

VIRTUAL EMPATHY MUSEUM

A repository of authentic and evidence-based curriculum resources created, collected and curated to enhance healthcare students' and clinicians' empathy skills

VIRTUAL
EMPATHY
MUSEUM

THE EMPATHY CONTINUUM: A 3 STAGE PROCESS



#1: The perceiving stage is informed by one's moral stance/disposition and includes emotional resonance with the sensory and affective cues displayed by another person as well as awareness of one's own biases and prejudices.



#2: The processing stage includes the affective and cognitive ability to recognise and appreciate the feelings, perspectives and world view of another person.



#3: The responding stage is an altruistic motivation, informed by feelings of concern for the person who is suffering, which manifests as helping behaviours.

THESE STAGES CONTAIN A BROAD SET OF INTERWOVEN ATTRIBUTES AND ABILITIES THAT NEED TO BE MASTERED THROUGH DELIBERATE PRACTICE AND DEEP REFLECTION

STAGE #1

EMPATHIC CONTAGION

Emotional resonance with and automatic mirroring of the neural responses of another person.

EMPATHIC HUMILITY

Awareness of one's own biases, prejudices and limitations, along with the ability to suspend judgment and relate to the person with unconditional positive regard.

STAGE #2

EMPATHIC IMAGINATION

Respectful curiosity and a desire to vicariously project oneself into the other person's story (without losing sight of the self-other distinction).

EMPATHIC INTELLIGENCE

The ability to grasp the perspective and internal frame of reference of another person with accuracy (also termed cognitive empathy).

EMPATHIC PERCEPTION

The ability to 'read' or distill the feelings and meanings associated with a person's experience, along with sensitivity to their moment by moment changing emotions (also termed affective empathy).

STAGE #3

EMPATHIC RESPONSE

Feelings of concern for the person who is suffering and a genuine desire to help.

EMPATHIC COMMUNICATION

High level therapeutic communication skills such as active listening, echoing, attending, probing, clarifying and paraphrasing etc.

EMPATHIC BEHAVIOURS

Thoughtful and deliberate actions aimed at alleviating the person's suffering and distress (also described as compassion).

EMPATHIC REFLECTION

Rigorous and deep self-examination in order to learn from an experience in order to improve one's empathic abilities for future encounters.

WHY EMPATHY IS ESSENTIAL FOR HEALTHCARE PROFESSIONALS

52%

Patient satisfaction with healthcare is 52% higher when clinicians demonstrate empathy⁴

93%

93% of patients believe that a lack of empathy **lowers the quality of care**⁴

<1%

Less than 1% of patients describe their interactions with healthcare professionals as **empathic encounters**⁵

50%

Post-operative morphine requirements are reduced by 50% following an empathic pre-operative consultation¹⁰

40%

In the general community **empathy levels have declined** by more than 40% over the last 30 years¹

25%

Cellular immunity of patients with lung cancer is 25% higher when cared for by oncology nurses with high levels of empathy⁸

20%

Conveying empathy in healthcare consultations **reduces pain, depression and anxiety** by more than 20%⁹

42%

Empathic interactions with doctors **improve diabetic patient's glucose control** and result in 42% fewer emergency department visits⁶

62%

Patient adherence to treatment regimens is 62% higher when healthcare professionals have undertaken empathy training⁷

50%

Empathy levels can decline by up to 50% **during the period of enrolment** in an undergraduate nursing or medical degree^{2,3}

EDUCATING FOR EMPATHY – THE EVIDENCE

SYSTEMATIC REVIEW 1:

'A systematic review of the effectiveness of empathy education for undergraduate nursing students'¹¹

Study characteristics: 23 studies: 4 experimental, 4 case-control, 13 single group pre-post-test, 2 post-test design.

Simulation modalities: role plays, manikin-based scenarios, 3D, e-simulations and stroke suits.

Results:

- 10 of the 13 single group studies demonstrated a significant change in empathy pre-test post-test.
- 5 of the 8 experimental and case-control studies reported a significant increase in empathy scores in the intervention group from pre-test to post-test.
- The most effective empathy interventions were immersive and experiential simulation-based interventions.

SYSTEMATIC REVIEW 2:

'Learning empathy through simulation. A systematic literature review'¹²

Study characteristics: 28 studies: 9 RCTs, 5 quasi-experimental and 14 pre-post-test design.

Simulation modalities: games, simulated patients and role plays.

Results:

- 4 of the 9 (44%) RCTs reported significant improvements in learners' empathy scores.
- 12 of the 14 (86%) pre-post designs reported a significant improvement in learners' empathy scores.
- Collectively, the results indicated that the most beneficial simulation approach is one that asks the learner to 'literally stand in the patients' shoes'.

NARRATIVE REVIEW 1:

'Empathy training: methods, evaluation practices, and validity'¹³

Study characteristics: 29 studies: 13 RCTs, 12 pre-post test, 1 post-test, and 3 qualitative designs.

Training modalities: experiential, didactic, skill training, mindfulness training, video-based, and writing activities.

Results:

- The most commonly used empathy training approach was didactic instruction (42%).
- All but two studies (93%) reported positive findings in regard to learning and changes in cognitive empathy.

INSIDE THE VIRTUAL EMPATHY MUSEUM



MEDITATION ROOM: An introduction to the practice of mindfulness and meditation as strategies to promote empathic humility, improve self-awareness and reduce compassion fatigue.¹⁸



RESOURCE ROOM: Links to a collection of high-quality web-based resources, each designed to enhance empathic imagination and empathic intelligence. Both generic empathy resources and those that focus specifically on vulnerable patient groups are included.



ART ROOM: Guides for using works of art to spark learners' empathic curiosity and creativity. The study of art enhances the ability to 'read' people and interpret the subtle nuances of facial expressions and body language.¹⁷



DIGITAL STORYTELLING ROOM: Digital stories that will promote empathic reflection and a re-examination of one's attitudes towards and perceptions of people from a range of diverse backgrounds.¹⁹ The stories are multidimensional in nature enabling exploration of reality from different perspectives.



READING ROOM: Literature reviews that can be used to enhance learners' aesthetic knowledge, empathic imagination and perspective taking.¹⁴ Learning to appreciate the nuance, symbolism and deeper layers of meaning in a story can promote emotional engagement with and about critical issues.¹⁵



SIMULATION ROOM: Simulation toolkits and rich media that allow learners to 'stand in the patient's shoes'.²⁰ They create a unique vantage point from which learners can see the world through the eyes of another person in order to gain new insights into their feelings, perspectives and needs.²¹



FILM ROOM: Film reviews designed to enhance learners' empathic intelligence and appreciation of the lived experience of illness. The human stories portrayed in the films will engage learners and promote vicarious learning experiences in ways that inspire, educate and transform.¹⁶

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Project Leader: Professor Tracy Levett-Jones

Contact: Tracy.Levett-Jones@uts.edu.au

Project team: Professor Jane Maguire, Dr Jacqueline Pich, Natalie Govind, Sue Dean, Dr Fiona Orr, Dr Lynn Sinclair, Dr Samantha Jakimowicz, Associate Professor Michelle Kelly, Dr Alison Kelly.

