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. [PG] denotes Press Ganey research.

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| 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. Journal of Palliative Medicine, 17(2), 141-144. | To describe an approach to enhance the effectiveness of empathic communication in challenging clinician-patient interactions. | - 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. |
| [PG] Dempsey, C., Wojciechowski, S., McConville, E., & Drain, M. (2014). Reducing patient suffering through compassionate connected care. Journal of Nursing Administration, 44(10), 517-524. | To define 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. | - As organizations seek to reduce suffering, they must support opportunities to improve skills, including empathy, that help caregivers connect with patients.  
- 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. |
- 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. |
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▪ 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. |
▪ 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. |
▪ 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. |
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| Derksen, F., Bensing, J., & Lagro-Janssen, A. (2013). Effectiveness of empathy in general practice: A systematic review. The British Journal of General Practice, 63(606), e76-e84. | To review the existing literature on the effectiveness of physician empathy in general practice.                                                                                                           | ▪ 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. |
| Montague, E., Chen, P. V., Xu, J., Chewning, B., & Barrett, B. (2013). Nonverbal interpersonal interactions in clinical encounters and patient perceptions of empathy. Journal of Participatory Medicine, 5. | To understand the relationship between nonverbal communication behaviors (eye contact, social touch) to patient assessments of clinician (e.g., empathy, connectedness, liking). | ▪ 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. |
▪ 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. |
▪ 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. |