

Cultivating Empathy in Medical Education: Unlocking the Heart of Compassionate Care

Saurabh R Shrivastava^{1*}, Prateek S Shrivastava², Swapnil Inkane³, Harshal Mendhe⁴, Abhishek Joshi⁵

^{1,3,4}Datta Meghe Medical College, Datta Meghe Institute of Higher Education and Research, Nagpur, India

²All India Institute of Medical Sciences, Jammu, India

⁵Jawaharlal Nehru Medical College, Datta Meghe Institute of Higher Education and Research, Sawangi, India

DOI: 10.55489/njcm.150120243463

ABSTRACT

In the context of medical education, empathy goes way beyond the delivery of effective patient care as it also remains one of the core competencies that medical students must cultivate during the course of their undergraduate training. The findings of different studies have reported a gradual decline in empathy among medical students during the course of their undergraduate training. A number of challenges and barriers have been identified in the development of empathy in medical education, which together can hinder the process of delivery of empathetic healthcare. In order to address these identified challenges, we will require collaborative efforts from administrators and teachers to enable the creation of a supportive environment, wherein empathy development is prioritized. In conclusion, the incorporation of empathy into medical practice has been linked with multiple benefits to patients, healthcare providers, and healthcare delivery system. However, considering the fact that a number of factors influence the development of empathy among medical students, it is the need of the hour to implement strategies to nurture empathy during medical education, which will enable the delivery of patient-centered care and the formation of strong doctor-patient relationships.

Keywords: Empathy, Care, Training, Medical education

ARTICLE INFO

Financial Support: None declared

Conflict of Interest: None declared

Received: 22-10-2023, **Accepted:** 10-12-2023, **Published:** 01-01-2024

***Correspondence:** Dr. Saurabh Shrivastava (Email: drshrishri2008@gmail.com)

How to cite this article: Shrivastava SR, Shrivastava PS, Inkane S, Mendhe H, Joshi A. Cultivating Empathy in Medical Education: Unlocking the Heart of Compassionate Care. Natl J Community Med 2024;15(1):79-82.

DOI: 10.55489/njcm.150120243463

Copy Right: The Authors retain the copyrights of this article, with first publication rights granted to Medsci Publications.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Share Alike (CC BY-SA) 4.0 License, which allows others to remix, adapt, and build upon the work commercially, as long as appropriate credit is given, and the new creations are licensed under the identical terms.

www.njcmindia.com | pISSN09763325 | eISSN22296816 | Published by Medsci Publications

INTRODUCTION

In the context of medical education, empathy goes way beyond the delivery of effective patient care as it also remains one of the core competencies that medical students must cultivate during the course of their undergraduate training.¹ Empathy refers to the ability of healthcare professionals in comprehending and sharing the emotions, experiences, and views of patients.¹ In other words, it involves the ability of a healthcare professional to place themselves in the patient's shoes, understand their concerns and feelings, and accordingly respond with compassion.^{1,2} However, the acquisition of the trait of empathy among medical students essentially depends on active listening, effective communication, and an inner desire to get connected with patients on an emotional level.^{3,4}

Merits of empathy in clinical practice

Empathy plays a vital role in clinical practice and has been associated with multiple merits in the domain of patient care, healthcare providers, and even the healthcare delivery system.⁴⁻⁶ In the domain of patient care, empathy has been linked with improved trust between patients and healthcare providers, higher satisfaction rates and better healthcare experiences, and an increase in the levels of treatment adherence once they feel understood and supported.⁵ In addition, empathy towards patients brings about a significant reduction in anxiety and stress levels as empathetic care provides emotional support during challenging times. Moreover, there is a significant improvement in the effectiveness of communication, and altogether empathy accounts for better patient outcomes, which is quite crucial.⁵

From the healthcare professional perspective, the provision of empathetic care gives a sense of fulfillment and satisfaction in their work, which in turn positively impacts their mental and emotional well-being.⁶ It won't be wrong to state that an empathetic healthcare professional tends to have more emotional intelligence which aids them to effectively deal with patients, and also respects varied cultural beliefs and practices.⁷ Further, it also augments better collaboration and communication in the health team and is crucial to minimize the incidence of burnout, especially that has been attributed to the demands of their profession.⁶ From the healthcare delivery system perspective, empathy is crucial to deliver patient-centered care, minimizing the incidence of medical errors, enhancing the engagement of patients, and building strong doctor-patient relationships.⁵ Moreover, empathetic care is also essential to promote equitable treatment for all by minimizing the influence of bias and disparities in healthcare. At Datta Meghe Medical College, Nagpur, the Off-Campus of Datta Meghe Institute of Higher Education and Research, Deemed-to-be University, Sawangi, Wardha, Maharashtra, as a part of the Attitude, Ethics and Communication Module training, undergrad-

uate medical students from all professional phases are trained in the domains of ethics using varied teaching-learning methods and learning resource media.

Decline of empathy in medical students

The findings of different studies have reported a gradual decline in empathy among medical students during the course of their undergraduate training.⁸⁻¹⁰ This reported decline of empathy in medical students can be attributed to a wide range of factors, including heavy workload, prolonged study hours, and intense stress due to academic and workload pressure, which often results in emotional exhaustion and limited capacity to engage empathetically with patients.^{8,9} As exposure to death or sufferings become a regular part of their life in the hospital, they gradually learn the art to detach from the emotions of patients as a coping mechanism.^{3,4} Further, we cannot rule out that owing to busy workplaces, students often have limited chances to spend quality time with patients.

At this juncture, we must draw our attention to the basic design of the education system, wherein more emphasis is given to technical skills, or absence/limited training being imparted to students to develop empathy.¹¹ In continuation, owing to the competitive nature of medical education, most medical students prioritize academics over interpersonal skills like empathy.¹¹ Moreover, even in the assessments that are conducted, emphasis is given to the cognitive and psychomotor domain and there is no assessment of empathetic behavior, and thus students don't give importance to the same.¹² Further, if teachers don't practice empathetic behavior, once again, students might perceive it as an unimportant part of training and not pay more attention. Finally, from the societal perspective, a student who expresses empathy to their patients might be perceived as a sign of weakness and thus many students are reluctant to practice the same.^{3,11}

Identified challenges to empathy development and potential solutions

A number of challenges and barriers have been identified in the development of empathy in medical education, which together can hinder the process of delivery of empathetic healthcare.¹³⁻¹⁵ These challenges include a demanding curriculum, high workload, stress, time constraints, and more emphasis on the acquisition of knowledge and skills (Table 1).^{2,3} Further, the inability to maintain a balance between objectivity and empathy can also prove to be a major discouraging factor. At the same time, many institutions provide limited opportunities for students to train in communication skills and empathetic interactions with patients, and this becomes one of the defining factors.¹⁴⁻¹⁶ We must realize that unless we assess empathy in formative and summative assessments students might not prioritize practicing them in the clinical practice.¹²

Table 1: Identified challenges and Potential solutions

Identified challenges	Potential solutions
High workload and stress	<ul style="list-style-type: none"> ▪ Train students in time management to help them learn the art of allocating time for both academic responsibilities and developing empathetic skills ▪ Inclusion of stress management and self-care workshops into the curriculum to prepare students for the varied demands of medical education ▪ Initiate peer support and mentorship programs to create a support system
Emotional detachment	<ul style="list-style-type: none"> ▪ Include reflective writing exercises that will aid students to express their emotions constructively ▪ Provide counseling and psychological support to students to address emotional detachment
Time constraints	<ul style="list-style-type: none"> ▪ Provide opportunities for students to engage in patient-centered activities like bedside rounds ▪ Promote interprofessional collaboration to share the workload and enhance patient interactions ▪ Utilize simulation-based training to allow students to practice empathetic communication ▪ Give examples of successful case studies where empathy led to more efficient and effective patient care
Emphasis on technical skills	<ul style="list-style-type: none"> ▪ Integrate empathy-focused modules into the curriculum to emphasize the importance of emotional intelligence ▪ Organize workshops to justify the scope and importance of empathy in improving patient outcomes ▪ Requesting patients to share their experiences and highlight the impact of empathetic care
Emotional toll	<ul style="list-style-type: none"> ▪ Initiate the practice of debriefing sessions after emotionally challenging experiences to help students to process their feelings ▪ Develop a peer support network that gives a platform for students to share their emotional experiences and learn from each other's coping strategies ▪ Organize workshops on mindfulness and resilience to prepare students to deal with emotional challenges
Negative role modeling	<ul style="list-style-type: none"> ▪ Conduct faculty development programs to encourage empathetic behaviors ▪ Introduce mentorship programs that enable mentoring from empathetic role models ▪ Establish a culture that celebrates empathetic acts by teachers and students
Limited training opportunities	<ul style="list-style-type: none"> ▪ Train students in communication skills as a mandatory component of the curriculum, with specific emphasis on empathy development ▪ Use standardized patient encounters as an opportunity for students to practice empathetic communication ▪ Organize community outreach programs, wherein students can engage with diverse patient populations and improve their understanding of empathy
Hierarchical culture	<ul style="list-style-type: none"> ▪ Establish a culture of open communication, where students are encouraged to express empathy without fear of judgment ▪ Organize workshops on effective communication that emphasize the importance of empathy ▪ Initiate a buddy or mentoring system where seniors can guide juniors in dealing with hierarchical challenges
Balancing objectivity and empathy	<ul style="list-style-type: none"> ▪ Include case-based discussions and role-plays to help students practice empathy without undermining objectivity ▪ Formulate guidelines to emphasize the significance of empathy in delivering patient-centered care ▪ Promote sharing of experiences in open platforms to learn from each other
Lack of feedback and assessment	<ul style="list-style-type: none"> ▪ Promote structured assessments of empathy skills with the help of self-assessment and feedback from patients and peers ▪ Integrate empathetic behavior evaluation into clinical rotations ▪ Ensure provision of regular feedback from faculty on the empathetic communication skills of students
Cultural and language barriers	<ul style="list-style-type: none"> ▪ Train students in cultural competencies and communication styles ▪ Utilize professional interpreters to bridge language barriers ▪ Encourage students to seek cultural advice from colleagues when they are not really sure of culturally sensitive situations
Emotional resilience training gaps	<ul style="list-style-type: none"> ▪ Integrate emotional resilience training into the curriculum and explain its significance to the students ▪ Train medical students in coping mechanisms for dealing with emotional challenges ▪ Initiate wellness programs that promote a healthy work-life balance
Lack of continuity in patient care	<ul style="list-style-type: none"> ▪ Initiate the practice of longitudinal care, wherein students follow patients throughout their treatment journey, which enables deeper empathetic connections ▪ Encourage regular follow-up activities that allow students to maintain contact with patients ▪ Develop virtual platforms that enable students to communicate with patients beyond clinical encounters

Thus, an absence of assessment of empathy in examinations has remained a major challenge in the development of empathy.¹²

Considering the importance of feedback in facilitating learning in every domain, the absence of the same, especially in the empathy or communication domain becomes an important barrier (Table 1).

In order to address these identified challenges, we will require collaborative efforts from administrators and teachers to enable the creation of a supportive environment, wherein empathy development is prioritized in the making of a competent and compassionate healthcare professional.^{17,18} We will require a comprehensive approach, wherein we have to redesign the curriculum to incorporate training on empathy and supplement the same with assessment and timely delivery of constructive feedback. In addition, faculty development has to be strengthened to empower them to not only teach but even assess empathy, and be a good role model.^{12,18} Further, we have to develop a supportive institutional culture, including mentorship program that prioritizes the development of empathy in medical education (Table 1).^{19,20}

CONCLUSION

In conclusion, the incorporation of empathy into medical practice has been linked with multiple benefits to patients, healthcare providers, and healthcare delivery system. However, considering the fact that a number of factors influence the development of empathy among medical students, it is the need of the hour to implement strategies to nurture empathy during medical education, which will enable the delivery of patient-centered care and the formation of strong doctor-patient relationships.

ACKNOWLEDGEMENT

This research work was done as a part of the Master in Medical and Health Professions Education Course offered by the Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia. Special mention for Mr. Muhamad Farid, Academic Administrator, and Mrs. Annisa Nurul Huda, Marketing and Public Relation Affairs for supporting us throughout via their constant and untiring efforts.

REFERENCES

- Sobczak K, Zdun-Ryżewska A, Rudnik A. Intensity, dynamics and deficiencies of empathy in medical and non-medical students. *BMC Med Educ* 2021;21:487.
- Carrard V, Bourquin C, Berney S, Schlegel K, Gaume J, Bart PA, et al. The relationship between medical students' empathy, mental health, and burnout: A cross-sectional study. *Med Teach* 2022;44:1392-9.
- Sng G, Tung J, Ping YS, Lee SS, Win MT, Hooi SC, et al. Complex and novel determinants of empathy change in medical students. *Korean J Med Educ* 2016;28:67-78.
- Kötter T, Kiehn L, Obst KU, Voltmer E. The development of empathy and associated factors during medical education: A longitudinal study. *J Med Educ Curric Dev* 2021;8:23821205211030176.
- Adam Z, Klimeš J, Boleloucký Z, Pour L, Adamová Z, Tomiška M, Marečková H. Patients benefits from physicians empathy and results of including of empathy development into medical training. *Klin Onkol* 2022;35:358-71.
- Yue Z, Qin Y, Li Y, Wang J, Nicholas S, Maitland E, Liu C. Empathy and burnout in medical staff: mediating role of job satisfaction and job commitment. *BMC Public Health* 2022;22:1033.
- Abe K, Niwa M, Fujisaki K, Suzuki Y. Associations between emotional intelligence, empathy and personality in Japanese medical students. *BMC Med Educ* 2018;18:47.
- Neumann M, Edelhäuser F, Tauschel D, Fischer MR, Wirtz M, Woopen C, et al. Empathy decline and its reasons: a systematic review of studies with medical students and residents. *Acad Med* 2011;86:996-1009.
- Shin HS, Park H, Lee YM. The relationship between medical students' empathy and burnout levels by gender and study years. *Patient Educ Couns* 2022;105:432-9.
- Akgün Ö, Akdeniz M, Kavukcu E, Avcı HH. Medical students' empathy level differences by medical year, gender, and specialty interest in Akdeniz university. *J Med Educ Curric Dev* 2020;7:2382120520940658.
- Samarasekera DD, Lee SS, Yeo SP, Ponnampereuma G. Development of student empathy during medical education: changes and the influence of context and training. *Korean J Med Educ* 2022;34:17-26.
- Sulzer SH, Feinstein NW, Wendland CL. Assessing empathy development in medical education: a systematic review. *Med Educ* 2016;50:300-10.
- Patel S, Pelletier-Bui A, Smith S, Roberts MB, Kilgannon H, Trzeciak S, et al. Curricula for empathy and compassion training in medical education: A systematic review. *PLoS One* 2019;14:e0221412.
- Dyer E, Swartzlander BJ, Gugliucci MR. Using virtual reality in medical education to teach empathy. *J Med Libr Assoc* 2018;106:498-500.
- Strom D, Feinberg EC. Teaching empathy and communication in graduate medical education. *Fertil Steril* 2023;119:27-8.
- Kaplan-Liss E, Lantz-Gefroh V, Bass E, Killebrew D, Ponzio NM, Savi C, et al. Teaching medical students to communicate with empathy and clarity using improvisation. *Acad Med* 2018;93:440-3.
- Bylund CL. Understanding and improving empathy and emotion handling skills among medical students. *Patient Educ Couns* 2022;105:2803-4.
- Dorough RJM, Adamuti-Trache M, Siropaides CH. Association of medical student characteristics and empathy after a communication workshop. *J Patient Exp* 2021;8:23743735211065273.
- Dussán KB, Leidal A, Corriveau N, Montgomery D, Eagle KA, LaHood BJ. Increasing medical trainees' empathy through volunteerism and mentorship. *J Med Educ Curric Dev* 2017;4:2382120517737995.
- Bukowski H, Sweeney C, Bennett D, Rizzo G, O'Tuathaigh CMP. Medical student empathy and breaking bad news communication in a simulated consultation. *Patient Educ Couns* 2022;105:1342-5.