

On the need for empathy in the acute hospital setting

This article reviews the need for empathy, and what happens in its absence in an acute hospital setting, using the example of a homeless man in an emergency department. Three simple but meaningful changes that all healthcare practitioners can make are recommended to promote empathy.

Introduction

Joe was rough-sleeping and was so overwhelmed by his situation that he took an overdose of paracetamol. He was found lying in the street and was taken to hospital in an ambulance. This was not the first time he had taken an overdose. His previous experience of hospital was poor – he felt stigmatised, ignored, and that his thoughts and feelings were disregarded. This contributed to his low self-esteem and further increased his risk of self-harm, triggering frequent visits to the emergency department. Previously, he left the department as soon as he could. However, this time, as he regained consciousness, he saw a doctor sitting beside his bed, at his eye level. The doctor asked him how he was, noticed a tattoo on his arm and asked about it. The doctor learned that Joe had been in the Marines and had served in Afghanistan (the trauma of war is where many of his problems started). In a word, the doctor showed empathy.

Joe felt that he mattered and instead of running away like he usually did, he listened to a recommendation to get support from a homeless charity. With the charity's support, Joe was able to start a new life and now works as a peer support worker helping others who find themselves in a similar situation to him.

The evidence

Joe is not a real person, but his story is too common. The turnaround to his life that was sparked by empathic communication is dramatic but could become usual. A systematic review has shown that empathy reduces patients' pain (Howick et al, 2018). Empathic healthcare improves outcomes (Howick et al, 2018) and makes doctors and patients feel better (Winter et al, 2022). Being an empathic doctor also protects against practitioner burnout (Lamothe et al, 2014).

Empathy is a professional requirement. The General Medical Council and the Nursing and Midwifery Council recognise that empathy is a vital component of communication. Empathy is held as a core value for medical education, with the General Medical Council (2018) explicitly identifying it as an outcome for graduates. The message is clear – all practitioners should be providing empathic healthcare for the good of their patients. Despite this, it is clear that levels of empathy in healthcare vary (Howick et al, 2017). The reports into the Mid Staffordshire (Francis, 2013) and the Shrewsbury and Telford NHS Trust (Ockenden, 2022) scandals both identified a lack of empathy and compassion as contributing factors to the tragedies.

Challenges

It is increasingly recognised that medical training contributes to the problem. Empathy among medical students appears to decline during their time at medical school (Andersen et al, 2020). This is most marked in later years of the curriculum when they are exposed to the clinical environment on a full-time basis (Hojat et al, 2009). There are many reasons for this decline in empathy (Howick et al, 2023), but this seems to be caused largely by the 'hidden curriculum' – the implicit set of rules and values derived from observed behaviours

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and norms (Lempp and Seale, 2004). In practice, students, and later junior doctors, are left to learn these for themselves, with the rotational nature of training requiring them to learn the rules again and again in different wards and/or in different hospitals. This contributes to a loss of empathy as the students are required to learn in a stressful organisational culture and may observe unempathic role models (Howick et al, 2023). How can medical students and junior doctors be expected to be empathic when the system they are learning in is not empathic in the first place?

The challenge, therefore, is not only for individuals but also for organisations. Solving the problem of a lack of empathy in hospitals requires system-level barriers to be addressed. Examples of these include stressful workloads and a lack of compassionate leadership (Howick and Rees, 2017; Kang et al, 2022).

Developing effective, evidence-based interventions to better train healthcare students and professionals to provide patient-centred, empathic care is not easy. Space in the curriculum is competitive, there is likely to be resistance from sceptics and training the trainers takes time. However, there is firm evidence that it can be done (Winter et al, 2020), and a clear overview of how it can be done well, so it is time that empathy-focused training becomes mandatory and routine for all. Healthcare practitioners who put this training into practice and take the opportunities to respond to their patients with empathy can do so by adding just seconds to their consultations. The impact on patients is likely to last so much longer and be so much greater.

Small meaningful changes that improve empathy

Healthcare practitioners can make simple changes to their practice that have been shown to increase practitioner empathy in the clinical environment.

1. Commit to sit with the patient: patients perceive that clinicians have spent more time with them if the clinician sits down – the patient does not feel that the clinician is rushed, which improves practitioner–patient rapport and increases the empathy expressed (Swayden et al, 2012)
2. Look at the patient, not the screen: computers can interfere with empathic communication. The use of consulting room computers has a negative impact on the amount of eye contact and the amount of time spent actively interacting with patients (Noordman et al, 2010)
3. Be an empathic role model: students are encouraged to adopt an empathic approach to healthcare when they see doctors empathise effectively (Chhabra et al, 2022). This does not mean being perfect, just keeping in mind that students and young doctors are watching and learning, and doing one's best.

Conclusions

Small changes to clinicians' everyday practice do not cost time or money, yet can improve patient and practitioner experience. They also contribute to a culture of empathy in healthcare. The impact of the pandemic on a stretched healthcare service is well documented. As services recover, it would be good to look towards the healing effects of empathy to positively benefit those receiving care, as well as those tasked with delivering it.

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Key points

- When healthcare professionals practice empathically, it improves patient outcomes.
- Empathic care protects against practitioner burnout.
- Levels of empathy in medical students currently declines as they progress through medical school.
- This decline in empathy is multifactorial but appears to be caused by the effects of the hidden curriculum in medical schools.
- Healthcare practitioners can make simple changes to their practice that have been shown to increase practitioner empathy in the clinical environment.

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