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THE EMPATHY MANUAL

Pocket Edition

Bucharest, 2025

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ERUDITE

EMPATHY RAISING IN UNIVERSITIES
THROUGH DIGITAL TOOLS AND EDUCATION

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1.1. Definitions

A brief history

The word empathy derives from the Ancient Greek *empathēia* [ἐν (en, "in, at") and πάθος (pathos, "passion" or "suffering")]. The German philosopher T.Lipps used the term "*Einfühlung*" in Psychology with the literal translation of "feeling into" (1903) [1], while E.Titchener translated it into English as *empathy* ("the process of humanizing objects, of feeling ourselves or reading ourselves into them") (1909) [2].

Many people see empathy as the ability of "[putting yourself in other persons' shoes](#)". However, empathy combines many philosophical, psychological, neurophysiological and relational aspects. This is the reason for a large number of definitions. For example, in their review, Cuff et al. (2016) found at least 43 distinct understandings of empathy [3]. This highlights the fact that [empathy is a rich, multifaceted concept](#).

[A working definition](#) by Ekman (2003) asserts that "empathy is the multidimensional capacity to recognise, feel, and / or react compassionately to others' emotional states" [4].

Related terms, such as [sympathy](#) and [compassion](#), even being conceptually close to empathy, are sometimes used inappropriately.

[Sympathy](#) is the emotional response of pity towards another's misfortune or suffering, "a vicarious emotional reaction based on the apprehension of another's emotional state or situation, which involves feelings of sorrow or concern for the other" [5]. While there are similarities to empathy, sympathy refers to the feeling [for](#) the other, and not [as](#) the other, as empathy does [3, 6, 7].

[Compassion](#) is the "complementary social emotion elicited by witnessing the suffering of others" and involves feelings of concern, warmth, and motivation for support [8]. It is related to empathy, but it is focused mostly on its affective side, and not necessarily on its cognitive or behavioral components.



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1.2. Dimensions of Empathy

Key components of empathy include [4]:

- cognitive empathy (perspective-taking);
- emotional empathy (affective empathy, emotional understanding);
- compassionate empathy (empathic concern).

- **Cognitive empathy** involves the intellectual understanding of other's experiences and life situations. It implies the perception and (accurate) identification of the other person's point of view, aiming to comprehend their thoughts and emotions [9]. Concerning the latter, it is also considered as the ability to recognize and understand the others' emotions [10].
- **Emotional empathy** is the subjective mirroring of the others' feelings (emotions), aiming resonance (or harmony) with them and allowing a genuine affective connection.

For different kinds
of empathy

[CLICK HERE](#)

(<https://www.youtube.com/watch?v=eg2pq4Mjeyo>)

OR SCAN



- **Compassionate empathy** is considered a consequence of the previous two. It drives the person to take action, to help and to show their concern and compassion for another individual.

In clinical practice, although each component has its role (the cognitive component involves perspective taking, helping the clinician to understand the patients' thoughts and concerns; the affective component proves true involvement; the compassionate component asserts closeness), it is worth noting that there should be a balance between them, to create “**fully-realized empathy**” [11].

The relationship between the three components of empathy was highlighted in a review [12], which identified four recurrent characteristics of successful relationships:

- **understanding**: cognitive analysis and perspective taking facilitate recognition and awareness about other person's feelings and emotional state;
- **feeling**: represents the emotional response to other's situation and affective state;
- **sharing**: creates a response to other's feelings, stemmed from similar experienced feelings in the past;
- **self-other differentiation**: creates awareness of the other's feelings and thoughts, while maintaining one's sense of identity.

The abovementioned aspects show that the components of empathy are interconnected and lead to an overall perspective in which:

- “**empathy is both closeness and distance**”: closeness to understand the other person does not lead to total identification; the empathizer should be able to maintain distance, allowing perspective-taking;
- “**empathy is both emotion and cognition**”: empathy creates an emotional understanding, and not a neutral and detached one;
- “**empathy is both body and mind**”: empathy is both a cognitive process, as well as a physical one (bodily sensations are not excluded).



Image generated with AI assistance (ChatGPT, OpenAI, 2025)

Empathy has an interpersonal nature, which involves a dynamic and interactive process between individuals. It is a **relational process** between the empathizer and the empathized, requiring **mutual engagement and understanding**.

Trust and mutual respect strongly influence the quality of empathetic interactions, and can further reinforce relational skills and motivation for interaction.

1.3. Origins of Empathy and Its Consistency Over Time

Empathy is shaped by [cultural dynamics](#), which influence how individuals express and experience empathy. In this matter, empathy can affect (and be affected by) many factors and aspects of people's lives ([see also Chapter 2, "Factors influencing empathy"](#)).

Empathy types:

- [trait](#): an individual ability relatively stable over time;
- [state](#): a transient affective reaction ("in the moment") influenced by the context [3, 13, 14, 15].

Some people can [easily](#) put themselves in other person's shoes, and easily understand their situation, their perspective, or their emotions. For them, empathy is a [trait](#). However, one cannot exclude that their empathy was educated in early childhood, during the years when most life experiences are instantly internalized and remembered (generally, up to 6 years old).

Other people can show empathy [only in certain situations](#) (which they can understand more easily, similar to those they are going through or have gone through at some point). Equally, this can be [targeted only to certain people](#) (with whom they identify, or with whom they have something in common, or who are significant to them). In these cases, empathy can be considered as being [circumstantial \(state-related\)](#).

Practice of empathy and learning from others' life experiences can improve empathy over time. However, one should remember that emotional intelligence is a product of a slow process, that require **perseverance and true preoccupation for our fellows**. This is something that can be continuously cultivated and refined, through multiple social interactions.

STOP & THINK!

Do I display emotional intelligence?

Reflective questions for students.

1. Am I able to recognize my emotions?
2. Do I get overwhelmed easily?
3. Can I usually understand how people around me feel?
4. Is it difficult for me to communicate with people around me?
5. Am I a good listener?
6. Do I feel an emotional connection between me and people around me?
7. When talking to patients, is it difficult for me to understand how they are feeling?
8. How affected do I feel when seeing somebody go through physical or emotional pain?
9. Am I able to make someone feel better when they are sad?
10. Can I change my behavior to avoid hurting someone else?

For an example of a psychometric instrument measuring emotional intelligence [Wong & Law Emotional Intelligence Scale (WLEIS)]

[CLICK HERE](https://scales.arabpsychology.com/s/wong-and-law-emotional-intelligence-scale-wleis)

(<https://scales.arabpsychology.com/s/wong-and-law-emotional-intelligence-scale-wleis>)

OR SCAN



This is a short 16-item measure of emotional intelligence, developed for use in management research and studies. The items of the Wong and Law Emotional Intelligence Scale (WLEIS) are based on the ability model of emotional intelligence [16].

1.4. Empathy in A Personal Context

Empathy is crucial for improving relationships and fostering mutual understanding, in both personal and professional environments.

In everyday life, empathy is expressed in different ways, and the following are just a few examples:

- you are a good listener;
- people come to tell you about their problems, or about their feelings;
- you truly understand how others feel;
- you are moved by the events in other people's lives;
- you feel sad or happy with the characters in the movies;

- you sometimes feel overwhelmed by others' problems;
- when your friend tells you about the breakup with their loved one, you understand how they feel and you feel a certain sadness or sorrow;
- when a colleague shares their joy of a success, you feel a certain amount of joy and satisfaction;
- when someone tells you about their experiences or difficulties they encountered, you understand them as if you were in their place;
- in a contradictory discussion or when you disagree with someone, you manage to put yourself in their shoes and recognize and accept their point of view;
- you notice certain positive effects of empathy in your own life, such as:
 - building relationships based on trust and respect, ensuring increased relational qualities;
 - promoting deeper connections in relationships;
 - favoring appropriate responses, adapted to each person we interact with and the situation they are in;
 - encouraging the behavior of providing help and support;
 - fostering prosocial and caring behavior for people in need;
 - stimulating people to regulate and manage one's own emotions, which increases the ability to empathize with others;
 - reducing conflicts, via perspective-taking;
 - improving the ability to forgive.

1.5. Empathy in A Professional Context

In healthcare, empathy is obvious when caretakers are able to:

- understand the patient from more than a technical perspective (e.g., concerns, expectations, needs, feelings);
- consider the patient's psychosocial characteristics and cultural background / context;
- share with the patient the essential aspects regarding the disease and treatment, meanwhile taking into account their basic values [17];
- pay attention to the empathy's:
 - **affective dimension** (care, offer genuine support, a sincere, unconditional acceptance, without prejudice or stereotypes);
 - **cognitive dimension** (accurately interpret verbal and non-verbal messages, be flexible);
 - **behavioral dimension** (offer time, real interest, be altruistic, aim to alleviate patient's difficulties and problems).
- be able to maintain the balance: being empathetic does not mean identifying with the patient. The doctor's objectivity must be maintained, in order to avoid patient's confusion and distress, and to prevent the risk of physician's exhaustion, disillusionment and burnout.

1.5.1.1. Is There Anything That I Could Start with Right Now?

Because empathy proves to be such an important tool in relationship to building trust and developing oneself, it is

of paramount importance to try and develop it as early as possible in your medical career. Several techniques you can use to train your empathy are:

- **active listening**: listen carefully, without interrupting the patient, try and maintain eye-contact, focus on body language (both yours and the patient's), and then try to summarize and complete with the information you need (e.g., "If I understood correctly, you feel...")
- **case studies**: read about different patient-related scenarios and try to envision how you would react, what would you say, which topic should be emphasized or avoided;
- **role-play exercises**: not only they stimulate the imagination, but they offer the opportunity to experience various situations. To maximize their benefits, it is recommended that the students involved play both the role of the patient, and of the doctor.
- **individual reflection**: the ability to stay with your own thoughts and emotions after the interaction with a given patient is highly beneficial ("How do I feel about this interaction?", "How do I think my patient was feeling?", "What are my patient's needs and how can I help them?" "What can I do to improve our next interaction?")

1.5.2. Positive Effects of Empathy in Clinical Practice

- improves the relationship between doctor and patient, cooperation in the development and implementation of the therapeutic plan;
- ensures personalized communication and patient-centered care;

- ensures a high quality of medical care and decreases the risk of medical errors;
- increases adherence to treatment and consequently favors better therapeutic results;
- decreases the level of distress, anxiety and depression in patients;
- increases patients' satisfaction;
- decreases the risk of burnout and depression in the medical team [9, 18, 19, 20, 21].

KEY TAKEAWAYS

Empathy is defined as a multidimensional capacity to recognise, feel, and / or react compassionately to others' emotional states.

In normal life, empathy is essential for improving relationships and foster mutual understanding.

In clinical practice, empathy is paramount for building a patient-centered approach, provides a safe and supportive environment and facilitates the therapeutic process. Cognitive empathy can help student better understand the patients and their needs. Empathy enhancing tactics include active listening, being open-minded and accepting without judgment.

Developing the physician's empathy skills can be beneficial in their burnout prevention.

Empathy CAN be cultivated and developed! It represents a key objective of the teaching process in medical and health allied schools and in the continuing education of health professionals.

1.5.3. CASE STUDIES

Read and examine the following cases thoroughly. Identify the key strengths in the doctor-patient relationship.

Clinical case 1

Elena, a fourth-year medical student, is on her Internal Medicine rotation. She has to examine Mr. P., a 56-year-old patient, recently admitted to the unit for dizziness, high blood sugar levels and fatigue. The patient has a history of hypertension, obesity (BMI = 39), and uncontrolled diabetes. He works as a driver, lives alone, not married, and works long hours, while often struggling to follow the strict diet he was recommended. Both Elena and the patient feel nervous.

Elena enters the room, introduces herself, and explains her role as a medical student. She notices that Mr. P. seems nervous and frustrated.

Elena: "Good morning, Mr. P.! My name is Elena, I am a fourth-year medical student on rotation in this clinic and working with the team taking care of you. Do I have your permission to ask you a few questions and maybe perform a physical exam?"

Mr. P.: (sighs) "I guess so. But I've already told the other doctors everything. I don't know why I have to keep repeating myself."

Elena: (sits down, at eye level with Mr. P.,) "I hear you and I understand your frustration. I will try to make this interview short, and as easy as possible. I am here to listen to you, to try to understand you, and to help."

Mr. P.: (reluctantly) "Alright, go ahead."

Elena begins the interview by asking open-ended questions, in order to find out more about the patient.

Elena: "How are you feeling lately?"

Mr. P.: "I've been feeling terrible. I always feel tired, dizzy, and I can't seem, for the sake of me, to keep this blood sugar under control, no matter how hard I try, no matter what I do! My blood sugar was even 300 one time and my blood pressure 180! It is very hard to be on the road all the time, I feel so stressed... and now this! Moreover, I feel like I have no one to talk to, nobody to ask advice..."

Elena: (nodding) "That sounds overwhelming. Managing both hypertension and diabetes can be very difficult, especially when one works so much. Which parts of your daily routine you find the most challenging?"

Mr. P.: "Well, I live alone and don't really know or like to cook very healthy... plus, I don't have the time... It's easier for me to eat fast-food or to fry something... I was never really a fan of salads... and I really like salty foods, this no-salt diet is awful for me... Furthermore, when I work long hours, I can't always take my meds, or check my blood sugar... I don't want to carry a lot of pills with me and I don't like pinching my finger all day long to check my blood sugar... I do that maybe two times a week and I hate it when I see those big numbers... I feel discouraged..."

Elena: "I hear you and I understand how difficult it must be, trying to balance such a soliciting job with all those restrictions... It is a lot of pressure, and a lot to take into consideration. Have you spoken to anyone about how to try and make this process more adapted to your lifestyle and your preferences?"

Mr.P.: "Not really. I feel like the doctors just like to tell me what to do, without understanding my situation or how hard it is for me to make all these changes... I feel like I am just numbers to them... this is too high, this is too big, this needs to be lower..."

Elena takes a moment to make eye contact with the patient, show empathy and validate his feelings.

Elena: "I understand this is all very new and very overwhelming, and I can see why you would feel frustrated. It is important to keep in mind that living with these chronic conditions is a marathon, not a sprint, you don't have to do everything perfect, but rather make changes that seem like you could integrate in your day-to-day life. Even a thousand-mile trip begins with a single step! Would you like for us to try and find some solutions together, something that would be easy and realistic to integrate into your daily routine?"

Mr. P.: (softens) "Yes, I think that would be better than trying to stick to a printout plan on a paper..."

In this clinical example, Elena used empathy, active listening and problem-solving skills to build a therapeutic relationship with Mr. P., one where he feels heard and involved in the decision-making process, keeping his resources and needs in mind. This conversation helped design a tailored plan for the patient, potentially included elements such as:

- *a list of easy-to-cook meals that follow the physician's recommendations;*
- *the use of a continuous glucose monitor, which will both show to the patient how he reacts to different meals, and be more comfortable, rather than frequent finger pricks.*

Mr. P. was also referred to a support group for patients with chronic conditions.

Because Mr. P. felt heard and understood, it was easier for him to be more involved in the medical plan, and even more motivated to stick to the new recommendations, while also having increased trust in the care team.

Clinical case 2

Dan, a 21-years old paramedic student shadows an Ambulance crew for a 12-hour night shift. At 2:30 a.m., the ambulance is being directed to Anna's house. Anna is a 25-year-old woman, living alone, who called the emergency number, because she felt a sharp chest pain, difficulties in breathing, sweating, nausea, and dizziness. When they arrived, they saw that Anna was experiencing high levels of distress, she was hyperventilating, and her face was red. Despite being very cold outside, all the windows were opened. In the first instance, the crew suspected a cardiovascular incident, which was excluded upon investigation, and concluded that Anna has had a panic attack. After helping Anna calm down, breathe more calmly and checked that her vitals were stable, Dan sat down to talk to her.

Dan (sitting at the same level as her, making eye contact): "How do you feel, Anna?"

Anna (still a little anxious and obviously exhausted): "This experience was so scary! I never experienced anything like this before! It felt like I was dying! I could not breathe, and I opened all the windows! When my chest started hurting, I was sure I had a heart attack! I remember seeing something on TV about this... I wanted to call my mom or my friend, but it was so late, I did not want to disturb them... so I called the ambulance... now I feel so ashamed, for disturbing you for such a stupid thing!"

Dan (using a calm voice): "You should not feel guilty! You did the right thing! I am so glad we were able to help you! Tell me, were you under more stress lately?"

Anna (tears coming in her eyes): "Yes, it was a really stressful period at work... I kept wanting to go to therapy... I guess I have to, now! But I was so afraid of people calling me crazy..."

Dan: "I understand how overwhelming it should all be... Fortunately, going to a mental healthcare specialist is increasingly normalised nowadays... And getting overwhelmed can happen to anybody! Until you go see a therapist, would you agree that I teach you a breathing exercise that might come in handy during times like these?"

Anna: "Yes, please! I would really appreciate it!"

Dan proceeds to show her the technique and they both practice it a few times.

Anna: "Thank you so much! This was really helpful! And I really appreciate you listened to me and not told me it was all in my head!"

In this case, Dan used empathy and active listening to build contact with Anna, to make her feel heard and to not minimise the importance of her symptoms. He also taught her a grounding technique, which could be at ease for her anytime the symptoms might resurface. He encouraged her to follow the advice of therapist, being compassionate and not judgmental.



Image generated with AI assistance (ChatGPT, OpenAI, 2025)

Chapter 2 Factors That Influence Empathy

Annie, a paediatric nurse, did not always find it easy to connect with her patients. She grew up in a reserved family and was not naturally expressive with emotions. However, during nursing school, she volunteered at a children's hospice, where she saw experienced nurses comforting families with warmth and patience. Inspired by them, Annie began practicing small acts of empathy—holding a child's hand during a procedure, listening more attentively, adjusting her communication style based on each family's needs. Over time, her empathy has deepened, shaped by her experiences, training and the compassionate colleagues who mentored her. However, on days when she is exhausted from long shifts, she sometimes finds herself feeling detached or impatient. Recognizing this, she reminds herself that empathy requires effort and self-care.

What are the factors that shape Annie's empathy?

2.1. Nature or Nurture?

From an early age **both genetic and environmental factors are important in the development of empathy** [1, 2]. However, **affective empathy**, which relates to the emotional response to another's feelings, shows **a stronger genetic basis**, while **cognitive empathy**, which involves the capacity to understand another's perspective and feelings, tends to be **more affected by environmental influences** [2, 3].

Beyond their independent roles, genes and environment operate through continuous interactions. Twin-study meta-analyses show that nurturing caregiving practices increase the expression of affective empathy genes in children, because supportive environments help them reach their emotional potential, whereas children in stressful or neglectful environments exhibit suppressed empathic responses [1, 2]. Also, people with a genetic predisposition for strong empathy may seek out social learning opportunities that further enhance their perspective-taking skills.

What do identical twins' studies tell us about empathy?

Identical twins raised apart exhibit similar levels of emotional empathy, indicating a strong genetic foundation. However, their cognitive empathy varies significantly, suggesting that upbringing and socialization play a crucial role in developing perspective-taking abilities [4].

Critical periods in early childhood also play a pivotal role. [During the preschool years, neural systems underlying cognitive empathy undergo rapid maturation, making this time especially sensitive to interventions](#), such as parental mental-state talk or cooperative play, that significantly boost perspective-taking abilities [3].

Emerging epigenetic evidence suggests that [early life stress or enrichment can leave lasting marks on empathy-related genes](#). Although the current human data remain preliminary, animal studies and models show that variation in maternal caregiving can lead to oxytocin-receptor gene methylation, which controls lifelong social behavior and empathic abilities in offsprings [2].

Finally, individual differences in plasticity mean that not everyone responds equally to the same environment. For example, children carrying alleles linked to heightened emotional sensitivity demonstrate greater gains in cognitive

empathy following high-quality mentorship, but also steeper declines under adverse conditions. This highlights the need for [tailored empathy-building experiences](#) [1].

To sum up, early exposure to empathetic environments and parenting styles, presence of a secure attachment, significantly influences the development of empathy, reinforcing the theory that [while genetics lay the foundation, external factors can modify its expression](#) [5] and promotes resilience, facilitating greater empathic connections in adulthood. A parent–child synchrony across the first decade of life longitudinally shapes the neural basis of empathy in adolescence [6] and possibly later in life.

To learn how early experiences influence one’s empathy

[CLICK HERE](#)

(<https://www.youtube.com/watch?v=WjOowWxOXCg>)



OR SCAN

KEEP IN MIND!

Both genetic predispositions and environmental influences shape empathy. Affective empathy appears to have a stronger genetic basis, compared to cognitive empathy, which is more modifiable by social factors. This suggests that some people may be naturally predisposed to experience others' emotions, while the ability to intellectually understand another person's perspective may be more reliant on learning and environmental exposure.

2.2. Empathy and the Brain: The Science Behind It

Empathy is supported by several neural structures, including:

- **mirror neurons** - neurons which activate when an individual observes another person's emotions, facilitating shared emotional experiences;
- **amygdala** – which plays a role in emotional processing and affective empathy;
- **certain brain regions**:
 - prefrontal cortex;
 - the anterior insula;
 - anterior cingulate cortex.

Activation of brain areas associated with empathy, and functional connectivity between such areas, were found to predict individual differences in emotional understanding and concern for others [8].

Variation in the functional connectivity of certain empathy-related brain regions may be influenced by the personality traits, linking biological factors to psychological characteristics, thus providing a more nuanced understanding of empathy.



Image generated with AI assistance (ChatGPT, OpenAI, 2025)

Empathic behavior may be stimulated by memories of our own pain ...

....this meaning that for people who were exposed to suffering empathy feels more natural.

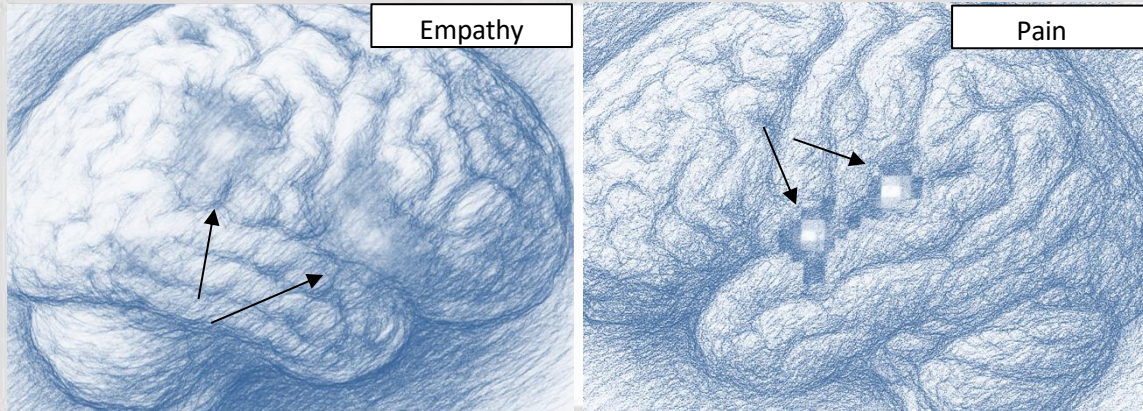


Image generated with AI assistance (ChatGPT, OpenAI, 2025)

Neurons in insula and anterior cingulate cortex are activated both in painful circumstances and when empathizing with other individuals experiencing pain [7].

Even though pain is a subjective experience, memories of our own pain allow us to feel empathy for other people.

2.3. Psychological Factors That Shape Empathy

2.3.1. How Personality Affects Empathy

Personality traits, particularly those outlined in the [Big Five Model](#) - agreeableness, openness, conscientiousness, extraversion, and neuroticism - play a crucial role in shaping empathetic tendencies.

- Individuals high in [agreeableness](#) tend to be compassionate, cooperative, and altruistic, which enhances their ability to form emotional connections and understand others' perspectives [16, 17].
- [Openness to experience](#) fosters curiosity and an appreciation for different viewpoints, enabling individuals to engage actively in empathizing with others [18].
- Oppositely, [neuroticism](#) may hinder empathy. Individuals high in neuroticism often struggle with emotional regulation and may become overwhelmed by their distress, limiting their ability to focus on others' emotions [10, 18].

To learn more about the Big Five personality traits

[CLICK HERE](#)

(<https://www.youtube.com/watch?v=IB1FVbo8TSs>)

OR SCAN



2.3.2. Confidence and Empathy: How They Work Together

Self-efficacy, or the belief in one's ability to handle challenges and succeed, has been **positively linked to empathy**. Those with higher self-efficacy are more confident in their interactions, allowing them to engage with others in a more understanding and compassionate manner [9].

Similarly, **people with a strong self-esteem are more likely to exhibit concern for others**, as they feel secure in their own identities. Studies suggest that environments that promote self-esteem—through encouragement, positive reinforcement, and supportive social structures—also foster higher levels of empathy [10].

STOP AND THINK!

How does your own confidence level in patient communication affect your ability to express empathy?

What can you do to improve it?



Image generated with AI assistance
(ChatGPT, OpenAI, 2025)

2.4. How Sociodemographic Factors Shape Empathy

Sociodemographic factors also significantly influence empathy, impacting both emotional and cognitive empathy across various populations. These factors include gender, age, family dynamics, socioeconomic status (SES), and educational background.

- **Gender differences in empathy** have been widely explored, showing that **women typically demonstrate higher levels of empathy** than men across different contexts [11].

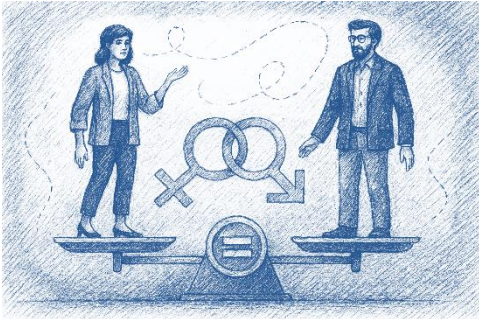


Image generated with AI assistance
(ChatGPT, OpenAI, 2025)

In a study by Liew and Fadil Azim [12], female medical students scored higher on empathy scales compared to their male counterparts, highlighting **gender as a significant variable influencing empathetic capacity**.

This gender disparity can extend into professional environments, where female healthcare providers might adopt more empathic approaches than males, potentially affecting patient care outcome [24].

STOP AND THINK!

How can healthcare institutions encourage both male and female practitioners to develop equal levels of empathy, despite societal conditioning?

Culture and Gender: A Double Influence

Gender differences in the expression of empathy also interact with cultural contexts. Research suggests that [cultural norms surrounding gender roles influence empathic responses](#), with certain cultures displaying stronger differences in empathy based on gender. Moreover, the interaction between cultural background and gender affects perceptions and measurements of empathy, as variations emerge in how empathy is reported across genders within different cultural groups [13].

- [Age-related variations in empathy](#) reflect broader social and cognitive developments throughout the lifespan. Research indicates that empathy levels evolve, often peaking during adolescence, with observed differences between genders [14].
- [Family dynamics](#): having siblings and children has been associated with enhanced empathy, as family interactions require perspective-taking and emotional regulation. Sibling relationships often involve conflict and cooperation, which promote emotional intelligence and empathy. These dynamics [significantly aid in developing empathic concern and understanding others' emotional states](#) [15].
- Additionally, research suggests that [parenting inherently requires emotional atonement and perspective-taking, leading to a gradual increase in empathy among parents](#) over time [16].
- [Socioeconomic status](#) has a complex relationship with empathy. Individuals from [lower socioeconomic backgrounds often exhibit higher levels of empathy](#) [17] and tend to align more with social values that

emphasize the well-being of others [18]. In contrast, higher socioeconomic status has been linked to reduced neural empathic responses, indicating that increased resources and privileges may inhibit empathic engagement [19].

- Individuals with **better education** may have **greater access to diverse perspectives that foster empathy**. Research indicates the influence of parental education on empathic responses in children, suggesting that an educated environment nurtures empathy [20].

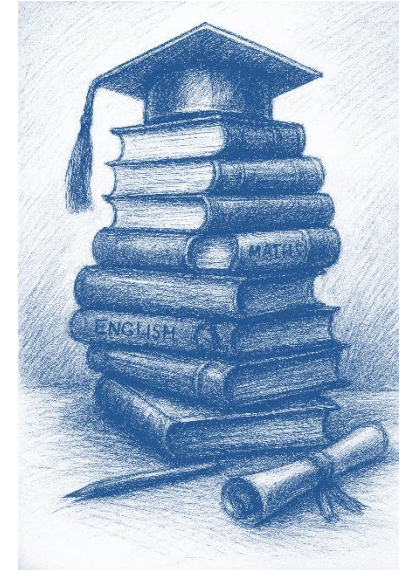


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2.5. Contextual and Social Influences: The Bigger Picture

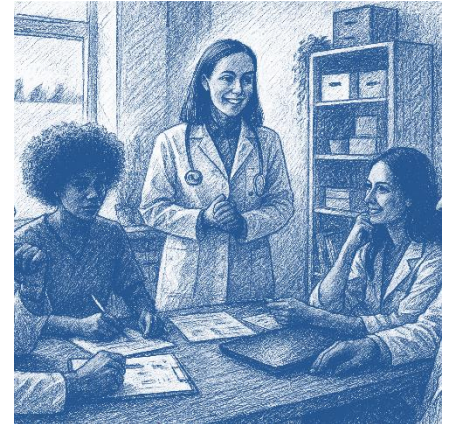
2.5.1. Situational Factors: Empathy Under Pressure

Situational factors play a crucial role in shaping the expression of empathy. High-stress environments, such as medical school, or those in healthcare, are associated with reduced empathetic engagement, due to time constraints and emotional exhaustion. However, supportive and well-structured workplaces can foster empathy, by enabling meaningful interactions [21, 22].

Research on medical interns and senior doctors highlights the impact of time availability, communication quality, and workplace atmosphere on empathetic expression [21, 23].

Beyond professional settings, personal life experiences, particularly those involving trauma or hardship, can also enhance empathy.

Individuals who have faced significant adversity often develop a deeper understanding of suffering, leading to greater compassion for others.



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2.5.2. Cultural Context: The Role of Society

Cultural influences further shape how empathy is understood and expressed. Societies that emphasize emotional openness and communal support tend to strengthen empathic capacities, whereas highly competitive environments that discourage emotional vulnerability may suppress empathy development.

Cultural perspectives also influence the way empathy is directed. In collectivist cultures, empathy is often centered on maintaining group harmony and fulfilling shared responsibilities. In contrast, individualistic cultures emphasize empathy as means of understanding and addressing personal needs [24]. This distinction highlights the deep connection between cultural values and empathic expression, shaping whether it prioritizes community well-being or personal relationships.

Social context

Social dynamics also shape empathy, influencing who we empathize with and to what extent. People tend to show greater empathy toward those they perceive as members of their in-group, a phenomenon known as “in-group bias”. For instance, research in medical settings has shown that doctors often exhibit more empathy toward patients of similar socioeconomic backgrounds [25].

STOP AND THINK!

What strategies can medical professionals use to ensure they provide equal empathy to all patients, regardless of their background?

KEY TAKEAWAY

Empathy evolves, it is not fixed. Genetics set the foundation, but upbringing, life experiences, training, and self-awareness shape how we express it. **Both nature and nurture matter** - affective empathy tends to be more genetically based, while cognitive empathy is shaped more by environmental and social learning.

Our brains are built for empathy: specific brain regions, such as mirror neurons, amygdala, and anterior cingulate cortex, are key players in how we experience, process and express empathy.

Who we are and where we're from shapes our empathy: personality, gender, upbringing, education, socioeconomic background, and culture all affect how we provide and receive empathy.

Context matters: stressful, fast-paced environments can reduce empathy. In contrast, supportive workplaces and personal emotional resilience help maintain and protect it.

We are wired for in-group empathy: people tend to show more empathy towards those they perceive as similar to them – a pattern known as **“in-group bias”**. This can be reduced through cultural competence and self-awareness, especially important in healthcare and diverse settings.



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AI assistance (ChatGPT, OpenAI, 2025)

3.1. Does Empathy Make Me A Better Healthcare Professional?

Empathy has many effects that improve the outcomes of medical treatments. Showing empathy when communicating with your patient **reduces the likelihood of medical errors, by improving clarity and patient cooperation.**

Sounds complicated? In fact, this is not so. Empathic communication **makes it easier to trust and speak more openly,** which is essential for you to choose the right and safe treatment together. This makes also more likely that your patient will stick to your recommendations, this meaning that they will have the best possible chance of getting better.

Not only can empathy lead to a more effective patient-doctor relationship, but it also has the potential to make you **more resilient and more satisfied with your work.**

If you think about why you chose your profession in the first place, two fundamental aspects were probably healing and helping. Being emotionally present, enables you reconnect with your professional identity and helps you to maintain a sense of purpose.

Health care professionals with good patient relationships often report **greater professional fulfillment,** as their work feels to them more impactful.

As an additional benefit empathy can help you to establish a [growth-oriented mindset](#): if you are open to your patients views and feedback, you will be encouraged to continuously learn and adapt in your profession and as a human.

STOP AND THINK!

When was the last encounter with a patient that made you feel emotional? Was this a burden for you or, oppositely, did it motivate you?

Do you feel like you can stay in your everyday routine truthful to the values that made you chose your profession in the first place?

3.2. Why Is Empathy Helping My Patients?

Treating patients often means being intrusive. This might sound a bit inappropriate, however if we think twice, you are meeting a total stranger, possibly for the first time, informing them about the need for a potentially dangerous procedure, a life changing diagnosis or maybe just reminding them to give up favorite, yet unhealthy foods, for a new diet.

At the same time, you have only little idea about what this means for your patient. What kind of needs do they have? What were their previous experiences with doctors? [The patient's race, gender and social background will determine](#)

their individual needs and are essential to how they will perceive your interaction. This step in the communication with your patient is often underestimated, especially in times of increasingly technical Medicine.

Did you know that an estimated 85% of diagnoses in General Medicine could be made only from analyzing the symptoms a patient will tell you about? This is where **empathy** comes in: it **has the power to improve diagnostic accuracy, by enhancing communication and understanding of symptoms.**

And there are even more **advantages of being empathic:**

- studies consistently show that when health care professionals demonstrate higher levels of empathy, **patient satisfaction increases** significantly [1, 2, 3];
- being an empathic communicator does not only make patients feel heard and respected, but it also directly contributes to **better adherence** to treatment plans [4]. For instance, in chronic conditions such as diabetes, research has linked empathetic care to improved health outcomes, in this case an enhanced glycemic control [1]. Why is this so important? Because, according to WHO [5], adherence rates in chronic diseases, in particular for screening, but also for daily drug regimens, is still low, getting to not more than 50% in developed countries;
- when patients feel that their doctors truly understand their concerns, they tend to **experience less anxiety and stress**, which are known to represent important obstacles to self-awareness about one's disease, and, quite often, to adherence [2, 6, 7];
- the decrease of emotional distress brought by perceived empathy can lead to **more effective recovery processes**, making empathetic communication a critical component of successful patient care.

KEEP IN MIND!

As you develop your clinical skills, remember that integrating empathy into your practice is not merely an added bonus - it is a cornerstone of effective, compassionate healthcare that brings benefits to both your patients and to your own professional growth.

A Patient`s Report: “A Wonderful Gift”

“Due to various health and work circumstances, I slipped into a very severe depression in September 2021. After numerous unsuccessful treatment attempts, I was admitted as an inpatient to a psychiatric clinic in May 2023. When I got admitted, I had no idea what the next few weeks would bring, as I had almost given up hope of ever getting better.

Right from the first conversations with my doctor back then, I felt something I hadn’t experienced in any of my previous hospital stays. For the first time in a long while, I felt empathy—and for me, that was the start of my healing process after nearly two years.

My doctor managed to connect with me and my inner self through his incredibly empathetic nature. He reawakened a zest for life in me, and I still vividly remember how he asked me if I wanted to go jogging again. He triggered something inside me that’s hard to put into words, and the next morning, at 6:00 am, I grabbed my sneakers and went for a run. And that’s how it went for the following days and weeks of my stay at the clinic. Of course, I hadn’t suddenly burst with energy, and the typical phases and moments of depression were still very present and felt deeply.

I also had other beautiful, empathetic encounters during my therapy. For instance, my music therapist at the time was incredibly sensitive, and her wonderfully empathetic approach in music therapy was an important part of my healing process as well. Her style and way of conducting the sessions had a profoundly deep effect on me. She knew how to ease the patients' fears by using musical instruments to create different sounds and songs together, which in turn had a positive effect on both the body and the mind. Even now, whenever I visit the clinic, I love to see her—if she has a few minutes to spare, of course. When a person is truly empathetic, the other person can feel that empathetic energy without many words, as long as the situation allows for it.

There are things in this world that are hard to describe in words, and empathy is one of them. The ability to share in others' feelings and be so understanding is a wonderful gift that creates a pleasant atmosphere and forms a crucial foundation that brings us closer together in our personal growth.

I am still so grateful today for all the beautiful moments and encounters I had during my treatment—moments that I always think back on fondly and that have become an important part of who I am."

*Statement by Mr. Hubert Brückler
Expert by experience*

3.3. How Could the Lack of Empathy Affect My Career and Work?

As you continue your training and prepare for your future career, it is essential to understand the powerful role that empathy plays, **not only in enhancing patient care, but also in safeguarding your own professional well-being.**

Empathy can serve as **a protective factor against burnout, by fostering meaningful patient interactions.**

When you take the time to truly listen and engage with your patients, you create a more personal and supportive environment. This meaningful connection **can help you feel more fulfilled and resilient, even during challenging times.**

Oppositely, the lack of empathy can have several detrimental impacts on your practice.

Clinical Case

In the following exchange, a young general practitioner examines a patient on a stressful day.

STOP AND THINK!

Please focus on what you can notice in the physician's behavior.

Take the patient's point of view. How would you feel at the end of the conversation? Describe in detail your thoughts.

Doctor: "Good morning, Mrs. Thompson. I see you're here for some stomach pain. How long have you had it?"

Patient: "Oh, um... it's been a few weeks now. But it's not just the pain. I— I've been feeling really off lately. "

Doctor: "Right. And on a scale from one to ten, how severe is the pain?"

Patient: "I guess it's around a six most days, but..."

Doctor: "Okay. Have you noticed any nausea or vomiting?"

Patient: "Yes, a little, but it's more than that. I just don't feel like myself. I feel exhausted all the time, and... well, I don't know how to explain it, but I just feel really down."

Doctor: "Fatigue can be a symptom of many things. Have you had any recent changes in diet or weight loss?"

Patient: "Yes, actually. I've lost a few pounds without trying. And I—I haven't been eating much because I just don't have an appetite."

Doctor: "That could indicate an issue with digestion or maybe acid reflux. I'll order some blood tests and an ultrasound to check for ulcers or gallbladder problems."

Patient: "That's fine, but... I was also hoping to talk about how I've been feeling emotionally. I don't know if it's just the stomach pain, but I've been having a really hard time. I feel anxious all the time, and sometimes I wake up in the middle of the night feeling like I can't breathe."

Doctor: "Sleep disturbances can be related to pain. If your stomach discomfort is waking you up, we might need to look at whether acid reflux is worse at night."



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Patient: "No, it's not just the pain. It's more like... I feel overwhelmed. I'm not sure if it's stress or something else, but I don't feel like I can handle things the way I used to. I—..."

Doctor: "Right, stress can definitely affect digestion. Let's start with the tests and see if there's an underlying physical issue. If the results are normal, we can consider other factors. I'll prescribe an antacid in the meantime."

Patient: "Oh. Okay... I just—I thought maybe you could help me figure out what's wrong."

Doctor: "Yes, that's the plan. If anything concerning shows up in your tests, we'll address it. If not, it could just be stress. "Try to get some rest, and we'll follow up in a couple of weeks."

Patient: "Alright. Thanks... I guess..."

Follow-up Questions

What did you notice about the conversation?

Did the physician take a correct pain history? Yes! But did the exchange still leave you uncomfortable?

Would you say, that the doctor might have even missed important aspects regarding the patients' health?

Analysis

In this interaction, **the doctor focuses solely on physical symptoms and diagnostic testing, missing crucial emotional cues from the patient.** Mrs. Thompson repeatedly attempts to express her distress, mentioning exhaustion, anxiety, and a sense of being overwhelmed. However, the doctor consistently redirects the conversation back to physical symptoms, without acknowledging her emotional state. **This lack of empathy prevents a deeper discussion**

that might uncover underlying mental health concerns, such as anxiety or depression, which could be contributing to her symptoms or even be the cause for it.

The patient leaves the appointment feeling unheard and without the emotional support she was seeking.

KEEP IN MIND!

The Link Between Physical Complaints and Mental Health

It is common for patients with mental health struggles, including suicidal thoughts, to display physical symptoms, rather than openly discussing their emotional distress. Research indicates that 60-80% of individuals with depression first seek help for physical symptoms, like headaches, stomach pain, or fatigue [8].

Why Does This Happen?

Several reasons were found by current literature:

- fear of stigmatization: patients may hesitate to discuss mental health due to societal stigma or fear of judgment;
- lack of awareness: some patients may not recognize that their physical discomfort is linked to emotional distress;
- cultural or personal beliefs: in certain cultures, mental health struggles are not openly discussed, leading patients to seek medical help for physical issues instead;
- doctor-patient dynamics: if a patient has previously had their mental health concerns dismissed, they may focus only on somatic symptoms.

How Can Empathy Help You in This Case?

Given the strong connection between physical complaints and mental health, doctors should be attuned to subtle cues, such as vague complaints, frequent visits without clear physical causes, or mentions of fatigue and hopelessness. **Asking gentle, but direct questions about emotional well-being can make a significant difference.** Integrating **mental health screenings into routine appointments** can help identify at-risk patients and ensure they receive the care they need.

Here is how the conversation could sound if the doctor followed these suggestions:

***Doctor:** "Good morning, Mrs. Thompson. I see you're here for some stomach pain. Can you tell me more about what's going on?"*

***Patient:** "Oh, um... it's been a few weeks now. But it's not just the pain. I—I've been feeling really off lately."*

***Doctor:** "That sounds really tough. I want to make sure we look at the whole picture. Can you describe what you mean by "off" a bit more?"*

***Patient:** "I guess I just don't feel like myself. I feel exhausted all the time, and... well, I don't know how to explain it, but I just feel really down."*

***Doctor:** "I hear you. Feeling constantly exhausted and down can be really frustrating, especially when you don't have clear answers yet. We'll work together*



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to figure out what's going on."

Patient: "Thank you. I appreciate that."

Doctor: "Let's start by talking about the physical symptoms as well. On a scale from one to ten, how would you rate your stomach pain?"

Patient: "I guess it's around a six most days, but..."

Doctor: "Okay, that's significant. And have you noticed any nausea or vomiting?"

Patient: "Yes, a little, but it's more than that. I just don't have an appetite. And I've lost a few pounds without trying."

Doctor: "I see. Unexpected weight loss and appetite changes can be related to a number of things, including digestive issues, but they can also be affected by stress or emotional health. Have you noticed whether your stomach pain gets worse when you're feeling more anxious or overwhelmed?"

Patient: "I'm not sure... maybe. I just feel anxious all the time. Sometimes I wake up in the middle of the night feeling like I can't breathe."

Doctor: "That sounds really distressing. Anxiety and physical symptoms often go hand in hand, so it makes sense that you're feeling both in your stomach and emotionally."

Patient: "Yeah, that's what I was thinking too. But I wasn't sure if that's something you could help with..."

Doctor: "Absolutely. Your health isn't just about physical symptoms—it's about your whole well-being. We'll check for any underlying physical causes with some blood tests and an ultrasound. But at the same time, I'd also like to help with what you're feeling emotionally. Have you talked to anyone about the stress or anxiety you've been experiencing?"

Patient: "Not really. I just didn't want to make a big deal out of it."

Doctor: "I understand that, but what you're feeling matters as well. If you're open to it, we can talk about ways to support you, whether that's lifestyle changes, counseling, or other approaches. You don't have to go through this alone."

Patient: "That actually means a lot. I'd like that."

Doctor: "I'm really glad you brought this up today. Let's take things step by step—we'll start with the tests, and in the meantime, I'll connect you with some resources for managing stress and anxiety. We'll check in soon to see how you're doing, both physically and emotionally."

Patient: "Thank you, doctor. I really appreciate you listening."

STOP AND THINK!

What aspects in the doctor's behavior can you detect that are significant in changing the quality of the conversation? Take the patient's point of view: How would you feel now?

Is Lack of Empathy Perceived by Patients as Malpractice?

Patients who feel unheard or dismissed are more likely to file complaints or even pursue legal action. It's not only the technical or clinical errors that lead to these issues, but also the perception of being mistreated.

Furthermore, the absence of empathy can lead to poorer teamwork. In a field where collaboration is critical, miscommunications and conflicts among colleagues may arise, if empathy is missing from interactions. This can also affect

patient cooperation—if patients feel that their concerns are not being acknowledged, they may become defensive, resistant, or non-compliant with treatment recommendations.

Impact on One's Well-Being

On a personal level, neglecting empathy can compromise your **professional well-being**. A practice devoid of empathetic engagement can make daily interactions feel purely transactional, leading to higher levels of burnout and emotional exhaustion. When you are not connected to the core values of healing and helping, you might find that your job performance and motivation suffer. Additionally, strained relationships with colleagues can foster a negative work environment, further reducing job satisfaction and overall morale.

In summary, **cultivating empathy is not just about enhancing patient outcomes—it is equally important for maintaining your own resilience and satisfaction in your career.**

By developing and practicing empathy, you are investing in a future where both your patients and you can thrive in a more supportive, collaborative, and fulfilling professional environment.



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3.4. The More the Better?

The Dark Sides of Empathy

Lack of empathy can have negative consequences [8, 9]:

- poor social relationships;
- bad understanding of social contexts;
- inadequate ability to interpret others' (verbal and non-verbal) messages and behaviors;
- misunderstanding and inability to consider someone else's point of view;
- deficient ability to understand and respond to the others' emotions, preventing the formation of interpersonal bonds;
- inhibition of prosocial and caring behavior;
- indifference and cynical attitudes;
- hurtful behaviors (bullying, cruelty, humiliation);
- distancing and exclusion, explicit or implicit stigmatization;
- victim blaming (the idea that people get what they deserve and that their unpleasant experiences cannot happen to you).



Image generated with
AI assistance (ChatGPT, OpenAI, 2025)

KEEP IN MIND!

Lack of empathy can lead to legal and professional consequences: patients who feel unheard or dismissed are more likely to file complaints or pursue legal action.

Impact on professional well-being: lack of empathy in healthcare can lead to burnout, emotional exhaustion, and decreased job satisfaction.

Empathy is essential for career fulfillment: cultivating empathy enhances professional resilience, job satisfaction, and creates a more supportive, collaborative, and fulfilling work environment for healthcare providers.

Excessive Empathy

If empathy is such a great ability to have, wouldn't it be great to have as much as possible? Surprisingly not, as often in life, **keeping the balance is the key**. Excessive empathy brings the risk of inability to establish boundaries, failing to keep a distinction from others. This can eventually lead to **burnout**.

Being over-empathetic may involve remembering and emotionally reliving own traumatic past experiences [11]. Not separating the own emotions from those of others makes exhaustion even more probable.

If you are feeling a lot of emotions every time you engage with patients, you might become exhausted. This is also known as **compassion fatigue**.

Here is an example of how this might feel to someone affected:

"I wake up each morning feeling the weight of another long day. As a nurse, every patient's story, every tear and quiet moment of pain adds to a burden that I struggle to carry. I remember when I first started nursing, full of hope and endless empathy. Now, it often feels like I'm moving through a fog, my emotions dulled. Each day, I'm expected to be the compassionate, caring nurse who listens closely and offers comfort. Yet often I find myself simply going through the motions, my genuine feelings hidden behind a protective layer of detachment. It's not that I don't care; I do, deeply. But after witnessing so much pain and loss, I sometimes feel numb, as if my heart is shutting down to avoid any further emotions. While I attend to patients, administering medications, checking vitals, and providing care, I'm constantly aware that many of them need comfort and deeper conversations. I worry that my lack of visible emotion might be mistaken for coldness or indifference, even though it's really a sign of exhaustion. This detachment, while it protects me, also makes me question the purpose of my work and leaves me feeling isolated."

You were probably able to identify the following signs of compassion fatigue in the nurse's statement:

- **emotional exhaustion** - the nurse feels the "weight of another long day" and struggles to carry the emotional burden of every patient's story, which indicates a depletion of emotional reserves;
- **numbing of emotions** - the description of moving "through a fog" and having "dulled emotions" points to an emotional shutdown (a common coping mechanism to avoid further emotional burden);

- **detachment** - the nurse mentions hiding genuine feelings behind a protective layer of detachment, a sign of distancing oneself to cope with overwhelming emotional stress;
- **going through the motions** - there is a shift from actively engaging with patients to simply "going through the motions," suggesting a loss of an authentic connection;
- **questioning purpose** - feeling isolated and questioning the purpose of one's work shows a deep internal conflict and loss of the original motivation and possible fulfilment associated with the profession.

These signs together are indicative of compassion fatigue, where the continuous exposure to suffering leads to emotional depletion, diminished empathy, and a potential negative impact on both professional performance and personal well-being. To prevent compassion fatigue, it is important to strengthen your cognitive empathy - which means understand patients' perspectives without becoming overwhelmed by their emotions - and be mindful of your own emotions.

There are different ways to regulate one's emotions, and you will find different exercise throughout this manual. One example for a free digital intervention created by the NHS can be found below.

To learn more about emotions' regulation

[CLICK HERE](https://www.youtube.com/watch?v=X2c48FxQdeE)

(<https://www.youtube.com/watch?v=X2c48FxQdeE>)

OR SCAN



KEY TAKEAWAY

Empathy is the cornerstone of effective healthcare, bridging clinical expertise with compassionate care. It does not only enhance the patient's outcomes, by fostering trust, clearer communication, and improved treatment adherence, but it also enriches your own professional fulfilment and resilience. When patients feel understood, they are more likely to share critical information that leads to accurate diagnoses and better care. In turn, a better connection can help restore the values that made you want to be a health care professional in the first place.

But keep in mind, the practice of empathy comes with its challenges. While being attuned to your patients' emotional needs is essential, too much affective involvement can lead to compassion fatigue - a state of emotional exhaustion that may compromise both your well-being and the quality of care you provide. Striking the right balance is crucial. Developing a strong cognitive empathy can help you maintain that balance and prevent burnout.

By embracing empathetic care, you reinforce the therapeutic alliance, increase diagnostic accuracy, and ultimately contribute to better health outcomes. At the same time, by recognizing the signs of compassion fatigue and employing strategies to safeguard your own mental health, you ensure that your capacity to care remains strong over the long term.

4.1. Why Should We Measure Empathy?

Measuring empathy in healthcare settings is **essential** for several key reasons that directly impact both patient outcomes and your own professional development.

As we already discussed in the other chapters, **empathy is a cornerstone of patient-centered care**. When healthcare providers effectively understand and share patients' feelings, **it leads to enhanced communication, greater trust, and ultimately better adherence** to treatment plans. This means that patients are more likely to **follow recommendations, ask pertinent questions, and share crucial details about their symptoms**, which improves diagnostic accuracy and treatment efficacy.

In addition, assessing empathy **allows targeted educational interventions**. By quantifying empathetic behaviors, educators can identify specific areas for improvement and design tailored training programs, that foster compassionate care. This is particularly important, as **the demands of modern healthcare can sometimes push technical skills to the forefront, while the softer skills, like empathy, may be neglected**.

Continuous measurement of empathy helps ensure it remains a priority, throughout your whole training and professional career.

Most importantly for you, [measuring your own empathy provides a valuable feedback mechanism that can protect you against burnout](#). Research shows that when healthcare professionals are aware of their own emotional responses, they are [better equipped to manage stress and maintain a sense of professional fulfillment](#). In this way, regular empathy assessments not only contribute to improved patient care, but also promote your long-term well-being and resilience in a demanding work environment.

KEEP IN MIND!

[Improved patient care](#): measuring empathy enhances communication, trust, and treatment adherence, leading to better patient outcomes and more accurate diagnoses.

[Professional well-being](#): regular empathy assessments help healthcare providers manage stress, prevent burnout, and maintain long-term resilience and fulfillment in their careers.

[Has this helped to make you curious?](#)

In the following chapter you will learn about different ways to measure empathy and get the opportunity to receive individual feedback on your personal tendencies.

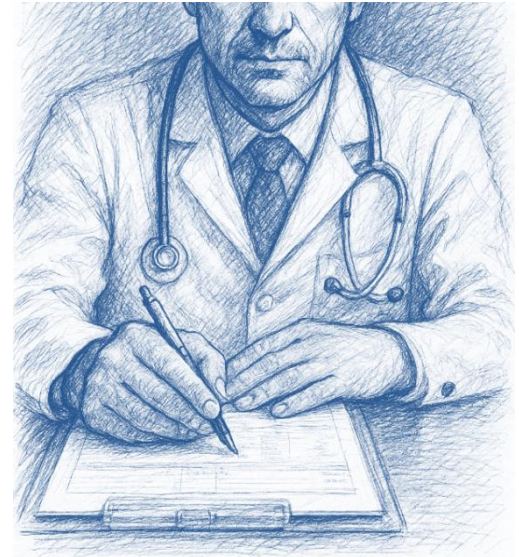


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4.2. What Are the Different Ways to Measure Empathy?

Several scientifically validated approaches have been developed to quantify empathy, each with its own strengths and limitations.

Have you ever wondered how you could check on your own empathy?

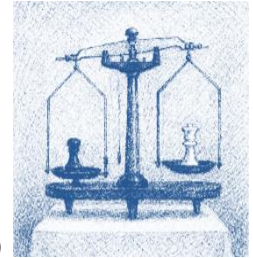


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STOP & THINK!

Would you say you are a rather empathic person?

What are your personal ways to show empathy?

Feel encouraged to discuss these questions with your fellow students! Maybe they have noticed something you have missed so far.

4.2.1. Self-Report Questionnaires

Self-report questionnaires are widely used to assess empathy due to their straightforward administration and ability to provide insights into an individual's self-perceived empathetic abilities.

They typically consist of [yes/no answers](#) or a [restrictive number of options](#), which can sometimes limit the depth of responses, but facilitate efficient scoring. Additionally, these questionnaires may require [translation and cultural adaptation](#) to ensure validity across different populations, as some items may not be suitable in certain cultural contexts. Therefore, scales should be validated for [diverse populations](#), to ensure that language nuances and cultural interpretations of empathy are appropriately addressed. Researchers have found that modifications or localized versions can help maintain relevance across different healthcare settings and populations.

Despite these limitations, self-report questionnaires offer several advantages. They allow for the collection of [large datasets](#) and can be analyzed statistically to compare empathy levels [within individuals over time \(longitudinal studies\)](#) or [between different groups \(cross-sectional studies\)](#).

The following validated tools are frequently employed in healthcare settings:

[The Jefferson Scale of Empathy \(JSE\) \[1\]](#)

Developed specifically for healthcare professionals, the JSE has been shown to have strong psychometric properties and is sensitive to differences across specialties and levels of training. Studies have demonstrated that higher JSE scores correlate with improved patient satisfaction and communication. Any robust assessment tool must demonstrate strong [validity](#) - both in terms of content and construct—and [high reliability](#).

The JSE has been validated across numerous studies, showing consistent internal consistency and predictive validity regarding patient outcomes.

However, its focus on the cognitive aspects of empathy may overlook the affective components, and its specificity to healthcare settings may limit its generalizability.

[The Interpersonal Reactivity Index \(IRI\) \[2\]](#)

The IRI assesses multiple dimensions of empathy - including perspective taking, empathic concern, and personal distress. Its multidimensional nature allows for a nuanced evaluation, although its general focus means that additional context-specific instruments may be needed in clinical settings.

[The Toronto Empathy Questionnaire \(TEQ\) \[3\]](#)

The TEQ offers a brief yet reliable measure of empathy, focusing primarily on the affective aspects. Its ease of use makes it particularly attractive for large-scale studies or integration into broader assessments. However, its brevity may limit the depth of information obtained, and its focus on affective empathy may not fully capture cognitive components.

[The Empathy Quotient \(EQ\) \[4\]](#)

The EQ is used in both clinical and non-clinical populations. It has been widely adopted in research examining social cognition and has been applied in studies involving healthcare professionals, although its original design was for exploring traits associated with autism spectrum conditions.

This test has demonstrated strong inter-rater and test-retest reliability.

All these self-report tools are valuable, because they capture the subjective experience of empathy. However, they are susceptible to [social desirability bias](#) and may not fully capture the observable behaviors that define empathy in practice.

From Spring 2026 you will have access to a FREE DIGITAL ASSESSMENT on our Empathy Web Platform, which will be available at:

<https://erudite-project.eu>



4.2.2. Observer-Rated Measures

This kind of measures involve [evaluations by third parties](#) - such as supervisors, peers, or standardized patients -, and offer a more objective view of empathetic behaviors in clinical interactions. Observer-rated measures have the advantage of capturing empathy as it is enacted in real or simulated clinical settings, but they require significant resources for training evaluators and ensuring consistency across ratings.

Standardized Patient Encounters and OSCEs

In objective structured clinical examinations (OSCEs), trained actors simulate patient scenarios, and raters use structured scoring systems to evaluate the healthcare professional's empathic communication. One well-known instrument used in these settings is the Consultation and Relational Empathy (CARE) measure, which has been validated as an indicator of the quality of patient-practitioner interactions [5].

360-Degree Feedback

Incorporating feedback from multiple sources - including colleagues, patients, and supervisors - provides a comprehensive assessment of empathetic behavior. This method helps to overcome the subjectivity inherent in self-reports and can identify discrepancies between self-perception and observed behavior.

STOP & THINK!

How do your patients perceive you?

Would your colleagues describe you as empathic?

In what aspects?

Exercise with Peers: "The Empathy Echo"

If you are curious to find out more about in what ways you are perceived as empathic by others, here is a little game you could play with your friends or colleagues:

How to Play:

1. Preparation

- Sit down in a circle or small groups of 4-5.
- Your goal is to **reflect on and enhance empathetic behaviors** through playful, constructive feedback.
- **Discuss** ground rules emphasizing positive, respectful comments and confidentiality.

Round One - Sharing

- One participant starts by sharing a **brief story** (1-2 minutes) about a **recent interaction in a clinical or academic setting** where empathy seemed important to them.
- The rest of the group encourages them to **focus on how they communicated and responded emotionally**.

Round Two - Feedback

- After the story, each peer writes down **one word or short phrase** (e.g., “attentive,” “compassionate,” “warm,” “open”) that reflects how they perceived the student’s empathetic behavior.
- Optionally, peers can also note **one constructive suggestion**, if they feel it would be helpful.
- All feedback is shared verbally or via the cards, so that the student receives a collective “echo” of their empathetic presence.

2. Reflection

- The student in the "hot seat" reflects on the received feedback, discussing briefly what resonated with them and any insights for improvement.

- The group can lead a short discussion on common themes and strategies to enhance empathetic communication.

3. Rotation

- The process repeats with a new student until everyone has had a chance to share and receive feedback.

Possible benefits

- **Immediate, playful feedback:** you receive quick insights into how your behaviors are perceived, fostering your self-awareness.
- **Peer learning:** sharing experiences and feedback can help you to create a supportive community where everyone learns from each other's strengths and areas for growth.
- **Safe environment:** the playful nature and structured feedback promote openness and reduce your fear of criticism.
- **Reflection and growth:** by reflecting on the "echoes" of your behavior, you can become better in aligning your actions with your own empathetic values.

4.2.3. Behavioral Assessments

Behavioral assessments focus on analyzing **actual interactions between healthcare professionals and patients.**

These assessments typically involve the video recording of patient encounters, which are later coded for specific empathic behaviors.

4.2.3.1. Video-Based Coding Systems

Researchers have developed detailed [coding schemes to analyze verbal and non-verbal behaviors that are indicative of empathy](#). For example, several studies [6] have examined the frequency of reflective statements, the tone of voice, and body language cues during consultations. Such methods allow for an in-depth analysis of the dynamics of clinical encounters, although they can be labor-intensive and require rigorous training for coders.

4.2.3.2. Simulation Exercises

In [simulation-based training](#), participants engage in role-playing scenarios where their responses are observed and rated for empathy. These exercises often serve as educational interventions to enhance empathetic communication. Behavioral assessments bridge the gap between self-reported empathy and real-world performance, although ensuring ecological validity and inter-rater reliability can be challenging.

STOP & THINK!

In this chapter you have learned that there are different biological processes happening in your body, when you are showing empathy.

How could you personally make use of these scientific advances?

When you are watching others talking to patients, maybe imagine for a second you are a rater looking a video simulation. What signs of empathy can you detect?

Here is a little checklist to inspire you:

A. Body language cues	Observed	
<p>Open posture: keeping your arms uncrossed and facing the patient directly shows that you are approachable and engaged.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Leaning slightly forward: this conveys attentiveness and interest in what the patient is saying.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Nodding occasionally: small, slow nods indicate that you are actively listening and understanding.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Maintaining eye contact: looking at the patient (without staring) reassures them that you are focused on their concerns.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Mirroring facial expressions: subtly reflecting the patient's emotions (e.g., a concerned look when they express distress) helps create emotional connection.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Gentle touch (when appropriate): a light touch on the shoulder or hand can provide comfort and reassurance in certain situations.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>B. Verbal language cues</p>		
<p>Reflective listening: repeating or summarizing what the patient says in your own words to confirm understanding (e.g., <i>"It sounds like you've been feeling very overwhelmed lately."</i>).</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p>Validating feelings: acknowledging emotions without judgment (e.g., <i>"That must be really difficult for you"</i>).</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Encouraging words: using supportive phrases like <i>"I'm here to help,"</i> or <i>"I understand why you feel that way."</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Gentle tone of voice: speaking calmly and warmly rather than sounding rushed or indifferent.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Pausing before responding: allowing a brief moment of silence after the patient speaks shows that you are considering their words carefully.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.2.4. Physiological and Neurological Measures

Advances in technology have opened new avenues for objectively measuring aspects of empathy through physiological and neurological indicators.

4.2.4.1. Neuroimaging Studies

Functional magnetic resonance imaging (fMRI) has been used to investigate the neural correlates of empathy. Researchers have identified brain regions (such as the anterior insula and the anterior cingulate cortex) that are activated during empathic responses. Although these studies provide insights into the biological basis of empathy, the high cost and complexity of neuroimaging limit their routine use in clinical assessments.

4.2.4.2. Physiological Markers

Measures such as [heart rate variability \(HRV\)](#) are emerging as potential indicators of emotional regulation and empathic engagement. HRV reflects the dynamic balance of the autonomic nervous system and has been linked to stress regulation and emotional responsiveness. Physiological and neurological measures offer objective, quantifiable data, but their practicality in everyday clinical or educational settings remains limited.

4.2.5. Implicit Measures

Implicit measures are designed to capture [unconscious attitudes and biases](#) that may not be readily accessible through self-report. For example, reaction times in categorizing words or images can reveal implicit biases toward different social groups. Implicit measures provide an additional layer of understanding, by uncovering underlying cognitive processes. However, [they should be used in conjunction with explicit measures](#), to obtain a well-rounded picture of empathy in healthcare professionals.

4.2.5.1. Implicit Association Test (IAT)

Although originally developed to measure implicit biases, adaptations of the IAT have been used to assess implicit aspects of empathy/lack of empathy.

The IAT [7] can reveal automatic associations between self and empathic responses, offering a window into aspects

of empathy that individuals may not be fully aware of, or willing to disclose. Despite its utility, the IAT for empathy is less common than other measures and requires further validation in clinical contexts.

KEEP IN MIND!

As [empathy is a complex concept](#), it is just as complex to measure it. We know that self-ratings can offer valuable insights into the subjective experience of empathy but must be balanced with more objective methods.

For you this might mean [seeking out external feedback in your everyday practice or being open towards educational training sessions](#) that could for example focus on simulation exercises.

...Hopefully this chapter has motivated not only to learn more about your own empathy, but to use new insights in order to observe and understand empathy.

Maybe start by [being more mindful](#) about your own physiological and emotional reaction in patient encounters or using our [checklist](#) to be more aware about different signs of empathy.

4.3. When and Where to Measure Empathy?

4.3.1. Academic Settings

In academic environments, the measurement of empathy is often integrated into training programs for medical and nursing students.

[Simulation laboratories and role-playing exercises](#) provide safe, controlled environments where students can practice patient interactions. These simulations should involve standardized patients - actors trained to present specific medical histories and emotional cues - which allow evaluators to assess how well students apply empathetic communication skills in realistic scenarios.

[Integrating empathy assessments into curricula](#) not only reinforces the importance of compassionate care, but also enables educators to track the development of these skills over time. Through [reflective debriefings, video reviews, and structured feedback sessions](#), students learn to identify areas for improvement and build on their strengths.

4.3.2. Clinical Settings

Within clinical environments, empathy measurement takes on a slightly different form. [In-hospital assessments during rounds or patient interviews](#) are common, where [real-time observations](#) provide insight into a clinician's empathetic engagement. Given the high-pressure and fast-paced nature of many clinical settings, [instruments must be adaptable to busy, high-stress environments](#). Observational tools such as the [Consultation and Relational Empathy \(CARE\)](#) measure have been used effectively to evaluate patient-clinician interactions in real-world contexts. These assessments help bridge the gap between simulation-based training and actual practice, ensuring that empathetic behaviors are maintained even under demanding conditions.

4.3.3. Interprofessional and Team-Based Evaluations

Empathy is not only essential in individual patient encounters, but also plays a **critical role within interdisciplinary teams**. In interprofessional settings, measuring empathy can help identify **how well team members collaborate and communicate with each other**. Tools designed for **360-degree feedback** - where peers, supervisors, and sometimes patients provide input - are particularly useful here. Such evaluations assess not only individual empathy, but also its impact on teamwork, which is known to correlate with better patient outcomes and improved staff morale.

Studies have shown that teams with higher collective empathy tend to have **more effective communication, fewer conflicts, and a greater ability to coordinate care under stressful circumstances** [8, 9].

4.4. What to Keep in Mind When Assessing Empathy?

When selecting an empathy measurement instrument, several factors must be taken into account, to ensure your measurement is actually providing a valuable insight.

4.4.1. Longitudinal and Cross-Sectional Measurement

Longitudinal assessments allow educators and researchers to **track empathy development over time**, providing insights into the retention and evolution of empathetic skills, especially following interventions. In contrast, cross-sectional studies offer **a snapshot of empathy at a given time**, which can be useful for initial assessments, but may not capture long-term changes. Choosing the appropriate design depends on the research or educational objectives.

4.4.2. Ethical Considerations and Confidentiality

When measuring empathy, ethical issues such as [informed consent](#), [confidentiality](#), and [data protection](#) are paramount. You should feel secure that your performance on empathy assessments will be handled discreetly and used constructively to foster your professional growth.

This is especially true with digital empathy assessments that you can find on numerous webpages (many do use personal information for profit). These were a strong motivation for the ERUDiTE team to create an EU-funded, nonprofit web platform, where you can safely assess your empathy from the beginning of 2026.

4.4.3. Continuous Professional Development

Empathy assessments should be integrated into [ongoing professional development initiatives](#). Incorporating [empathy measurements on a regular basis](#) can encourage you to continuously improve your interpersonal skills.

That is why you should remember to [keep assessing your empathy and continuously receive individual feedback, and to track your personal growth over the course of your education](#).

4.5. Future Directions

4.5.1. Emerging Trends in Digital and AI-Based Empathy Assessments

Recent technological advances have paved the way for digital tools and AI-based assessments in measuring empathy. For example, [real-time analysis of facial expressions and vocal tone during patient interactions](#) can offer objective

data on empathetic responses. While still in the early stages of development, these technologies hold promise for providing more nuanced, continuous assessments that complement traditional methods.

4.5.2. Enhancing Objectivity and Real-Time Feedback

Integrating digital platforms into empathy assessments may enhance objectivity, by minimizing human bias. Wearable sensors and mobile applications can capture physiological indicators of stress and emotional engagement, providing real-time feedback that can be used for immediate educational interventions.

4.5.3. Other Areas of Research

Despite the progress made, several areas warrant further investigation. Future studies should explore the correlation between empathy assessments and long-term patient outcomes, such as adherence to treatment and overall satisfaction. Additionally, research should examine how empathy measurements correlate with indicators of clinician well-being and professional resilience. Expanding our understanding of these relationships will help refine assessment tools and improve training methodologies.

KEY TAKEAWAY

Measuring empathy in healthcare professionals is a complex yet critical endeavor, with significant implications for both patient care and provider well-being. Psychometric considerations, ethical practices, and practical implementation strategies all play a role in ensuring that empathy assessments are reliable and meaningful

implementation strategies all play a role in ensuring that empathy assessments are both reliable and meaningful.

Institutions can foster an environment where empathy is continuously enhanced. As digital and AI-based methods emerge, the potential for more objective, real-time assessments will further increase, paving the way for innovative approaches to understanding and improving empathy.

Ultimately, the systematic measurement of empathy is not just about evaluating a skill - it is about reinforcing the values that form the foundation of compassionate care. In doing so, we not only improve patient outcomes, but also safeguard the resilience and satisfaction of the healthcare workforce. As you move forward in your professional journey, integrating these assessment methods into your practice will be essential for delivering effective, empathetic care.



Image generated with AI assistance (ChatGPT, OpenAI, 2025)

Developing empathy is not just about learning theories, it requires active engagement in [real-life scenarios](#), [self-reflection](#), and [effective communication](#).

Empathy development interventions can vary significantly in terms of approach and setting. Below, we explore three broad (and partly overlapping) categories) overlapping) categories of empathy-focused interventions that have been particularly successful in medical education:

- [mindfulness-based and reflective interventions](#);
- [expressive techniques](#): training of verbal communication and non-verbal skills;
- [immersive and experiential learning](#).

5.1. Mindfulness-Based and Reflective Interventions

These practices enable you to become more attuned to your emotional responses and emotions of others.

5.1.1. Mindfulness-Based Interventions (MBIs)

MBIs aim to increase awareness and emotional regulation, through breathing exercises, meditation, and focused attention exercises. These practices help to decrease perceived stress, develop a non-judgmental awareness of thoughts and feelings, and increase emotional intelligence, which in turn further enhances empathy.

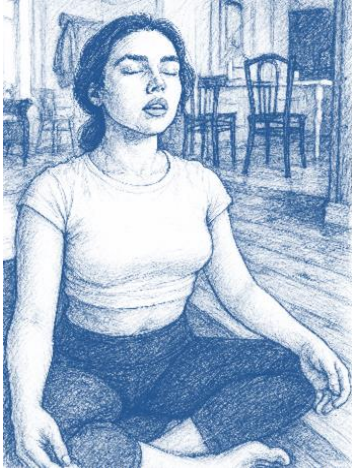


Image generated with
AI assistance (ChatGPT, OpenAI, 2025)

- **Breathing exercises.** Controlled breathing activates the parasympathetic nervous system, promoting relaxation response and reducing anxiety. One effective method is **diaphragmatic breathing**, where you inhale deeply through the nose, expand belly, and exhale slowly through the mouth.
- Another popular technique is **the 4-7-8 method**, which involves inhaling for four seconds, holding for seven seconds, and exhaling for eight seconds. This method is particularly useful for managing stress and improving sleep. **Box or square breathing** follows a four-part cycle of equal-length (usually 4 seconds) inhaling, holding, exhaling and again holding.
- Meditation is not just another kind of relaxation. When you take time to slow down and tune into your own thoughts and emotions, you become more conscious of other people's feelings.

Practices like loving-kindness meditation (*Metta*) specifically aim at developing empathy and compassion. In this practice, you silently send good wishes to yourself, then to loved ones, acquaintances, and even people you may struggle with. If practiced systematically, this helps perceiving others with more understanding and kindness.

For *Metta* meditation
[CLICK HERE](#)

(<https://www.youtube.com/watch?v=tY3NnodM3Ww>)

OR SCAN



- [Mindfulness Focused Attention Exercises](#) also play a role in empathy, by helping you to be fully-present. Instead of reacting automatically, you learn to listen and experience with patience and openness - an essential skill in both Medicine and everyday life.
The practice of this kind of exercise may imply for example [the focus on your breath and counting each inhale and exhale up to ten](#). If your mind tends to wander, you should gently bring it back to counting and start again.
- An alternative exercise is to close your eyes and then pay [attention to different parts of your body](#), noticing any upcoming sensations, without further judgment. This exercise is called Body Scan and helps improve awareness and focus.
- Another popular exercise is [object observation](#). To strengthen concentration, you may simply choose an object (like a leaf or a pencil) and study its details - texture, shape, colour, or smell it - for as long as it takes.

For an example of a mindful eating meditation

[CLICK HERE](#)

(<https://www.youtube.com/watch?v=qh26nYk0Ygw>)

OR SCAN



5.1.2. Reflective Perspective-Taking Exercises

When people are actively encouraged to step outside their own worldview and think from the perspective of others, their empathetic responses and understanding of complex human emotions are enhanced [1, 2]. Perspective-taking can be facilitated through various activities, including [reading patient narratives, books, or watching movies and documentaries](#).

An example of a patient narrative: A Day in the Life of a Patient with Chronic Pain

"I wake up exhausted, my body aching before the day even begins. Fibromyalgia doesn't just bring pain—it steals my sleep, my energy, and my patience. Even the weight of my blanket is unbearable.

Morning means a handful of pills and mental preparation for the day ahead. At work, no one sees my struggle.

"But you don't look sick," they say, not realizing how much effort it takes to simply appear "normal." The smallest tasks drain me, but explaining my pain feels pointless.

At my doctor's appointment, I brace for dismissal. "Maybe it's just stress," they suggest. I've heard it all before. If they can't see the pain, they doubt it exists. The frustration is as exhausting as the illness itself.

By evening, fatigue overwhelms me. My family tries to understand, but even they struggle with my unpredictable limits. Some days I can cook; other days, I can barely move. I miss my old self, the one who didn't have to weigh every action against its consequences. As I lie in bed, discomfort keeping me awake, I remind myself: my pain may be invisible, but it is real. And tomorrow, I will do it all over again."

These exercises, especially when combined with guided discussion, help us recognize the emotional, social, and psychological aspects of healthcare experiences.

Movie recommendations for perspective-taking exercises

Wit (2001) – An academic diagnosed with terminal cancer experiences the clinical and emotional aspects of end-of-life care.

The Diving Bell and the Butterfly (2007) – A powerful story of a man with Locked-in syndrome who learns to communicate, despite total paralysis.

Still Alice (2014) – Portrays the emotional impact of early-onset Alzheimer's on both the patient and her loved ones.

The Intouchables (2011) – A touching story about the friendship between a quadriplegic man and his unconventional caregiver.

The Fault in Our Stars (2014) – Explores love, illness, and the perspective of young cancer patients.

Inside I'm Dancing (2004) – This film delves into the struggles of a young man with muscular dystrophy in an institutional setting.

Mar Adentro (The Sea Inside) (2004) – Tells the real-life story of Ramón Sampedro, a quadriplegic man fighting for the right to die with dignity.

Podcasts recommendations for perspective-taking exercises

This Is Not What I Ordered – A podcast featuring stories from people living with chronic illness and disability, exploring resilience and self-care (<https://laurenselridge.com/listen>).

The Nocturnists – A podcast where healthcare professionals share deeply personal stories about their experiences In Medicine, highlighting patient interactions and ethical dilemmas (<https://thenocturnists.org>).

Terrible, Thanks for Asking – A podcast which dives into the complexities of human emotions, grief, and patient experiences (<https://feelingsand.co/podcasts/terrible-thanks-for-asking/>).

Book recommendations for perspective-taking exercises

When Breath Becomes Air, by Paul Kalanithi (2016): a moving memoir by a neurosurgeon facing terminal lung cancer, reflecting on life, death, and the meaning of Medicine.

The Beauty in Breaking, by Michele Harper (2020): a memoir by an ER physician, reflecting on her personal healing Journey, while treating patients facing trauma and suffering.

This Is Going to Hurt: Secret Diaries of a Junior Doctor, by Adam Kay (2017): a humorous eye-opening account of life as a junior doctor in the UK's NHS, revealing the pressures and emotional toll of medical training.

The Empathy Exams, by Leslie Jamison (2014): a collection of essays exploring pain, illness, and emotional suffering, examining how we relate to others' experiences and what it truly means to empathize.

The Language of Kindness, by Watson Christie (2019): a memoir that offers an intimate look into the world of nursing, highlighting the compassion, resilience, and emotional strength required to care for patients in their most vulnerable moments.

That One Patient: Doctors and Nurses' Stories of the Patients Who Changed Their Lives Forever, by Ellen de Visser (2021): a collection of real-life stories from doctors and nurses reflecting on the one patient who left a lasting impact on them.

Oscar and the Lady in Pink, by Éric-Emmanuel Schmitt (2002): a touching novella about a terminally ill ten-year-old boy who forms a deep bond with an elderly hospital volunteer. Oscar reflects on his final days with humor, curiosity, and wisdom, offering a profound perspective on illness, hope, and the power of human connection.

The Plague, by Albert Camus (1947): a philosophical novel set during a deadly epidemic, portraying themes of human suffering, solidarity, moral choice, and the limits of medical intervention.

5.2. Expressive Techniques: Training of Verbal Communication and Non-Verbal Skills

5.2.1. Discussing Own Experiences

During medical studies, you may have various opportunities to discuss your clinic-related experiences and reflect upon them.

Balint groups are therapeutic forums where healthcare professionals, including medical students and experienced practitioners, gather to explore the emotional and psychological dimensions of their clinical experiences. Named after Michael Balint, a Hungarian psychoanalyst and physician who developed this model, these groups were originally designed to help general practitioners better understand the doctor–patient relationship. Balint believed that a physician's emotional response to patients could significantly affect care quality. In these sessions, participants reflect on their emotional reactions to patient care and engage in discussions that promote emotional awareness and empathy.

The structure of a Balint group typically involves one participant presenting a patient case, followed by a group discussion that focuses not on clinical decisions, but on the emotional and relational aspects of the encounter. As members share their reactions, fears, and uncertainties, they gain insight from their peers and support from a trained group leader, who facilitates the discussion, while ensuring that the focus remains on the emotional dynamics at play [3].

A young doctor's reflection on his experience with a Balint group

"During my rotation as a fourth-year medical student I was assigned to care for Mr. J., a 68-year-old man diagnosed with advanced lung cancer. Mr. J. was in and out of consciousness, experiencing severe pain and anxiety about his prognosis. One day I had an emotional conversation with Mr. J. about his fears, regrets, and the impact of his illness on his family. Despite providing the best comfort and support I could, I felt an overwhelming sense of helplessness, as I realized that no medical intervention could reverse the progression of Mr. J.'s disease.

I felt inadequate. The weight of Mr. J.'s emotional pain affected me deeply. I felt a sense of loss, not only for Mr. J., but also for the families left behind by terminal illnesses. I feared future patient encounters would elicit similar responses in me, that I might not be prepared to handle. This fear began to overshadow my enthusiasm for Medicine, leaving me anxious about future interactions with patients. Fortunately, I was blessed with a great mentor, who encouraged me to participate in a Balint group. The first session was somewhat intimidating; I was surrounded by other healthcare professionals, including doctors, nurses and more advanced medical students, who shared their experiences and feelings about patient care. During my presentation, I hesitantly shared my feelings about the encounter with Mr. J., focusing on my helplessness and sadness. The facilitator of the group created a supportive environment where other participants were encouraged to actively listen and share their own experiences. Several group members resonated with my situation and shared similar stories of loss and emotional burden they felt while caring for their patients.

Through this experience, I realized that my emotional responses were not unique, and that many healthcare professionals grapple with similar feelings in the face of patient suffering. The group discussion enabled me to recognize the importance of processing my emotions rather than suppressing them. As a group we also developed strategies for managing powerful emotions in clinical settings (e.g., seeking peer support, engaging in self-care, and grounding techniques to use during emotionally challenging moments). Following my participation in the Balint group, I felt empowered and more optimistic about my future in Medicine. I believe that Balint group played a significant role in shaping my professional identity. It reinforced my understanding that emotional engagement is a strength that deepens patient connections and enriches medical practice.”

During **Supervised Reflective Rounds** senior clinicians facilitate guided discussions for students, aiming to analyse difficult patient cases, and focusing on their emotional and psychological dimensions of caregiving. Sharing personal experiences in a supportive environment facilitates the development of emotional intelligence and the ability to respond empathetically to patients.

5.2.2. Guided Reflective Writing

This technique offers the opportunity to analyse own clinical experiences and emotions related to them and encourages deeper self-awareness, emotional processing, and understanding of the interpersonal dynamics.

How do guided writing sessions look like?

Introduction & Grounding (5–10 min)

- The facilitator introduces the session's theme (e.g., empathy, patient experiences, personal growth).
- A mindfulness / breathing exercise is conducted to help focus thoughts.



Image generated with AI assistance (ChatGPT, OpenAI, 2025)

Writing Prompt & Free Writing (15–20 min)

- A thought-provoking prompt is given by the facilitator (e.g. “Describe a moment when you struggled to connect with a patient. What barriers stood in the way, and how could you approach similar situations differently in the future”).
- Participants write continuously, without overthinking or self-editing.

Reflection and Sharing (10–15 min, optional)

- Volunteers share their reflections in small groups or within the whole session.
- Discussion focuses on insights gained, emotions explored, and how the exercise may influence their practice.

Wrap-Up & Takeaways (5 min)

- Participants note key lessons learned and how they might apply them in their professional or personal lives.

5.2.3. Art and Creative Expression Workshops

Some programs also incorporate art and creative expression workshops, where students express their emotions about patient encounters through painting, poetry, music or storytelling.

5.2.4. Medical Communication Trainings

Effective interpersonal communication is essential for empathy. Classes and workshops designed to **practice communication** (embedded in a broader psychological understanding of patients' functioning and needs) may be a great opportunity to enhance your ability to respond empathetically in clinical settings.

The training itself usually focuses on **learning specific communication techniques**, such as sitting down during patient interviews, making eye contact, paraphrasing and using verbal acknowledgments (e.g., "I understand", "That must be difficult"). The systematic implementation of these techniques has been shown to improve patient perceptions of clinician empathy [4, 5, 6].

Communication protocols, such as **Calgary-Cambridge Guide** [7] or **SPIKES** [8], comprise indications on Do's and Don'ts in the clinical settings, especially in delicate circumstances [9, 10, 11]. Such classes will usually take various forms (e.g., in the preclinical track - role-playing exercises, standardized patients, VR simulations, mannequins, and in the clinical rotations - supervised interactions with patients and shadowing experienced medical staff).

Communicating bad news
(<https://pubmed.ncbi.nlm.nih.gov/10964998>)

SPIKES PROTOCOL



Image generated with AI assistance,
(ChatGPT, OpenAI, 2025) and
adapted from Osmosis.com

5.3. Immersive and Experiential Learning

In this kind of activities, the participants are engaged in [real-world simulations or experiences](#) that challenge them to adopt the perspectives of others.

5.3.1. Simulation-Based Training

This intervention offers the opportunity to [practice clinical scenarios in safe and controlled environments](#). Whether you participate in role playing, work with mannequins, or engage in high-tech e-simulations, this training method allows you to experience the patient’s perspective:

[Role-playing exercises](#), where you act as a health professional or a patient with a specific health condition, permit you to experience the emotional and physical challenges of the patient, promoting greater empathy and refining the ability to provide compassion. In a typical session, you and your peers are assigned roles as either medical professionals or patients, each receiving a detailed scenario reflecting real-world medical encounters. As a "medical professional", you must take a medical history, communicate a diagnosis or navigate a difficult conversation, while as a "patient," you embody symptoms, emotions, and concerns based on your given case. For example, you might play a young adult experiencing chronic pain who feels dismissed by previous doctors, an elderly patient struggling to understand a new diagnosis or a parent being informed about their child’s paralysis resulting from a ski accident. Under the supervision of an instructor, the session unfolds in a structured format: the “medical professional” conducts the appointment and responds to emotional cues, while the “patient” reacts authentically. Afterward, you

engage in a group debrief, where you reflect on the interaction, receive constructive feedback, and discuss areas for improvement.

Technological advancements, such as [3D e-simulations and virtual reality \(VR\)](#), take this experience further, by creating immersive environments that replicate real-life clinical settings. Studies have indicated that VR simulations, in particular, provide a highly effective way of fostering emotional understanding and improving student attitudes, especially towards vulnerable patient populations [12, 13, 14].

Using VR and 3D E-Simulations in Medical Schools

Imagine you put on a VR headset and suddenly find yourself in the body of an elderly patient with Parkinson's disease. As you try to walk, your movements are slow and unsteady. Your hands tremble, making simple tasks like buttoning a shirt or drinking water very difficult. Through this VR simulation, you do not just learn about Parkinson's disease, you genuinely experience its daily challenges.

Medical schools are increasingly using VR and 3D e-simulations to create these immersive learning experiences to simulate conditions such as dementia, schizophrenia, or visual impairments.

For example, some universities use VR programs (e.g. Embodied Labs Dementia Simulator) or apps (e.g. A Walk Through Dementia) that simulate how a patient with dementia perceives the world, including memory confusion and sensory overload. Others use VR programs where you interact with virtual patients, responding to their emotions and concerns in real-time. These experiences may help in developing a deeper emotional understanding, making it easier to connect with patients in real clinical settings.

[Standardized patients \(trained actors\) and high-fidelity patient simulators](#) (patient care medical mannequins - e.g., SimMan or SimMom) allow not only the practice of the technical aspects of general and emergency care, but also the empathetic response to simulated distress, helping students to refine their clinical decisions and emotional responses.

[Blindfolded or Restricted-Mobility Exercises](#) may enable you to navigate in various clinical circumstances, such as being confined to a wheelchair or being blindfolded, to experience mobility and sensory impairments, thereby fostering your empathy for patients with disabilities.

[Cross-Cultural Simulations and Immersion Trips](#) are interventions potentially exposing the participants to diverse cultural settings. In medical students, this can bring the benefit of developing empathy for patients originating from different socio-cultural backgrounds. Cultural immersion programs in medical schools encourage contact with diverse populations, gaining major insights into the challenges faced by these communities.

[Erasmus+, Global Health Placements and study abroad opportunities](#)

Students participating in exchange programs like *Erasmus+* or international medical missions work in diverse healthcare settings, getting exposed to different cultural beliefs, healthcare disparities, and communication challenges. Such experiences are essential to improve cross-cultural empathy, tolerance, and the ability to engage with patients in a more personalized manner.

Refugee and Underserved Community Immersions

Some medical programs require students to work in refugee clinics, rural hospitals, or urban community centres, interacting with patients who have experienced trauma, displacement, or socioeconomic hardships. To facilitate this, medical schools may build partnerships with refugee clinics where students provide screenings for newly arrived immigrants, helping them understand health disparities and social determinants affecting these populations. Programs like *Street Medicine* allow students to provide care to homeless populations, teaching them to navigate complex social determinants of health.

Take Initiative! Shape Your Own Medical Education!

If your university does not offer Refugee and Underserved Community Immersions opportunities as part of your curriculum, you can identify them through student organizations, such as [EMSA \(European Medical Students' Association\)](#) or [IFMSA \(International Federation of Medical Students' Associations\)](#), which often organize humanitarian projects and clinical exchanges. Additionally, you can explore volunteer opportunities at local NGOs, refugee aid organizations, or community health initiatives. organize humanitarian projects and clinical exchanges. Additionally, you can explore volunteer opportunities at local NGOs, refugee aid organizations, or community health initiatives.

Cross-Cultural Patient Interaction Modules

In such sessions, students may engage in case studies that require communicating with patients from diverse cultural backgrounds, often using interpreters or culturally-adapted healthcare models. Such experiences help

enhance their ability to provide sensitive and effective care. Cross-Cultural Patient Interaction Modules combine the study and practice techniques mentioned earlier, apply them in specific cross-cultural contexts, and may include activities such as:



- analyzing patient scenarios, where cultural factors and beliefs shape healthcare decisions. These sessions typically involve reading or watching a scenario, discussing the ethical and practical considerations, and role-playing possible responses. The goal is to learn to navigate complex cultural interactions with sensitivity and professionalism, ensuring patient-centered care that respects diverse values. A case study might for example present a Muslim woman who prefers a female physician due to religious beliefs, prompting a discussion on accommodating patient preferences, while maintaining professional boundaries. Another example could involve a patient from a collectivist culture, who prioritizes family decision-making over individual autonomy in medical choices;

Image generated with
AI assistance (ChatGPT, OpenAI, 2025)

Patient Scenario Example: A Traditional Chinese Family and Medical Decision-Making

Mr. Liu, a 72-year-old man, was recently diagnosed with terminal cancer. His family, rooted in traditional Chinese values, requests that the diagnosis be withheld from him, believing that discussing a terminal illness will cause emotional distress and hasten his decline. Instead, they want to make decisions on his behalf. As a doctor, you must navigate this cultural perspective while respecting patient autonomy and ethical guidelines.

Class Structure:

1. **Presentation of the case.** Students receive a written or video case study detailing Mr. Liu's medical situation, family requests, and his limited understanding of his condition.
2. **Small group discussion.** Students discuss potential ethical dilemmas: Should the doctor honour the family's wishes? How can they ensure Mr. Liu's right to autonomy while respecting cultural beliefs?
3. **Role-playing exercise.** In small groups or in front of the class, students take on the roles of the physician, family members, and patient, simulating a real-life medical conversation.

An example dialogue in this case could be:

Doctor: "I understand that you're worried about your father's well-being and want to protect him. Can you tell me more about why discussing his illness directly might be harmful?"

Mr. Liu's Son: "In our culture, we believe that bad news can take away a person's will to fight. We want to make decisions for him so he doesn't have to suffer emotionally."

Doctor: "I respect your perspective, and I want to work together to support your father. However, medical

ethics emphasize a patient's right to be informed. Perhaps we can find a way to share information gradually, ensuring he feels supported?"

Mr. Liu's Son: "Maybe if we tell him in a way that focuses on treatment rather than the diagnosis itself, he won't feel hopeless."

Doctor: "That's a thoughtful approach. Let's find a way to balance honesty with compassion, so he feels empowered rather than afraid."

4. **Debrief and reflection.** The class analyses different approaches, shares perspectives, and explores best practices for balancing cultural sensitivity with Medical Ethics.

- activities where standardized patients portray individuals from different cultural groups, requiring an adaptation of medical professional's communication style:

- For example, a standardized patient role-plays an elderly Chinese immigrant who speaks limited English (or your native language) and prefers traditional herbal treatments over prescribed medication. Your role is to simultaneously address language barriers, respect the patient's cultural perspective, and integrate Western medicine with traditional practices.

- working with professional interpreters to communicate effectively with patients with another native language:

- For example, you may conduct a simulated consultation with a Spanish-speaking patient who has diabetes, using an interpreter to explain dietary modifications in a culturally relevant way. You may also learn basic

phrases in different languages and specific non-verbal communication strategies (e.g., avoiding direct eye contact in some cultures to show respect).

- getting familiar with different healthcare models used to bridge cultural gaps:

- For instance, in some communities, **Indigenous Patient Navigators** or **Cultural Liaisons Officers** help patients understand medical treatments, while respecting traditional healing practices. You may work with these navigators to evaluate how culturally adapted care improves patient trust and adherence.

Case Example: Sámi Patient Navigators in Healthcare

Anna, a medical student, is completing a clinical rotation in a hospital in northern Finland, serving the Sámi* people of Lapland. She is paired with Eira, a Sámi Patient Navigator who helps indigenous patients access healthcare, while respecting their cultural traditions. One day they meet Nils, a 62-year-old Sámi reindeer herder diagnosed with hypertension. Nils is reluctant to take prescribed medication, preferring traditional healing methods, including herbal remedies and joiking (a Sámi chanting tradition, used as a part of shamanistic healing rituals). He also struggles with Finnish-language medical instructions. Eira, who speaks Northern Sámi, reassures Nils that his cultural identity is respected. She translates medical information into his native language and discusses ways to integrate traditional practices into his treatment. Together, they develop a care plan that includes Sámi herbal remedies, alongside prescribed medication, with adjustments that accommodate his nomadic lifestyle. Thanks to observing how Eira's cultural mediation builds trust and adherence, Anna learns that Sámi Patient Navigators can play a key role in culturally-adapted healthcare, by helping indigenous patients feel

respected and improving health outcomes in remote communities.

**The Sámi people are the indigenous inhabitants of northern Scandinavia and the Kola Peninsula, traditionally engaged in reindeer herding, fishing, and crafts, with a distinct language, culture, and spiritual heritage.*

Cross-cultural simulations within the classroom or via virtual platforms help learning about health disparities and practice navigating intercultural interactions, which is particularly important in a globally-connected healthcare environment.

Examples of Cross-Cultural Simulation in Medical Training

Imagine you are participating in a virtual patient consultation, where you must diagnose and treat a patient from a different socio-cultural background. In this simulation, the patient, an AI-driven avatar, is a middle-aged woman from a refugee community who speaks your language on a limited level. You must work with a virtual interpreter to take her medical history, while being mindful of her cultural concerns—such as reluctance to discuss certain health issues with a provider of the opposite gender.

Alternatively, in a classroom-based cross-cultural simulation, you and your peers might role-play as healthcare providers in a low-resource setting. You must navigate cultural beliefs about illness, dietary restrictions, and traditional healing methods, while ensuring that your medical advice is both evidence-based and culturally respectful.

By integrating these immersive experiences, the medical students may move beyond theoretical learning, to develop a truthful understanding of patient struggles, and to strengthen their ability to provide compassionate and patient-centered care.

KEEP IN MIND!

How to Get the Most Out of These Interventions?

Mix Up Your Learning Methods – Don't rely on just one approach. Get involved in as many as possible, as each method strengthens different aspects of your ability to connect with patients.

Practice regularly – A single workshop won't make you an empathetic doctor overnight. Look for ongoing opportunities to practice empathy.

Seek out real-world experiences – Don't wait for empathy training to come to you. Volunteer at clinics, shadow compassionate doctors, or interact with diverse patient groups.

Be active, not passive – Don't just attend workshops or mindfulness sessions—engage fully. Ask questions, participate in discussions, and apply what you learn in real-life interactions with patients and peers.

Stay open to feedback – Ask mentors, colleagues, and even patients for honest feedback about your communication style and emotional engagement. Use this insight to refine your approach.

Make Empathy a Mindset – Instead of treating empathy as a box to check, integrate it into your daily life. Every conversation, clinical encounter, and personal reflection is a chance to grow.

KEY TAKEAWAY

Empathy grows through experience, not just theory – Engage in real-life scenarios, reflect deeply, and communicate mindfully to truly develop empathy.

Mindfulness helps you slow down and tune in – Simple practices like breathing exercises, meditation, and body scans can boost emotional awareness.

Perspective-taking opens your eyes – Reading patient narratives, watching selected films, or listening to patient-focused podcasts lets you step into someone else's world.

Reflective writing makes emotions visible – Guided writing sessions help you process challenging experiences and strengthen your ability to connect with patients.

Art and creativity can express what words can't – Painting, music, or storytelling can help you reflect on patient care in deeply personal ways.

Balint groups normalize emotional challenges – Sharing your stories with peers in a safe setting helps you realize you're not alone and broadens your perspective.

Communication is empathy in action – Practice verbal and non-verbal techniques to make patients feel heard and respected.

Simulations make empathy real – Role-playing, VR, and standardized patients help you practice empathy.

Cross-cultural learning builds respect – Case studies, immersion programs, and interpreters help you understand how cultural values shape health decisions.

Keep practicing—it's a lifelong skill – Empathy is a mindset you build every day through reflection, feedback, and meaningful interactions.

6.1. Interpersonal Trainings Supported by the Organizations

6.1.1. Integrate Empathy into Curricula

For a number of reasons, incorporating empathy into student curricula is **essential**. This helps students recognize and respond to emotions, foster social skills and self-esteem.

The quality of medical education is heavily influenced by the “**hidden curriculum**”, which includes **values, behavioral norms, attitudes, skills, and knowledge that medical students learn implicitly**. These characteristics are not necessarily subject of direct evaluation and are often judged in accordance to the public success or social image of the future physician.

Beyond lectures and textbooks, **the way educators interact with students and patients serves as an implicit lesson in empathy and professionalism**.

A culture of kindness, respect, and open communication in medical schools fosters **more compassionate physicians**.

The idea of “practicing what we teach” is especially important when it comes to medical academic teaching. Several tools used in clinical practice include:

Bedside Manners Training

- Teaching not just clinical procedures, but also empathetic communication with patients.

Patient Narratives & Reflective Practice

- Encouraging students to listen to patient experiences and reflect on their impact.

These tools should be aligned with other tools, specific to educational practices.

Prioritizing Student-Centered Learning

- Just as doctors prioritize patients, educators must focus on students' needs and growth.

Creating an Inclusive and Collaborative Environment

- A respectful academic culture mirrors the ideal doctor-patient relationship.

Ethical and Professional Conduct Which Starts in Class

- Teaching methods need to reflect the standards expected in medical practice.

Mentorship and Role Modelling

- Faculty should demonstrate ethical behavior and empathy in all professional interactions.

Examples of Good Practice

Several universities have integrated empathy into their curricula across various disciplines. Here are three notable examples:

[National University of Ireland in Galway](#) and [Pennsylvania State University in the United States](#) collaborated to create the [Activating Empathy Program](#) [1].

This curriculum consists of twelve thematic modules intended to foster in students prosocial conduct, empathy, and engaged citizenship. The curriculum encourages student-led activities, allowing students to choose, adapt, and direct their own projects.

- Reflective learning is included in Student Learning Journals.
- Activities are chosen based on students' interests and school resources.

To learn more about the [Activating Empathy Program](#)

[CLICK HERE](#)

(<https://www.youtube.com/watch?v=n4JKPnLfxO8>)

OR SCAN



[Duke University](#) offers a course called [“Beyond Reason: Empathy and Identity” \(PSY 224S\)](#). Discussions are centered around selected readings and TED Talks.

Duke Human Resources through [Duke Learning and Organization Development](#) emphasizes the importance of fostering empathy to strengthen workplace relationships and community.

Several effective strategies may include:

- **Appreciation Round:** Team members express specific appreciations for colleagues, enhancing mutual respect and recognition.
- **Complete-Me Exercise:** Participants complete prompts like "I made a difference yesterday when I..." to reflect on personal contributions and challenges.
- **Step-In Circles:** Team members physically or virtually "step in" when they resonate with a statement, fostering shared understanding and vulnerability.
- **Personal Notes:** Writing notes of gratitude or acknowledgment to colleagues strengthens connections and morale.
- **Check-ins:** Starting meetings with a one-word emotional check-in allows team members to share their current feelings, promoting openness.

A testimony from a medical educator teaching this course:

"Imagine seeing more than just faces when you stand in front of your students. Every person you see has a unique story, set of obstacles, and goals. Empathic teaching is based on relating to pupils as individuals, rather than as a group. Since my students will eventually be caring for patients in extremely private and frequently sensitive

situations, it is especially crucial for me as a teaching assistant to demonstrate empathy. By expressing empathy in my instruction, I not only improve their educational experience, but also serve as a model for the kind of compassionate care they will offer in the future.”

KEEP IN MIND!

Empathy is part of the therapeutic process.

Faculty behavior directly models professionalism and compassion.

Inclusive content helps all healthcare students feel represented.



Image generated with
AI assistance (ChatGPT, OpenAI, 2025)

6.1.2. Service-Learning (SL)

This strategy combines [hands-on learning and reflective training](#) to enhance emotional recognition, care, and decision-making in clinical environments.

Service Learning is a teaching strategy where a student learns theories in the classroom, but at the same time interacts with an agency (usually a non-profit or social service group) and engages together with it in reflection activities to deepen their understanding of what is being taught [2].

Rodríguez-Nogueira et al. (2020) conducted a study on the impact of service-learning (SL) projects on Physiotherapy students [3]. The study found that SL helped students remember important school lessons, promote health, and be open to everyone. Students felt more confident in handling stressful situations and found working with kids to be satisfying. The study also found a significant decrease in personal distress scores, suggesting better emotional control during stress.

Examples of good practice

[Purdue University](#) engages students in community-based projects that address societal needs, fostering a sense of civic responsibility.

[Tulane's University SL courses](#) integrate empathy education, by combining academic learning with community service, encouraging students to apply classroom knowledge to real-world challenges.

The [Elon's University Kernodle Center for Civic Life](#) focuses on inspiring students to work with diverse communities, addressing local and global concerns, and developing empathy through active civic engagement.

[Duke University School of Nursing](#) offers the “[Empathy, Belonging, and Cultural Education Training class](#)” to promote diversity, inclusion, and cultural competency among its students and staff. This program emphasizes the importance of intercultural awareness as a healthcare imperative, aligning with Duke Health's core value to "care for our patients, their loved ones, and each other." Additionally, the school's Learning Services provide personalized support, including learning consultations, peer tutoring, and writing assistance, to enhance students' academic skills and emotional balance. These initiatives collectively aim to foster empathy and cultural sensitivity.

Testimonial from a participant:

“...the SL Project helped me remember important things I had learned in school, like how to plan activities for specific groups of people and how to promote health...

...I learned more about how important it is to be open to everyone, work together, and involve patients and caregivers...”

KEEP IN MIND!

Real-world exposure helps translate theory into empathetic action.

Emotional control is strengthened by meaningful interaction with underserved groups.

6.1.3. Active Teaching Methods

- e.g., workshops, case simulations, real-life scenarios, and health-themed films.

These methods foster comprehensive socio-emotional development and argue in favor of the “inter-relational model of empathy” [4].

In this view, empathy is:

- a collaborative practice;
- an experience directed towards the „other”, without losing the connection with oneself;
- a bi-directional, interactive, and dynamic process that requires continuous adjustment and responsiveness;
- a relationship which is powerful enough to increase openness, relatability, and trust.

Active teaching strategies may include organized debriefs, role-play with standardized patients, workshops, student lecture presentation groups, reflection groups, mindfulness trainings, experimental trainings, presentation of health-themed films, case simulations and computer-based simulation exercises.



Image generated with AI assistance (ChatGPT, OpenAI, 2025)

Literature data recommend to combine [practical simulation exercises](#) (which are run in a risk-free environment) [with constructive criticism](#), as this helps students progressively improve confidence, competency, and clinical judgment [5].

In turn, workshops or other forms of interpersonal interaction may also be useful, as they allow participants to flex new aptitudes, deploy interactive discussions, observe mistakes in a low-risk situation, develop problem-solving skills and critical thinking.

Examples of Good Practice:

Empathy with Auditory Hallucinations [6]: An institutional initiative where students experienced simulated schizophrenia symptoms, followed by structured peer reflection and faculty-facilitated discussions.

Communication Skills Training [7]: A university-supported curriculum module focused on breaking bad news, using role-play and feedback loops.

KEEP IN MIND!

Simulation methods should be integrated into all programs, rather than being regarded as separate workshops. Organizational commitment is essential for the maintenance of reflective, effective learning environments. Supportive scheduling and competent facilitators can help prevent emotional overload and feeling worn out.

6.1.4. Leverage Arts and Story Telling

Consist in [engaging students in visual arts, music, dance, theater, and storytelling activities, to promote ecological empathy and emotional understanding](#). It fosters an environment where students learn to identify both their own and others' feelings, thereby encouraging compassion and cultural sensitivity [8].

Medical students may get a clearer awareness of the human side of treatment, by showing clinical situations or patients' journeys through art or theatrical re-enactments. These immersive approaches strengthen empathetic communication abilities and improve students' awareness of patient experiences, therefore enhancing their professional development, as well as the general well-being of the people they help.

Besides being useful in cultivating empathy, programs centered around art were described by participants as very enjoyable and interesting, making them easier to get used by medical students.

Examples of Good Practice

Theatre-based empathy programs (University of California) [9].

Empathy training for understanding the disabled patient (first year medical students at a large Midwestern university and local community college) [10].

Visual arts curriculum – The Art of Empathy – introduced at the Brigham & Women's Hospital (BWH) in Boston, Massachusetts [11].

The development of empathy is challenging. The integration of the E.M.P.A.T.H.Y. algorithm in the art curriculum offers a systematic framework grounded in self-awareness and the neurobiology of empathy. Thereby, students can monitor and analyze non-verbal cues, thus improving their skills to engage with patients empathetically.

To learn more about the use of art in developing empathy

[CLICK HERE](https://www.youtube.com/watch?v=zOW4YVEaTKI)

(<https://www.youtube.com/watch?v=zOW4YVEaTKI>)

OR SCAN



KEEP IN MIND!

Perspective-taking abilities are enhanced through arts-based exercises.

Long-term empathy is improved by contemplation, via narrative techniques.

6.2. Tech Trainings Supported by the Organizations

Long medical or scientific training might cause empathy to drop, presumably because of prolonged stress and fatigue.

Technology can represent an independent solution for trainings supported by organization.

6.2.1. Use of Digital Tools, such as video games, can be used as structured, organization-supported interventions for empathy training.

This method has been examined by Kral et al. (2018) for its ability to promote functional brain alterations in the temporoparietal junction and medial prefrontal cortex, aligning with enhanced empathy. [12].

6.2.2. Simulation and Virtual Reality. Learning empathy through simulation-based interventions is linked to Kolb's four-stage learning cycle. They target the first stage of the learning cycle, where students have the opportunity to get in touch to a new challenging situation. VR has been used to train students, especially when logistical constraints limit direct patient interactions. However, research has shown conflicting results, with some authors [13, 14, 15] reporting more empathetic responses to virtual patients compared to standardized patients, while others found role-play more effective in expressing and experimenting empathetic responses [16].

Dyer et al. (2018) used VR to simulate aging-related challenges (hearing loss, macular degeneration), improving student empathy and communication skills.

6.2.3. Role-playing and Video Feedback can enhance interpersonal communication and emotional intelligence.

Ahmadzadeh et al. (2019) found that watching the film "The Doctor" followed by guided reflection improved empathy short-term [18].

6.2.4. Artificial Intelligence (AI). AI supports empathy development, relational behavior, and clinical reasoning [19]. Generally, the medical communities have embraced the rapid development of Artificial Intelligence (AI) in recent

years, for its versatility and wide range of applications, changing the way in which future healthcare professionals are trained.

According to a study conducted by [Jackson et al. \(2024\)](#), over half of the responding students believed that AI could improve accessibility to healthcare, help reduce medical errors and enhance medical accuracy. This finding emphasizes the necessity to try and integrate AI in the training curricula [20].

[AI-powered technologies](#), such as chatbots, are reshaping how medical students approach empathy. These tools provide more accessible and safe environments where students can engage with diverse patient scenarios, practice communication skills, and reflect on their own emotional responses.

A chatbot developed at the University of North Texas (2023) was programmed for reflective interaction, offering low-cost and accessible simulation [21].

KEEP IN MIND!

Digital tools offer flexible, engaging platforms for empathy development.

Learning organizations can integrate digital games into curriculum modules.

VR builds emotional awareness through embodied experiences. Still, VR's practical implementation requires resolving logistical constraints (cost, hardware, scheduling).

Films and peer feedback increase emotional resonance.

Role-play formats are cost-effective and adaptable for in-class use.

AI tools enhance accessibility and interaction diversity.

Chatbots can effectively model empathy components like validation and support.

STOP AND THINK!

How can AI be used in developing empathy?

What are the challenges of simulating medical scenarios in safe environments?

What about using chatbots to improve communication skills?

Which could be the most effective ways of increasing the students' accessibility to digital resources?

What about the difficulties in creating opportunities for them to interact with innovative scenarios?

6.3. Empathy and Vertical Structures in Organizations

Although empathy training often focuses on individual conduct, it requires to take into account the presence of vertically-organized systems. This imperative applies especially to student leaders and mentors. Instead of focusing exclusively on individuals, efforts should include an examination of the institutional behavior, as a whole, as well as leadership exemplification and conversations with people of all ranks (students, residents, professors).

It is also critical to emphasize the importance of this topic [22]:

- top-down directed empathy fosters an environment of psychological safety;
- empathetic leadership improves job satisfaction and mitigates the burnout risk;
- in inclusive institutions, empathy is integrated into daily practice, rather than a general institutional policy.

KEEP IN MIND!

Empathy must be structurally embedded rather than just instructed.

Leaders play a critical role in cultivating empathetic environments.

KEY TAKEAWAYS

Empathy grows at all levels of one's career, when surrounded by a [safe, supporting, and welcoming environment](#).

Empathy is more than simply an individual skill; [it can be developed and maintained through organizational culture and institutional support](#).

Institutional initiatives [integrating interpersonal and technological empathy trainings](#) are essential for long-term success.

[Virtual reality and digital technologies](#), when used with institutional support, [can enhance student learning and potentially modify neural paths](#) linked to empathic processing.

Structured training programs should [include peer interaction, reflective practice, and monitored feedback](#). For a culture of empathy to persist, it needs both [horizontal and vertical integration](#). This essentially means that students, professors, and leaders in the academic community are able [to model and benefit](#) from empathetic communication and conduct.

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Image generated with AI assistance (ChatGPT, OpenAI, 2025)

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