminished empathy and employee burnout. Health care professionals successful at managing agitated or aggressive patients describe an attitude of empathy as being critical to their approach. The use of empathy in interactions is both an art and a science, and debriefing tools in health care programs can be used to facilitate student-skill development and continued use in practice. Additionally, The Academy of Communication in Healthcare provides an evidence-based relationship-centered communication skills program for health care professionals that is geared toward patient encounters in hospital and clinical settings. However, to our knowledge, no evidence-based empathy models for facilitating empathy-grounded skills development for all health care professions students exist, leaving empathy education primarily dependent on individual curricula. The lack of a standardized approach to teaching empathy across the health care professions has important implications for experiences of both patients and clinicians and may contribute to differences in population-level health outcomes for already vulnerable populations.

Although it is widely accepted that reducing stigma and increasing empathy toward patients is desired, little is known regarding how to develop the requisite knowledge, skills, and attitudes among health care profession students to prepare the future health care workforce to ensure empathy in the face of professional pressures. There is little guidance in the form of defined competencies or recommended approaches to educating and training health care profession students and health care professionals, namely for interprofessional learning.

2. Empathy in Health Care Professions Education

Although it is recognized that empathy is a critical health care professional competency for many reasons, research on the design of programs to develop empathy attitudes, competencies, and behaviors has primarily been limited to locally developed training within a single organization. Health care professions programs typically train providers within one health care profession to use empathy toward patients in general rather than to use empathy in addressing health disparities for vulnerable populations. In addition, empathy skills are foundational components of health care profession education across the spectrum of clinician roles. Importantly, health care professionals from a variety of disciplines with different skills collaborating together to provide interprofessional care to vulnerable individuals is essential for effective health care delivery. Effectiveness of health care is enhanced when clinicians have empathy, but interprofessional empathy training is infrequently incorporated in health care academia. Additionally, research on the teaching and learning of empathy in interprofessional patient care to vulnerable populations is scarce. To address this lacuna, in the following paragraphs, we summarize the published evidence on empathy training in health care profession education programs.

There is evidence to suggest that teaching empathy to students across health-care professions is beneficial in increasing and sustaining empathy levels. Although much of this research is limited by methodological concerns, including empathy measurements, some findings show that educational interventions are effective in cultivating short-term empathy in health care profession students, albeit with small to medium effect sizes. In contrast, other findings indicate that empathy training is not consistently related to improved empathy among health care profession students. Notably, empathy interactions appear to decline over the course of education programs, potentially attributable to a lack of appropriate mentors, negative attitudes from clinical faculty and health care professionals, learning overload, and the stresses of everyday work life.

This is particularly relevant in light of the ongoing COVID-19 pandemic, as psychological stress and burnout are related to a decrease in empathy among both students and health care professionals alike.

Concern has been raised that empathy training during health-care profession education does not prepare health care professionals to empathize with patients once they are in the clinical setting beyond education program completion. This is potentially exacerbated by experiences with patients in personally challenging situations. Health care professionals new to their profession are taxed with navigating their new role while developing social and communication skills that may be unlike other roles in their lives. Even individuals with strong social and communication skills are faced with difficult situations that do not always allow for thoughtful and empathic responses. There’s a natural rhythm to interprofessional health care teams working in harmony to optimize patient health outcomes. Collectively, a team can generate shared empathy in ways that may not be possible for individual health care clinicians. To this end, research on the use of empathy in patient care and clinician training is a logical step in preparing health care professionals for providing empathy-focused care.

3. Evidence for Interprofessional Empathy Education

Education across health care professions is strongly focused on diagnoses, disease management, and practical skills, with less attention on the development of interpersonal skills. The inclusion of humanities as a component of interprofessional education in the health care professions, including continuing education, assists in the development of a culturally responsive, compassionate health care workforce. Decline in empathy over time, particularly toward vulnerable populations and in response to stressful situations, may be reduced by infusing empathy training at all levels in both educational and clinical settings. It has been suggested that enhancing empathy training in health care profession education through a variety of strategies (eg, role-playing, low-fidelity simulation, reflective writing, pseudo-hospitalizations) may foster and develop empathy among health care students.

There are promising results from a small but growing body of research evaluating interprofessional approaches to empathy training. However, none of these approaches have been applied or tested in vulnerable populations. Nonetheless, the literature reveals that interprofessional education in empathy improves student competencies, but this has only been studied in the context of general patient care. A consistent limitation of interprofessional empathy training research is the duration of education interventions and/or longitudinal follow-up outcomes. Consequently, there is a need for innovative interprofessional approaches to support the wellness of both patients and health care professionals.
care professionals. Furthermore, we must ensure that students in the health care professions have access to training to develop, apply, and sustain competencies in empathy across the arc of their careers.

4. Conclusion

Many health care professionals are overburdened and frustrated with limited time and few resources available to support the immense and growing needs of their patients and communities. Few, if any, current or future health care professionals have access to empathy training, let alone interprofessional training focused on the unique needs of vulnerable patient populations. Empathy training can improve health outcomes by fostering a more sensitive, responsive, and resilient workforce. It can also play a critical role in understanding lived experience and alleviating patient discomfort, thereby improving healthcare communications, interactions, and outcomes.

To promote the health and wellness of patients and health care professionals, health care professionals and health care systems must work with vulnerable patient populations to better understand the unique behavioral health and support needs of all patients and promote equity in access to quality health care. We recommend mixed methodological research be conducted with vulnerable patient populations and health care professionals to understand the everyday lived experience of these populations and learn empathy strategies to better support healthcare professionals. Researchers should inventory available empathy training and related resources across health care professions programs, identify existing gaps, and prioritize curriculum development and evaluation efforts. Healthcare systems and educators must support the augmentation of available training to enhance empathy, reduce stigma, and improve health outcomes for vulnerable populations who experience disparity at a disproportionate rate.

Health care systems and educators need to focus available training resources on keeping all health care professionals safe and healthy by providing support and mentorship, opportunities for practicing skills and sharing stories of success, and ongoing training with an explicit focus on empathy as an essential health care competency. As an initial step in developing empathy-grounded training across health care professions, attitudes and beliefs regarding empathy training among health care professions education program directors, students, faculty, and alumni need to be explored. This is especially urgent, considering empathy is not universally taught across health care professions. We recommended that interprofessional training programs for established health care professionals be developed and tailored to address the wide range of patient care needs likely to be encountered in clinical settings.

Interprofessional curriculum development, including empathy training for health care professions education, is needed. Empathy training in individual professions is not sufficient, and there is a need to consider developing empathy education that incorporates an interprofessional team and focuses on vulnerable populations. We recommended that interprofessional education programs for health care professions students be developed and tailored to address the wide range of patient care needs likely to be encountered in clinical settings.

The benefits of using empathy training in health care professions education are widely known. However, there is no systematic way of teaching or assessing competency in empathy across health professions. Without empathy as a cornerstone of health professions education, health care interactions can be detrimental to patients, health care professionals, and health care systems. This raises the important question: how do we achieve the use of long-term empathy skills in all health care professionals? Interprofessional empathy education is one strategy to facilitate a more collaborative, relationship-centered approach to patient care, specifically among populations experiencing significant health disparities. Additional work is needed to develop effective and shareable empathy training resources to speed the integration of training into clinical practice across a broad range of health care professions and improve health equity.

Declaration of Competing Interest
None declared.

References