

Empathy

The following summaries of recent peer-reviewed studies and articles describe factors that create and enhance empathy, as well as the impact of empathy on patient experience. Citations are linked to full-text articles when available. **[PG]** denotes Press Ganey research.

Study	Objective	Conclusion
<p>Chandrasekaran, A., Anand, G., Sharma, L., Pesavanto, T., Hauenstein, M. L., Nguyen, M., . . . Moffatt-Bruce, S. (in press). Role of in-hospital care quality in reducing anxiety and readmissions of kidney transplant recipients. <i>Journal of Surgical Research</i>.</p>	<p>To examine the relationship between the quality of care delivered during a patient's hospital stay for a kidney transplant—including empathetic care delivery—and patient health outcomes and readmissions related to the transplant.</p>	<ul style="list-style-type: none"> ■ The quality of care for transplant patients has two distinct dimensions: 1) consistency of information and 2) empathy while delivering information. ■ Patient anxiety levels one week after discharge are significantly associated with information consistency and empathetic delivery of care. ■ The risk of a patient getting readmitted to the hospital is 110% higher for a one-unit increase in patient anxiety level one week after discharge. ■ Two ways of preventing readmissions through reduction of post-discharge anxiety include: <ul style="list-style-type: none"> – Standardizing in-hospital care, so that information received by patients is consistent – Training caregivers to be more empathetic toward patients during the delivery of information
<p>Bearman, M., Palermo, C., Allen, L. M., & Williams, B. (2015). Learning empathy through simulation: A systematic literature review. <i>Simulation in Healthcare</i>, 10(5), 308-319.</p>	<p>To determine if and how simulation, including games, simulated patients, and role-play, might develop empathy and empathetic behaviors in learners.</p>	<ul style="list-style-type: none"> ■ Simulation may be a useful educational methodology for developing empathetic behaviors in pre-service health professional students. ■ Simulations that ask the learner to act in the role of patient are particularly effective in developing empathy. ■ Role-play provides learners with both the experience of the patient and the experience of working with patients. This role reversal may be an important mechanism in developing empathy.
<p>[PG] Lee, T. H. (2015). An epidemic of empathy in healthcare: How to deliver compassionate, connected patient care that creates a competitive advantage. New York: McGraw-Hill.</p>	<p>To explain how to develop a health care culture that treats the patient, not the malady—including step-by-step guidance for unleashing an “epidemic of empathy.”</p>	<ul style="list-style-type: none"> ■ The only way to build effective health systems is to combine advanced science with empathic care. ■ For an organization to compete in health care's new competitive marketplace, it must organize providers around compassionate and coordinated care as a core business strategy. ■ An epidemic of empathy is achieved by: <ul style="list-style-type: none"> – Developing a shared understanding of the overarching goal to meet patients' needs and reduce their suffering – Making empathic care a social norm rather than the focus of economic incentives – Pinpointing and addressing the most significant causes of patient suffering – Collecting and using data to drive

Study	Objective	Conclusion
<p>Menendez, M. E., Chen, N. C., Mudgal, C. S., Jupiter, J. B., & Ring, D. (2015). Physician empathy as a driver of hand surgery patient satisfaction. <i>Journal of Hand Surgery</i>, 40(9), 1860-1865.</p>	<p>To examine the relationship between patient-rated physician empathy and patient satisfaction after a single new hand surgery office visit.</p>	<p>improvement</p> <ul style="list-style-type: none"> ■ Empathy is the strongest driver of patient experience with hand surgeons. ■ Ensuring patients feel heard and cared for may be more important than providing expert medical advice. ■ To improve communication with patients, hand surgeons should: <ul style="list-style-type: none"> – Engage more in active listening by paraphrasing patients’ statements – Script and practice clear explanations for common hand problems – Pause between sentences for questions – Inquire about quizzical looks (e.g., “Does that fit what you were thinking?”)
<p>The Schwartz Center for Compassionate Healthcare. (2015). Building compassion into the bottom line: The role of compassionate care and patient experience in 35 U.S. hospitals and health systems. [White Paper]</p>	<p>To detail successful programs and approaches that enhance caregiver compassion and patient experience.</p>	<ul style="list-style-type: none"> ■ Compassionate care is based on active listening, empathy, strong communication and interpersonal skills, and knowledge of the patient as a whole person. ■ Organizations that place a high priority on delivering compassionate care benefit from lower staff turnover, higher retention, recruitment of more highly qualified staff, greater patient loyalty and reduced costs from shorter lengths of stay, lower rates of rehospitalization, better health outcomes, and fewer costly procedures. ■ Caregivers who are able to express compassion for patients, families, and each other experience higher job satisfaction, less stress, and a greater sense of teamwork. ■ When you combine empathy and compassion, it makes for the best overall experience for the patient. Patients who are treated compassionately benefit from improved quality of care, better health, fewer medical errors, and a deeper human connection with their caregivers.
<p>Back, A. L., & Arnold, R. M. (2014). “Yes it’s sad, but what should I do?”: Moving from empathy to action in discussing goals of care. <i>Journal of Palliative Medicine</i>, 17(2), 141-144.</p>	<p>To describe an approach to enhance the effectiveness of empathic communication in challenging clinician-patient interactions.</p>	<ul style="list-style-type: none"> ■ Empathy provides a way to connect with patients and families by engaging deep values. ■ Recognizing a patient’s emotional cues, responding empathically, and assessing whether the patient is ready to move forward represents a high-level empathic communication skill. ■ High-level empathic communication skills promote inquiry beyond logical questioning and enable clinicians to shape goals of care around patients’ deep values.
<p>[PG] Dempsey, C.,</p>	<p>To define</p>	<ul style="list-style-type: none"> ■ As organizations seek to reduce suffering, they

Study	Objective	Conclusion
<p>Wojciechowski, S., McConville, E., & Drain, M. (2014). Reducing patient suffering through compassionate connected care. <i>Journal of Nursing Administration</i>, 44(10), 517-524.</p>	<p>Compassionate Connected Care™ (CCC) as a framework to reduce patient suffering by helping caregivers learn to better express empathy and compassion to patients, and to better equip nurse leaders to engage nurses at the bedside.</p>	<p>must support opportunities to improve skills, including empathy, that help caregivers connect with patients.</p> <ul style="list-style-type: none"> ▪ The CCC framework provides nurse leaders and managers with a framework to look at patient experience data strategically with a goal of reducing patient suffering through increased empathy and compassion. ▪ Using the four components of optimal performance—clinical excellence, caring behaviors, operational efficiency, and culture—organizations can refine their measurement of patients’ unmet needs and highlight the types of actions that must be taken in order to better meet those needs.
<p>[PG] Lee, T. H. (2014, July 17). How to spread empathy in health care. <i>Harvard Business Review</i>.</p>	<p>To describe key steps to creating an epidemic of empathy in health care.</p>	<ul style="list-style-type: none"> ▪ An epidemic of empathy in health care is a steady increase in the proportion of clinicians and other personnel who are clearly tuned in to patients and their families. ▪ Laying the groundwork for an epidemic of empathy requires a shared vision of what empathy means, understanding what drives patient suffering, and collecting enough patient experience data so that targeted performance improvement can occur. ▪ Perpetuating an epidemic of empathy requires identifying well-respected, connected personnel who understand what empathic care means and widely communicating their empathy best practices.
<p>Post, S. G., Ng, L. E., Fischel, J. E., Bennett, M., Bily, L., Chandran, L., . . . Roess, M. W. (2014). Routine, empathic and compassionate patient care: Definitions, development, obstacles, education and beneficiaries. <i>Journal of Evaluation and Clinical Practice</i>, 20(6), 872-880.</p>	<p>To emphasize the importance of affective empathy and its intensification in the context of patient suffering, without abandoning the ideal of clinical equanimity.</p>	<ul style="list-style-type: none"> ▪ A health care environment lacking in empathy and compassion is not optimal for patient outcomes and constitutes a significant risk. ▪ Being empathically present to the patient in their illness adds to patient well-being and treatment adherence, especially when the illness is chronic. ▪ Compassionate care is at the heart of medicine, adding an element of stronger affective response to empathic care and deeper awareness of the concrete reality of the patient’s “illness” experience in relation to suffering.

Study	Objective	Conclusion
<p>Riess, H., & Kraft-Todd, G. (2014). E.M.P.A.T.H.Y.: A tool to enhance nonverbal communication between clinicians and their patients. <i>Academic Medicine</i>, 89(8), 1108-1112.</p>	<p>To describe a novel teaching tool for assessing nonverbal behavior using the acronym E.M.P.A.T.H.Y.</p>	<ul style="list-style-type: none"> ▪ Clinicians value empathic care, but a common perception is that empathic care is too time-consuming. ▪ The E.M.P.A.T.H.Y. checklist (E: eye contact; M: muscles of facial expression; P: posture; A: affect; T: tone of voice; H: hearing the whole patient; Y: your response) can be used to help clinicians remember the essential components of nonverbal communication and does not require additional time. ▪ The cost of missing nonverbal patient cues may result in misunderstanding and dismissing patients' concerns, leading to greater patient anxiety, lower treatment adherence, and poorer health outcomes, as well as a greater likelihood of malpractice claims.
<p>Bayne, H., Neukrug, E., Hays, D., & Britton, B. (2013). A comprehensive model for optimizing empathy in person-centered care. <i>Patient Education and Counseling</i>, 93(2), 209-215.</p>	<p>To examine perspectives regarding the use of empathy within medicine and develop a model to demonstrate the components of empathy in a medical setting.</p>	<ul style="list-style-type: none"> ▪ Medical schools seeking to train highly empathic physicians should assess for intrinsic empathy and predisposition for empathy during the medical program admissions process. ▪ Teaching communication skills and techniques to relate to patients facilitates a minimal level of empathy. ▪ Genuine empathy may be difficult for some individuals to achieve based on personality or situational barriers. At minimum, a level of initial empathy can enhance patient and physician satisfaction.
<p>Derksen, F., Bensing, J., & Lagro-Janssen, A. (2013). Effectiveness of empathy in general practice: A systematic review. <i>The British Journal of General Practice</i>, 63(606), e76-e84.</p>	<p>To review the existing literature on the effectiveness of physician empathy in general practice.</p>	<ul style="list-style-type: none"> ▪ There is a relationship between empathy in patient-physician communication and patient satisfaction and adherence, patients' anxiety and distress, better diagnostic and clinical outcomes, and strengthening of patients' enablement. ▪ A correlation exists between physician empathy and patient satisfaction, and a direct positive relationship exists between physician empathy and strengthening patient enablement. ▪ Empathy lowers patients' anxiety and distress and delivers significantly better clinical outcomes.
<p>Montague, E., Chen, P. V., Xu, J., Chewning, B., & Barrett, B. (2013). Nonverbal interpersonal interactions in clinical encounters and patient perceptions of empathy. <i>Journal of Participatory Medicine</i>, 5.</p>	<p>To understand the relationship between nonverbal communication behaviors (eye contact, social touch) to patient assessments of clinician (e.g., empathy, connectedness, liking).</p>	<ul style="list-style-type: none"> ▪ The percentage of eye contact is an important indicator of the patient's perception of empathy when the consultation length is short. ▪ Social touch can lead to better patient assessment of clinician empathy if done in moderation; two social touches in a consultation may be ideal. ▪ Patients' positive perceptions of their clinicians can be improved by increasing clinicians' empathetic behavior.

Study	Objective	Conclusion
<p>Lelorain, S., Brédart, A., Dolbeault, S., & Sultan, S. (2012). A systematic review of the associations between empathy measures and patient outcomes in cancer care. <i>Psycho-Oncology</i>, 21(12), 1255-1264.</p>	<p>To investigate the links between physicians' and nurses' empathy and patient outcomes in oncology.</p>	<ul style="list-style-type: none"> ▪ Clinician empathy is associated with higher patient satisfaction, better psychosocial adjustment, lesser psychological distress and need for information. ▪ The ability to see things from the patient's perspective—and thus meet his/her needs and expectations—seems to be a key factor of empathy in medical settings. ▪ Medical empathy, as the will to do good and avoid harm, has an intrinsic value that requires no justification.
<p>Riess, H., Kelley, J. M., Bailey, R. W., Dunn, E. J., & Phillips, M. (2012). Empathy training for resident physicians: A randomized controlled trial of a neuroscience-informed curriculum. <i>Journal of Internal Medicine</i>, 27(10), 1280-1286.</p>	<p>To test whether an innovative empathy training protocol grounded in neuroscience improves physician empathy as rated by patients.</p>	<ul style="list-style-type: none"> ▪ A brief training intervention grounded in the neurobiology of emotions can increase patient-rated empathy among medical and surgical trainees. ▪ Improved decoding of patients' emotional facial displays and eye contact is important in conveying physician empathy. ▪ Long-lasting improvements in empathic clinical care require a commitment from clinical and administrative leaders to place empathic care at the forefront of institutional missions.