

Review

## A culture of empathy in nursing clinical practice

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### Summary

Modern nursing studies the psychological characteristics of patients, manifested in both healthy and ill individuals under care, as well as those traits essential for the nurse's professional practice, with empathy standing out in particular. Empathic sensitivity is a sign of an individual's general level of sensitivity, and that sensitivity depends on a person's innate characteristics. The ability to feel empathy is of particular importance in professions where contact with another person plays a fundamental role. In recent years, enough documents have been found that use the concept of empathy in nursing care, which can have beneficial effects on patient recovery. Empathy is ability to understand attitudes, behavior and feelings of another person and also ability to express that understanding. Empathy is a key element of medical practice and is imperative to establishing interpersonal relationships. The aim of this review is to examine the importance of empathy in the daily work of healthcare professionals through a synthesis of existing literature. Since the nursing profession has always been based on caring for people in their most difficult, stressful and often uncertain situations, it is not difficult to conclude why exactly empathy is perceived as one of the most important qualities of the nurse. Empathy contributes to a strong connection between people, and is based on love for people.

**Key words:** patient care, communication, empathy training, healthcare professionals

## Introduction

Empathy is a very interesting concept, studies of which began at the end of the 19th century. Empathy has remained a construct of social sciences, especially psychology, but its study has spread to other scientific fields. Nursing is a profession that has generated its knowledge from numerous scientific disciplines, including psychology.

Today, modern nursing studies the psychological characteristics encountered in the healthy and sick people it cares for, or those characteristics necessary for the nurse in her work, such as empathy.

Since the nursing profession has always been based on caring for people in their most difficult, stressful and often uncertain situations, it is not difficult to conclude why exactly empathy is perceived as one of the most important qualities of the nurse. Empathy contributes to a strong connection between people, and is based on love for people. The relationship between the nurse and the patient is important in many situations in nursing care, especially in the care of people with mental health problems [1].

The aim of this review is to examine the importance of empathy in the daily work of healthcare professionals through a synthesis of existing literature.

## Definition of medicine and empathy

Medicine is a humanistic science which fundamental purpose is to assist individuals in distress, specifically in the context of illness. What distinguishes medicine from most other sciences is empathy, which—alongside undeniable knowledge and skills—represents an indispensable tool in working with patients. In many medical procedures, we have introduced various protocols and standardized procedures. These are designed to ensure that healthcare professionals do not overlook essential aspects of patient care. However, if we follow all protocols and procedures to the letter, but fail to demonstrate empathy towards the patient, then we will not truly fulfill our professional duty.

In the context of health care, empathy is considered a complex and multidimensional concept that has cognitive, emotional, moral and behavioral dimensions. Empathy is particularly important in healthcare professional-patient relationships and is associated with improved patient satisfaction and compliance with recommended treatment [2].

The term empathy was coined by Titchener, which he defined as “process of human-

izing objects, of reading or feeling ourselves into them”.

The word empathy derives from Old Greek -  $\mu\pi\alpha\theta\epsilon\iota\alpha$  ( $\epsilon\nu$  – in +  $\pi\alpha\theta\epsilon\iota\alpha$  – feeling, emotion). Husserl describes empathy as intersubjectivity, a capacity that emerges through putting ourselves into the shoes of others. The word, intersubjectivity, describing the main reality of empathy as an encounter between two subjects, is extremely important.

Stein defines empathy as an experience “sui generis”, describing it „as the experience of foreign consciousness in general“.

Empathy theories in psychology were largely influenced by the aforementioned approaches up until Mead, whose definition of empathy is considered one of the basic ones today, describing it as the ability to understand other person's situation (taking the role of the other). Mead saw empathy as a willingness or tendency to put one-self in another person's place and to modify one's behavior as a result. He recognized the self-other differentiation in empathy and added a cognitive component, the ability to understand, to empathize. He also argued that the role-taking ability was the key variable in moral growth.

Freud wrote that empathy was essential in taking perspective of the other person's mental life and it was a process having an important role in our understanding of what was inherently foreign to our ego in other people.

Empathy is putting oneself into the other person's shoes, either consciously or unconsciously. Fenichel views empathy as the process including two acts, first, an identification with the other person, and second, an awareness of one's own feelings after the identification and an awareness of others feelings.

Kohut defines empathy as a method used in psychoanalytical research, pointing out the fact that being empathic in therapist-patient relationship is not enough to improve someone's situation [3].

## Empathy in practice

Empathy of physicians for their patients is associated with improved healthcare quality and patient outcomes as well as the well-being of physicians themselves. On the other hand, empathizing with other's pain and suffering can increase one's own distress and, therefore, reduce the ability for empathy. Evidence is mixed regarding whether empathy levels decrease among medical trainees over time with increased professional experience. These mixed findings may be attributed to various factors, including the overreliance on self-reported assessments of empathy and inconsistent operational definitions of empathy. Many medical schools include a curriculum to promote empathy for patients. However, the physician's empathy is often understood as an intellectual understanding rather than an emotional sharing of the patient's suffering [4].

Developmental levels of empathy correspond to stages of cognition. Thus there are: global empathy, egocentric empathy, empathy for the feelings of others and empathy for one's living conditions. Global empathy appears in children in the first year of life. Children at that age do not distinguish themselves from others, so they behave as if what happens to others happens to them. Egocentric empathy appears after the first year of a child's life, at the second level of cognitive development. The child in this stage fully understands itself and others around it as different physical objects.

It is also capable of experiencing empathy, understanding at the same time that the other person is in trouble and not it. However, the child does not distinguish the inner states of others from its own. Empathy for the feelings of others appears between the second and third year of the child's life. When empathy for the feelings of others is developed, acceptance of another's role occurs.

Empathy for one's living conditions appears in late childhood. The child becomes aware that other people experience pleasure

and discomfort not only in immediate situations but also in wider life conditions and experiences. Hoffman believes that this form of empathizing, especially in adolescence, can be a motive for the creation of certain moral or political ideologies.

When the person who has passed these developmental levels of empathy encounters someone who is in danger or distress, a variety of information about the state of others is present: from nonverbal and situational cues to knowledge about the lives of others beyond the immediate situation [5].

Research in the field of empathy supports multidimensionality, and the most common division includes two different abilities: affective and cognitive empathy.

Among the determinants of empathy, the individual characteristics of the person towards whom it is addressed stand out. These include: sex, age, personality and education. Empathic sensitivity is a sign of the general level of sensitivity of the individual, and this sensitivity depends on person's innate characteristics.

In terms of the nurse-patient relationship, empathy is sometimes understood as the ability to enter into another person's life in order to perceive her/his feelings and their meanings. Empathy is therefore of the greatest value during the nurse's contact with the patient. However, another characteristic of empathy is the nurse's accurate perception of the patient's feelings and her clear formulation of thoughts. Empathic consent must be expressed in the patient's language.

The ability to feel empathy is of particular importance in professions where contact with other people plays a fundamental role. A helping relationship is a meeting of two separate persons who create a common field of action. The helper is never quite sure what he/she really expects as an outcome. Empathy is the important characteristic aiding in therapeutic outcomes [6].

On the other hand, cognitive empathy involves the ability to recognize and understand

the emotions of others. In a narrower sense, cognitive empathy is defined as the ability to detect emotions (empathic accuracy), put oneself in the situation of another or imagine how another person feels (perspective taking).

Unlike affective, cognitive empathy requires higher-order cognitive functions and is linked to the “theory of mind”. Many theorists equate the theory of mind with the cognitive component of empathy. The theory of mind represents the individual’s ability to take another person’s perspective, i.e. to understand another person’s mental states such as thoughts, desires and beliefs, i.e. the experience of cognitive “mentalizing”, but also affective “mentalizing”, which represents the understanding of the feelings of others [7].

In the nursing profession, the assessment of empathic communication with patients through the nurse-patient relationship is essential and vital. In recent years, enough documents have been found that use the concept of empathy in nursing care, which can have beneficial effects on patient recovery. The main goal of national health systems is to effectively improve the health of the community. Nurses/technicians are considered one of the key members of the healthcare team. On the other hand, empathy plays an essential role in better health outcomes and patient satisfaction [8].

In their research, Neumann and colleagues described two pathways by which empathic communication could improve patient outcomes. First, empathic communication can lead to the patient revealing more about their symptoms and concerns, which in turn leads to the clinician obtaining more information, making a more accurate diagnosis, and understanding and responding to the individual needs of the patient. This leads to improved results. Second, empathic communication can also make the patient feel heard, valued as the individual, and understood and accepted. Through patients feeling valued, understood, and accepted, empathic communication can

indirectly lead to improved patient outcomes [9].

Raboteg-Saric describes empathy as a combination of emotions between the feelings of one and another, and states that many researchers agree that the affective component is what is inherent in empathy. Empathy includes both negative feelings, which are more often studied, and positive feelings. Empathic happiness is described as “the tendency to vicariously experience feelings of good will and pleasure in response to one’s display of positive emotions” [10].

The research on nurse-patient communication shows that empathy of the nurse can lead to high-quality care of her patients. Empathy is the essence of all interactions between the nurse and the patient and should be seen as an important clinical indicator for high quality patient care [11].

Empathy is the important characteristic that aids in therapeutic outcomes [12].

In a study conducted in the USA on the effect of education about empathy on health-care workers, it was determined that the education greatly contributed to the improvement of the therapeutic relationship [13]. Empathy is a multidimensional construct that encompasses our ability to share, understand, and respond appropriately to the emotions of others [14]. The main task of the nurse is to understand the needs, feelings and position of the patient, and empathy is the basis of such perception. There are several definitions of this term. Empathy is generally defined as the ability to see the world non-judgmentally from the perspective of others, to understand emotions and to share them with individuals [15].

The modern concept of empathy is multidimensional and consists of affective, cognitive and behavioral aspects [16]. The affective aspect refers to feelings and sensations in response to the emotions of another person [17]. Cognitive empathy is involved in assessing the emotions, beliefs, goals or intentions of an-



other participant within a certain situational context. It consists of several sub-component processes, such as perspective-taking and attributing feelings and thoughts to oneself and others [18]. Many factors can influence the individual's level of empathy, such as sex, personality, career choice, shared experience with patients, education and work environment [19]. As part of providing person-centered care, empathy supports effective communication, producing positive effects such as increased emotional well-being, greater adherence to treatment plans, reduced pain levels, and improved wound healing [20]. Empathic communication can help patients feel listened to and valued as partners in health care relationships [21].

Also, effective communication can improve patient independence and satisfaction and protect patients from adverse health consequences caused by ineffective communication such as medication errors [22]. Furthermore, the boundaries between empathy and related concepts, such as theory of mind, mentalizing, perspective taking, sympathy, and compassion, are often blurred and there is no unanimous agreement among researchers on their distinctions and subcategories [23].

Unfortunately, research shows that it will be necessary to ensure the physical and emotional safety of healthcare workers in order to provide empathic and effective medical care. Healthcare profession is one of the fastest growing technologically, where the threat of dehumanization of our relationship with the sick as the most vulnerable segment of society, is especially emphasized. These results point to the need to redesign undergraduate and postgraduate educational programs, the importance of mobilizing the profession in creating a "culture of compassion" as a professional imperative, and the crucial role of management structures, the so-called "leadership," without whose acceptance and encouragement such initiatives cannot be successfully implemented [24, 25].

## A research review of empathy in clinical practice

Karaman et al. presented in their study a new empathy scale for nurses, that was developed through a five-phase process, including literature review, expert evaluation, and pilot testing. The final version of the scale consisted of 16 items grouped into three subscales: emotional empathy, cognitive empathy, and compassionate empathy. The study involved 720 nurses working in both private and public hospitals in Istanbul, Turkey. Data were collected between March and May 2023. Statistical analysis showed excellent reliability (Cronbach's  $\alpha = 0.91$ ) and good construct validity, confirmed through both exploratory and confirmatory factor analyses. The scale proved to be a valid and reliable tool for assessing empathy in nursing, with potential applications in healthcare quality evaluation and training programs [26].

The meta-analysis from Maghsud, examined the effectiveness of empathy training programs for healthcare professionals, including nurses and medical students. The study included 13 randomized controlled trials with a total of 1,315 participants. The overall effect size was moderate (Hedge's  $g = 0.58$ ), indicating that empathy training had a positive impact on enhancing empathic skills among healthcare providers. However, the analysis found no significant differences in effectiveness based on specific training contents or methods, suggesting that the core components of the training were more influential than the specific approaches used. The study utilized various self-report scales to assess empathy levels, though specific scales used were not detailed in the publication. The findings supported the integration of empathy training into healthcare education to improve patient care and professional development [27].

Zhang et al. in their work assessed the effectiveness of medical humanities programs in enhancing empathy among medical students

and healthcare professionals. The study found a significant overall improvement in empathy (Standardized Mean Difference [SMD] = 1.33; 95% Confidence Interval [CI] 0.69–1.96). Shorter interventions [less than four months] yielded the highest effect [SMD = 1.74,  $P < 0.05$ ], while longer programs [over one year] showed minimal impact [SMD = 0.13,  $P = 0.46$ ]. Additionally, combining medical humanities courses with reflective writing and practical exercises produced stronger effects compared to courses alone. The study also highlighted a sex-based difference in empathy outcomes, with male participants exhibiting more significant improvement [SMD = –1.10; 95% CI –2.08 to –0.13]. These findings suggest that integrating medical humanities into medical education can effectively enhance empathy, though the duration and structure of the program play crucial roles in its success [28].

Some other studies, such as study of Bas-Sarmiento et al., also showed training empathy effects on students and healthcare professionals. The study found that empathy training programs significantly improved empathy levels among students and healthcare professionals. The most effective interventions were those incorporating active learning strategies, such as role-playing, reflective writing, and patient interaction simulations. Additionally, longer-duration programs and those integrated into curricula showed more substantial and sustained improvements in empathy. The

review highlights the importance of incorporating empathy training into health sciences education to enhance patient care and communication skills among future healthcare providers [29].

## Conclusion

There are numerous definitions and interpretations of empathy. Some are expressed in relation to experiences, while most are based on research evidence. There is no well-founded “visible” evidence of empathy as a medicine, nor can it be “prescribed”, but certainly the effects of empathy can have a positive or even negative effect depending on what kind of empathy we “carry” and whether we have it at all.

Nowadays, empathy is used more and more as one of the treatments for patients. The most important role in the approach to the patient is played by healthcare professionals, who are increasingly applying empathy as part of the treatment. There are numerous studies showing the importance of having the ability to apply empathy when communicating with patients, and its impact on the outcome of treatment. There are also numerous factors affecting the ability of healthcare professionals to convey empathy to the patient. The success of the results in the application of empathy depends primarily on the healthcare worker and then on the patient who can accept or refuse it.

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## Kultura empatije u kliničkoj praksi medicinskih sestara

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Savremeno sestrinstvo proučava psihološke karakteristike pacijenata koje se ispoljavaju kod zdravih i bolesnih osoba o kojima se vodi briga, kao i one osobine koje su neophodne medicinskoj sestri u profesionalnom radu, među kojima se posebno izdvaja empatija. Empatijska osjetljivost je znak opšteg nivoa osjetljivosti pojedinca, a ta osjetljivost zavisi od čovjekovog urođenog osjećaja za empatiju. Sposobnost osjećanja empatije je od posebnog značaja u profesijama u kojima kontakt sa drugim čovjekom igra fundamentalnu ulogu. Posljednjih godina pronađeno je dovoljno dokumenata koji koriste koncept empatije u sestrinskoj njezi koji može imati korisne efekte na oporavak pacijenata. Empatija je sposobnost razumijevanja stavova, ponašanja i osjećaja druge osobe, te sposobnost da se to razumijevanje i pokaže. Empatija je ključni element medicinske prakse i imperativ je za uspostavljanje međuljudskog odnosa. Cilj ovog preglednog rada je ispitati važnost empatije u svakodnevnom radu zdravstvenih radnika kroz analizu postojeće literature. Budući da se sestrinska profesija oduvijek bazi-  
ra na njezi čovjeka u njegovim najtežim, stresnim i često neizvjesnim situacijama, nije teško zaključiti zbog čega se upravo empatija tumači kao jedna od najvažnijih osobina medicinske sestre. Empatija doprinosi snažnom povezivanju među ljudima, a temelji se na ljubavi prema čovjeku.

**Ključne riječi:** njega pacijenata, komunikacija, obuka za empatiju, zdravstveni radnici