Empathy as a Human Attribute

Roughly defined, empathy is the ability to put yourself in somebody else’s shoes, or to “feel their pain.” Empathy as a human attribute matters in many aspects of life. As a multidimensional phenomenon, empathy incorporates affective, cognitive, behavioral, and moral components. Researchers identified two types of empathy: affective and cognitive. Affective empathy are sensations and feelings in response to another person’s emotions. Cognitive empathy refers to the ability to identify and understand emotions of others. Empathic people can identify and understand situations, feelings, motives, and perspectives, and, moreover, recognize and appreciate concerns of another person; they cultivate curiosity about strangers, challenge prejudice and discover commonalities, try another person’s life, listen, open up, inspire mass action and social change, and develop an ambitious imagination.1

Neuroscience discoveries demonstrate that the human brain is hardwired for empathy. The different levels of empathy related to thoughts, feelings, and actions are supported by different brain networks.2 There is also a genetic basis for empathy.3 Growing evidence supports individual variability in empathy; mature individuals and females have higher empathy scores.4 Cultural differences in empathic responses to physical and social stimuli at both cognitive and affective level were reported.5 Empathy can decline or be enhanced during the lifespan. Meta-analysis of empathy data collected between 1979 and 2009 showed a 40% decline in empathy level among college students.6

Empathy in Patient Care

Empathy is essential in the provision of patient-centered care and is described as the ability to understand the patient’s situation, perspectives, and feelings; communicate that understanding and check its accuracy; and, then act on that understanding with the patient.7 These three action words, understand, communicate, and act, are the foundation for effective and high quality therapeutic relationship with the patient. In relevance to a clinical setting, empathy is multidimensional and includes emotional, moral, cognitive, and behavioral aspects.8 All dimensions of clinical empathy should be used together to work effectively. The correlation between empathy of health care providers and improved patient adherence, satisfaction, and treatment outcomes is well-established. Moreover, professional satisfaction of health care providers is also correlated with empathy.8

Empathy and Affective Skills

Effective delivery of compassionate and collaborative patient-centered care requires empathy-based skills and should be routinely and deliberately taught, modelled, and assessed across the continuum of health care curricula.
Training on development of communication skills resulted in significant increase in empathy scores. Integration of live experience interviews significantly increased empathy toward vulnerable groups of patients. Empathy was promoted by use of video recordings of patients’ stories, service to underserved communities, and reflective writing. To advance empathy in medical students, five approaches were effective: early clinical exposure (direct patient contact or simulated patient); playing a role of a patient; exposure to literary and performing arts; improving communication, narrative, and stress management skills; and exposure to role models. Role-modeling by clinical instructors during experiential training was reported as the most important influence on empathy education. Significant improvement in empathy resulted from exposure to a 3D simulation of culturally and linguistically diverse patients in a hospital setting and simulations of medical consultations with standardized patients. Other educational strategies used to enhance empathy included: writing, problem-based learning, patient interviews, interprofessional education, experiential training. These strategies were shown to be effective in maintaining and enhancing empathy.

Programs targeted to enhance empathy need reinforcements for a sustained effect. The strategies that were suggested to sustain and promote empathy include reinforcement of communication skills and relocation of clinical training from hospitals to chronic care, home care, hospice, and long-term care settings. Literature reports described above demonstrate that empathy can be improved with many different teaching strategies. The multidimensional nature of empathy makes assessment of effectiveness of empathy-enhancing strategies complicated. Ideally, empathy assessment tools should measure: meaning of empathy, willingness to empathize, individual empathic ability, barriers to express empathy, change in empathy level, empathy education, and empathic abilities. Several validated tools are available to measure empathy. Regular assessment of empathy can help to monitor progress in development and/or changes of affective competencies.

Methods to Enhance Empathy

Empathy, as an innate quality, is malleable and can be enhanced by strategic educational intereventions. Training on development of communication skills resulted in significant increase in empathy scores. Integration of live experience interviews significantly increased empathy toward vulnerable groups of patients. Empathy was promoted by use of video recordings of patients’ stories, service to underserved communities, and reflective writing. To advance empathy in medical students, five approaches were effective: early clinical exposure (direct patient contact or simulated patient); playing a role of a patient; exposure to literary and performing arts; improving communication, narrative, and stress management skills; and exposure to role models. Role-modeling by clinical instructors during experiential training was reported as the most important influence on empathy education. Significant improvement in empathy resulted from exposure to a 3D simulation of culturally and linguistically diverse patients in a hospital setting and simulations of medical consultations with standardized patients. Other educational strategies used to enhance empathy included: writing, problem-based learning, patient interviews, interprofessional education, experiential training. These strategies were shown to be effective in maintaining and enhancing empathy.

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CONCLUSION

Empathy helps students develop affective skills, behaviors, and attitudes, achieve competencies essential for patient-centered care, and advance personal and professional development. As an innate human attribute, empathy shows inter-individual variability and can change over time. Educators in health professional programs should recognize that many affective skills are rooted in empathy. Empathy is malleable, and empathy can enable, catalyze, and facilitate achievement of affective skills, attitudes, and behaviors.

Literature reports describe positive correlation between empathy and affective skills and provide examples of educational interventions to enhance empathy. Health professional programs should implement educational strategies that develop, reinforce, nourish, and sustain empathy in students. Due to its contextual and multidimensional nature, empathy development needs to be inculcated throughout the curriculum, both didactic and experiential.

Academic pharmacy and other health care programs are entrusted with an important task to educate and develop competent value-centered health care professionals with a high level of empathy and strong affective abilities that are essential for adequate patient-centered and team-based health care. Theodore Roosevelt said, “Nobody cares how much you know, until they know how much you care.”

REFERENCES