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Empathy for Provider and Patient

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Empathy for Provider and Patient

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A scholarly paper submitted to the faculty of
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Master of Science

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Empathy for Provider and Patient

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Nurse Practitioners (NPs) increasingly feel pressure to diagnose and treat patients in shorter timeframes. Simultaneously patients’ satisfaction with care impacts reimbursement from Medicare and Medicaid. Improving empathetic skills can encourage patients to openly communicate leading to more accurate and timely diagnosis and treatment, which improve patient outcomes and satisfaction. Empathetic providers find work more satisfying and experience less depression and increased quality of life. This article presents the benefits of empathy to patients and NPs and offers guidance for incorporating empathy into practice. By implementing the behaviors discussed herein, NPs can develop practical skills that benefit both patient and provider.

Keywords: benefits of empathy, common humanity, patient-provider communication, patient satisfaction, self-compassion
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Empathy for Provider and Patient

The young lactating mother was growing increasingly desperate. The deep, sharp pain searing through her breast while nursing her son intensified hourly despite the prescribed antibiotics and two separate visits with physicians who diagnosed her with bacterial mastitis. In the days following these misdiagnoses, the young mother began to despair. She longed for unconsciousness but knowing that her infant son depended on her for his sustenance, she persevered in breastfeeding. In one more appeal to medical practitioners, she made an appointment with a nurse practitioner (NP) who listened attentively while showing deep concern over the situation. This empathetic engagement with her patient enabled the NP to reach the correct diagnosis of interstitial mammary candidiasis and finally prescribe an efficacious medication. Mercifully, the young mother experienced relief within twenty-four hours.

This true story illustrates that empathy can be a bridge for NPs to make a therapeutic connection with their patients and facilitate healing. Building rapport and creating a comfortable climate for exchange is not merely a nicety but crucial to providing excellent care. In 1997 it was theorized that the quality of healthcare providers’ responses to patient distress was likely related to patient outcomes, but there was limited research documenting this relationship (Olson & Hanchett, 1997). Since that time considerable research has been conducted that helps substantiate the benefits of empathy for both patient and provider. The purpose of this article is to present the benefits of empathy to patients and providers and to offer practical guidance for incorporating empathy into practice.

Definition of Empathy

Empathy is defined as “the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the
past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner” (Merriam-Webster, 2019). This definition of empathy infers/conveys a requisite sense of “knowing” what another is experiencing without being explicitly told. In the medical literature, clinical empathy is heralded as a communication competency that allows providers to offer insight into patients’ experiences as if they were experiencing them.

Many people feel that they do not naturally possess empathy as a character trait; however, empathy is not just an attribute that a person may possess. Rather, it is a way of being with patients that can be learned. Schrooten (2017) identified several variables that impact one’s ease in learning empathy. These variables include the provider’s personality (agreeableness, openness to experience) and present state of well-being or distress. Hence, some personalities lend themselves to greater facility of empathy, and others must put forth a more concerted effort. However, research suggests that self-care and training can help providers develop and improve empathy (Schrooten, 2017). By implementing the behaviors discussed in this paper, NPs can learn to develop and apply practical skills that will benefit both the patient and provider.

**Benefits of Empathy for the Patient**

A healthcare provider that employs empathy can improve patient outcomes directly and indirectly. Some of the earliest research on the tangible benefits of empathy for patients was done by Rakel et al. (2009) with 350 subjects. They found that empathy had a direct effect on sufferers of the common cold. Cold severity and duration were recorded twice daily and a measurement of the immune cytokine Interleukin-8 (IL-8) via nasal wash was recorded daily. Compared to subjects who rated the care they received as less empathetic, subjects who received the most empathetic care had shorter cold duration (mean 8.01 days vs 7.10 days, $p = 0.032$) and
had a larger increase in IL-8 levels ($p = 0.015$). Two years later the study was replicated with a cohort of 719 subjects with similar findings. Subjects who perceived healthcare providers as empathetic, experienced less cold severity ($p = 0.04$), decreased duration ($p = 0.003$), and had increased IL-8 ($p = 0.02$) compared to subjects who perceived their providers as less empathetic (Rakel et al., 2011).

Empathetic care has been shown to have beneficial impacts for other patient groups. A benchmark study found that patients with diabetes cared for by healthcare providers with high empathy scores were significantly more likely to have good control of hemoglobin A1c and LDL-C than patients of providers with low empathy scores (Hojat, 2011). Similarly, trauma patients who rated their surgeons with high marks on empathy had a 4.2% higher probability of experiencing better medical outcomes than patients who had surgeons that scored low in empathy (Steinhausen, 2014). Additionally, a study of 2,898 patients with chronic pain found a significant association between participants’ perception of their providers’ empathy and improvements in pain intensity and health-related quality of life at one month and three months ($p < 0.05$) (Canovas, 2018). Accordingly, empathy can have a direct impact on the immune system and patients’ physical health.

Besides benefiting the patient physically, empathy can also improve the patient’s psychosocial function, which in turn leads to better health outcomes. Weiss et al. (2017) found that each empathic response from a provider was associated with a 1.65-point decline in the STAI-S anxiety scale (scores range from 20-80) among their 76 participants. They concluded that during an average 20-minute visit, there was an opportunity to attain a clinically significant decrease in patient anxiety with empathy. In a qualitative study of 28 participants, Derksen, Hartman, Bensing, and Lagro-Janssen (2016) found that if participants perceived empathy during
their healthcare encounter, they also reported receiving personalized care, which led to a sense of peace and enabled them to develop coping strategies and feelings of empowerment. Conversely, if participants did not perceive empathy in their healthcare encounter, they reported feeling frustration and avoided returning to their providers again (Derksen et al., 2016).

Another way that empathy can help with psychosocial function is by helping patients cope with ambiguity and chronic and sometimes incurable illness. Compared to their counterparts who did not receive empathetic care, chronic stroke survivors who received both botulinum toxin treatment and empathetic care for upper limb spasticity had statistically significantly better outcomes and goal attainment in activities of daily living, such as fine finger dexterity, hygiene, and eating and drinking ($p < 0.001$) (Picelli et al., 2017). Likewise, Decety, Smith, Norman, and Halpern (2014) found that empathy, as practiced by healthcare providers, may affect patients’ beliefs, experiences, and ultimately their health. Empathetic providers reduced the uncertainty their patients felt and helped them better deal with difficult symptoms like pain and fatigue (Decety et al., 2014). In another study, HIV patients of providers with greater empathy were more likely than HIV patients of providers with lesser empathy to disclose more psychosocial and biomedical information and were more likely to take their medications, which can extend their length of life and improve quality of life (Flickinger, 2016). Empathy is especially critical when continuity of care and relationship building are important, as in cancer screening. Latinas were more likely to continue cancer screening if they had empathetic providers (Amador, 2015). Indeed, the warmth of empathy from a provider seems to build trust in patients with chronicity and uncertainty, which may lead them to proactively engage in their care resulting in better outcomes.
Benefits of Empathy for the Provider

Just as empathy can benefit patients, it can benefit the provider. There are emotional and financial benefits for a provider who practices empathy. The emotional benefits of empathy for the provider are the ability to connect more effectively with patients and to have more robust mental health themselves.

**Emotional benefits.** Empathy allows the provider to build rapport with the patient, which makes their time together more effective, efficient, and enjoyable. However, Weiss et al. (2017) found that empathy did not require a longer encounter and enables the provider to be more efficient. Empathy welcomes trust and greater reporting of symptoms and concerns, which can lead to a more accurate diagnosis, shared decision-making, and improved clinical outcomes and can have an emotional effect on the provider. Work with mutual appreciation and shared understanding is more satisfying, the provider-patient connection is more rewarding, which can lead to less depression and increased quality of life in the provider (Quince, 2016).

However, if the work of providing empathetic patient care is undertaken in the absence of environmental and personal resources, the results can be grim for the provider. Emotional distress for the provider can occur if the workplace environment is lacking support and if the provider is lacking self-regulation and self-care (Riess, 2015).

Fortunately, the workplace can support providers in their roles as empathetic care givers. Administration can help providers cope with the rigors of providing healthcare by rewarding compassionate acts and facilitating opportunities to share feelings. A study involving 269 hospitals found that these facilitators of empathetic practice helped healthcare providers feel more supported, engaged, and connected to their work. They felt better able to cope with stress and trauma at work, and these facilitators created an environment where empathy could thrive. In
this atmosphere, providers were more likely to establish meaningful connections with their patients, which made it easier for them to be empathetically responsive to the needs of their patients (McClelland & Vogus, 2014).

**Financial benefits.** Provider empathy also has financial rewards. As patients perceive empathetic care and outcomes improve, ratings of patient experience also improve. Patient ratings, as reported on the Consumer Assessment of Healthcare Providers and Systems Clinician and Group (CG-CAHPS) survey, influence reimbursement by Medicare and Medicaid. According to a study involving 800 physicians in the Cleveland Clinic Health System, four of the CG-CAHPS’s six standardized provider communication items and providers’ overall rating were significantly correlated with provider empathy (Chaitoff, 2017). Indeed, when providers responded with empathy to hospitalized patients who expressed negative emotions, the patients’ anxiety decreased, and providers’ communication ratings increased (Weiss et al., 2017).

Empathy boosts financial rewards for providers by increasing income and decreasing losses. Patients value empathy as a core element in quality patient-provider interactions. In fact, patients who felt greater satisfaction with their care, as evidenced by improved HCAHPS scores, referred friends and family (McClelland & Vogus, 2014). Additionally, a few empathic words spoken in parting can decrease the chance that a provider will be sued. In one study, 437 subjects watched videos of simulated discharge conversations between physicians and patients. The addition of brief empathetic statements was associated with a statistically significant reduction in thoughts regarding litigation (Smith et al., 2016).

Empathy can be an important and significant component of clinical competence. NPs should develop empathy as one of the basic skills for patient-centered communication.
Empathetic communication can lead to strong rapport, improved health outcomes, higher patient and provider satisfaction, and greater financial rewards for providers.

**Empathy Begins With Self**

The first step in developing empathy for patients is for NPs to have empathy for themselves. To apply empathy to oneself, NPs would approach their own experiences, thoughts, and feelings with understanding, mindfulness, and sensitivity (Raab, 2014). Reminiscent of airline safety protocols regarding applying oxygen masks first to self and then to others, NPs must first show empathy for themselves before empathy can be shown to others. With increasing patient loads and documentation requirements, NPs are in need of empathy. Some of that empathy can come from within. Riess (2017) identified the importance of self-empathy by saying:

> Self-empathy is a much neglected area and is necessary to ensure that health-care workers have the necessary resources to remain empathic toward others. . . when emotionally overloaded, overwhelmed, exploited, or burned out, the capacity for empathy declines . . . It is critical that as medical professionals and caregivers that we exercise self-care to maintain healthy levels of empathy. (p. 76)

In addition to self-empathy helping NPs be empathetic to others, self-empathy has been shown to have physiological benefits. Pace et al. (2009) found maintaining self-empathy and self-compassion, improved a person’s own immune response as evidenced by increased plasma interleukin levels and a decreased stress response as evidenced by decreased cortisol levels.

Riess (2017) further described self-empathy as a precursor to self-compassion. These concepts are on the same continuum moving from feeling concern for self to caring for self.
Germer and Neff (2013) described self-compassion as having an inner voice like a kind parent seeking their child’s health and well-being. In contrast, harsh self-criticism can lead to depression and cause one to lose faith in oneself (Germer & Neff, 2013). Instead, self-compassion offers oneself complete acceptance, thereby creating a nurturing environment.

In their groundbreaking research, Germer and Neff (2013) described self-compassion as having three components: self-kindness, a sense of common humanity, and mindfulness.

**Self-kindness.** Self-kindness involves promoting curiosity and nonjudgment towards one’s own experiences. Self-kindness is experienced when one is gentle with oneself in the midst of a painful experiences rather than getting angry when outcomes are undesirable. Self-kindness brings a desire to comfort oneself in suffering. NPs can care for their personal well-being by tuning into their feelings and unmet needs with understanding. Another component of self-kindness is letting go of perfectionism and embracing the fact that mistakes are a normal part of life (Germer & Neff, 2013). Self-kindness is choosing to be caring and understanding with oneself while nurturing feelings of warmth and safety instead of being harshly critical of oneself. Liao (2017) concluded that providers should let go of the notion of “fictitious flawlessness,” a state of mind that puts stress on providers and alienates others (p. e93). Once NPs are able to have compassion for the humanity in themselves, they are better able to recognize and honor it in others.

**A sense of common humanity.** Interestingly, seeing others with a kind perspective is another way to show compassion for oneself. A sense of common humanity is realizing that we are part of a greater human community. This connection decreases a sense of isolation and increases well-being (Germer & Neff, 2013). Common humanity allows for imperfection in oneself and others while increasing personal strength and well-being. Individuals often feel
better and are able to connect with others when they realize hardships can be shared, are able to set reasonable expectations, and allow themselves to be vulnerable, humble, and authentic (Kim, 2017). This sense of equality and common humanity is necessary to foster empathy in patient-provider relationships (Liao, 2017).

The opposite of a sense of common humanity is a sense of isolation. A feeling of isolation prevails when unattainable perfection is required by self or others. This notion drives anxiety and depression, makes it hard to connect with others, and increases discouragement and sadness. Benzo, Kirsch, and Nelson (2017) found that healthcare providers who have self-compassion during times of imperfection lessen their isolation and enhance well-being, happiness, connection, and quality of life. Conversely, Liao (2017) reported disconnection from others as a mechanism to cope with stress can be harmful and is associated with instability in emotions, lowered self-esteem, negative mood, and higher anxiety.

**Mindfulness.** Certainly many in society, including providers, suffer from anxiety – a feeling of worry, nervousness, or unease. Relieving anxiety is challenging. However, this is one of the most important things providers can do to deliver empathetic care. Healthcare providers who are exposed to high levels of patient distress may experience increased anxiety. Instead of suppressing emotion, providers could seek ways to directly alleviate stress. Mindfulness, the act of being non-judgmental and respectful one’s own feelings, is one way of dealing with this stress and can increase empathy and self-compassion (Benzo et al., 2017). Healthcare providers must be aware of their suffering in order to understand their emotions, which in turn enables them to be compassionate and connect meaningfully with patients (Germer & Neff, 2013).

Mindfulness requires awareness and acceptance of painful feelings long enough to be able to validate them and to realize the need for self-compassion (Raab, 2014). Mindfulness
based stress reduction (MBSR), which combines meditation, body awareness, and yoga, has been shown to reduce anxiety and negative affect and increase empathetic concern for others, ameliorate provider burnout, and enhance well-being, which can improve the quality of healthcare (Lamothe, Rondeau, Malboeuf-Hurtubise, Duval, & Sultan, 2016).

As NPs become proficient at mindfulness and self-compassion, they improve in understanding and respecting others’ perspectives. Conversely, self-critical providers are also patient-critical, and their patients have poorer outcomes than patients of providers who are not critical (Raab, 2014).

**Showing Empathy to Patients**

Once NPs have empathy for themselves, they are then able to extend empathy to others. Providers seeking to develop more empathy for their patients could start with meditative exercises that emphasize self-compassion and expand these sentiments to their patients. Examples of such meditations may begin with relaxation breathing, visualization of comforting surroundings, and repeating such words as “may you be safe, may you be peaceful, may you be healthy, and may you live with ease and well-being” (Neff, 2019, para. 4). The process of expanding the kindness to others helps providers develop a sense of common humanity and is a precursor for empathy (Raab, 2014).

Some personality traits lend themselves to empathy, such as pro-social, non-stereotypical attitudes toward others. However, research shows that empathy can be taught.

**Responding with empathy.** Teding van Berkhout, et al (2016) identified three components of empathy: cognitive, emotional, and behavioral. Cognitive empathy requires understanding what others are feeling by taking their perspective. This can be mental work and can be influenced by the provider’s state of mind. Providers can improve cognitive empathy as
they listen to patients share their struggles with an attitude of caring and non-judgement (Riess, 2015). Emotional empathy is the “feeling with” component of empathy that encompasses perceiving sensory cues to identify and temporarily experience the patient’s emotions.

Behavioral empathy requires accurately assessing and validating patients’ emotion. After patients share their concerns, providers can attempt to name the emotion patients seem to be feeling (e.g., “you seem upset/worried”). Providers can then validate the feelings (e.g., “given what you’ve gone through, I can see why you are feeling this way.”) (Quince, 2016).

Training focused on all three components of empathy was significantly more effective than training that lacked one or more components. A randomized control trial that incorporated a brief online training of all three components of empathy showed success and was less expensive than in person training. The training consisted of 15-30 minutes of online instruction including videos, quizzes, and feedback. It focused on learning to identify and feel others’ emotions and was followed by assignments to practice perspective taking and showing empathy in real life settings (Sentas, Malouff, Harris, & Johnson, 2018).

**Humanistic Communication Skills**

Riess and Kraft-Todd (2014) developed a tool to help clinicians improve their communication skills and tested it in a randomized control trial. Following are some highlights:

<table>
<thead>
<tr>
<th>E.M.P.A.T.H.Y. : A Tool To Help Clinicians Improve Nonverbal Communication</th>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td><strong>E: eye contact</strong></td>
</tr>
<tr>
<td>• Helps patients feel noticed</td>
</tr>
<tr>
<td>• Forms basis of good working relationship</td>
</tr>
<tr>
<td>• Activates regions of brain that help identify others’ emotions</td>
</tr>
<tr>
<td>• Turns around and looks at patient when using electronic health records during visit</td>
</tr>
<tr>
<td>• Aware of cultural norms regarding eye contact</td>
</tr>
<tr>
<td><strong>M: muscles of facial expression</strong></td>
</tr>
<tr>
<td>• Can indicate deeper concerns</td>
</tr>
<tr>
<td>• Practice imitation of patients’ facial expression to enhance patients’ perception of provider empathy</td>
</tr>
</tbody>
</table>
P: posture  
- Sit at eye level to increase connection  
- Lean forward with arms uncrossed to show openness  
- Nod to demonstrate that the provider values the patient and wants to collaborate

A: affect  
- Assess patients’ affect to understand their feelings and perspective  
- Ask patients about their emotional state  
- Pay attention to patients’ emotions to help them feel more satisfied, less anxious, and follow instructions

T: tone of voice  
- Speak in kind, concerned voice tones  
- Avoid a controlling voice quality which is associated with litigation

H: hearing the whole patient  
- Consider patient nonverbal signs (facial expressions and affect)  
- Be mindful of the patients’ situation and verbal dialogue

Y: your response  
- Be curious and reflective about your reaction to a difficult patient situation that may trigger annoyance, irritation, or detachment  
- Pause for a moment to find a more empathetic stance, which may help avoid litigation


NPs can practice the behaviors Riess and Kraft-Todd identified to enhance their empathetic responses.

**Pharmacological Influence on Empathy**

Recent research indicates that acetaminophen acts on the same part of the brain that is responsible for feeling empathy. As acetaminophen decreases the capacity to feel one’s own pain, it also decreases the capacity for one to feel empathy for others (Mischkowski, Crocker & Way, 2016). Similarly, a double-blind placebo-controlled experiment showed that 1,000 mg of acetaminophen decreased participants’ ability to feel pleasure in others’ happiness (Mischkowski, Crocker & Way, 2019). While further research is needed, NPs may want to reconsider use of acetaminophen at work.
Conclusion

Research regarding empathy shows a correlation between empathy and beneficial outcomes for both patient and NP. Showing empathy can decrease patients’ recovery times and improve their immune functions; and having empathy can improve NPs’ emotional and financial well-being.

Some providers may say they do not have time to practice with empathy. However, being empathetic does not require more time. Empathy can actually save providers time and make them more satisfied and successful in their practice (Weiss et al., 2017). Being empathetic is a different way to practice medicine, and it does take practice. However, benefits to both patients and providers will result when providers make that effort.
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