

## The Empathy Enigma: An Empirical Study of Decline in Empathy among Undergraduate Nursing Students

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### Abstract

*The purpose of this study was to examine changes in empathy during an academic year among undergraduate nursing students. The research followed a descriptive methodology with a sample of 214 undergraduate nursing students who completed the Jefferson Scale of Empathy at the beginning and at the end of 2006-2007 academic year. Data were collected using a questionnaire. Results showed a statistically significant decline of empathy for nursing students who were exposed more than others to patient encounters during study period ( $F(2, 211) = 4.2, p < 0.01$ ). Findings were consistent with those found among medical students in that nursing students' encounters with patients, though not very clear on those who had less encounters with clients. The authors suggested that changes to the modalities of teaching may be contributing a disconnect in human connections, due to an emphasis on self-directed and simulated learning experiences. Further studies to identify whether findings of the research impacted on patient outcomes and nurse-students were recommended.*

**Keywords:** Empathy enigma, clinical experience, nurse-patient relationship, nursing students.

### Introduction

Empathy, operationally can be defined as a nurse-patient relationship that requires a nurse's cognitive understanding of the patient's experiences and concerns, which is demonstrated through proper communication with an intension to help. Though empathy is an unreplaceable quality among health-care providers, the modern paradigm changes in health care organisations that seems to emphasise curing diseases rather than caring (Kelly 2007) and technological prowess over personal technique has challenged the idea that empathy should guide service-providers in clinical settings. It was in this regard that Ward, Cody, Schaal and Hojat (2012) conducted a study about the empathy enigma: an empirical study of decline in empathy among undergraduate nursing students published in the Journal of Professional Nursing (28)1, pp. 34 - 40. The research purpose was to examine the changes in empathy during an academic year among undergraduate nursing students at Jefferson School of Nursing, Thomas Jefferson University. In addition, the study was to determine the magnitude of changes in empathy during the academic year in different groups of students who had different clinical encounters with patients. Though there is a general agreement of perception between professional nursing organisations and nurse educators on the importance of empathy in nursing education and in nursing practice, researchers indicated that studies on the development and magnitude of empathy were then limited (Ward et al. 2012). In fact, no empirical studies on empathy had addressed the issue of changes in empathy during undergraduate nursing education using a psychometrically sound empathy measuring instrument. Therefore, on this basis, the authors concluded that sufficient attention had not been directed toward the development of empathic skills for student nurses (Hunter & Smith, 2007).

One might question the importance of nurturing and developing empathy in undergraduate nursing students, and any other group of nursing students. The question is important and timely, considering the empirical findings of a decline in empathy among undergraduate nursing students (Ferri, Guerra, Marcheselli, Cunico & Di Lorenzo (2015); Ferri, Rovesti & Panzera et al. (2017)) and radical changes in the modern competition driven health care system. As clearly alluded to by the authors, an empathic relationship between caregiver and patient not only defines the quality of the patient's experience as a recipient of care, but also contributes to patient's healing, of which every caregiver must labour towards achieving.

## Review of literature

The word empathy comes from a Greek word *empathia* (Liddell, 1940), and it dates back to the late 1990s when the German psychologist Theodore Lipps devised the term “*Einführung*” (“feeling into”, literally “in-feeling”) a description of one’s understanding of another being’s feelings (Titchener, 1902/2014). Throughout the world, it is considered of great importance in clinical settings, in order to achieve an ideal health service delivery environment (Pembroke, 2007). It is from this consideration that the Association of American Medical Colleges (Anderson et al. 1998) defined empathy as, “considering oneself as the opposite person”. Though its significance is ideally appreciated, it is one of the least understood and practised aspects of healthcare, yet empathy is clinically considered to be equally vital to successful and meaningful encounters with patients for all health professionals (Sherman & Cramer, 2005; Halpern, 2003).

The question of relevance then is what impedes the nurturing or development of such a worthy quality among health-care providers? Studies have attributed a statistically significant decline in empathy among students in health professions to increasing workload, time pressures, competitiveness, technology driven therapeutics and increased cynicism about the caring process (Hojat et al. 2009).

On the other hand, in a cross sectional study that focused on the self-reported empathy levels of undergraduate students in five different health sciences disciplines before and after one year of training, (Nunes, Williams, Sa, & Stevenson, 2011), the researchers found out that female students and students older than 27 years were more empathetic than male students and those less than 21 years respectively. The precise reasons why age and gender had an effect on somebody’s empathy was not stated; nevertheless, it was concluded that the findings revealed a decline in empathy during the first year of training. In this study researchers suggested that the decline may be partly due to a ‘settling in’ phenomenon with a perceptual change from idealism to realism, and student displaying an adaptive response to increasing workload and responsibilities.

The importance of empathy in life cannot be better expressed than in the words of Albert Einstein (n.d.) when he said, “a person starts to live when he can live outside himself”. As students in the medical and related fields begin their academic journey, they have in mind idealism and are enthusiastic for treating and curing diseases and infirmity as well as improving patients’ quality of life, however it is ironic that studies (Coulehan & Williams (2001); Farber, Novack, and O’Brien (1997)) reported a decline in the idealism, enthusiasm and humanitarianism in the same individuals right in during the first year of training. Sheehan and Sheehan (1990) reported that as many as three out of 10 medical students became more cynical about academic life and the medical profession as they progress through medical school. This cynicism has been attributed to a lack of appropriate treatment of medical students (Sheehan, Sheehan, White, Leibowitz and Baldwin (1990); Silver & Glicken (1990); Rosenberg & Silver (1984)), as well as processes described as dehumanisation (Edwards, Zimet, 1976) and traumatic de-idealisation (Kay, 1990). Similarly, (Evans, Stanley and Burrow (1993); Farber, Novack and O’Brien (1997)) have shown that one contributing factor to a decline in empathy is the emphasis of modern medical education on emotional detachment, affective distance and clinical neutrality.

Konrath, O’Brien and Hing (2011) argued that students in American Colleges generally have lower empathy levels than do students from previous generations, not only do these students fail to demonstrate empathic behaviour, but they do not even appreciate the relevance of this vital skill in health care services delivery (Fields et al, 2011). This observed decline in empathy has been attributed to the educational experience itself; however social, economic and generational factors may also have an influence. Hojat (2009) suggested that one remedy for improving the empathetic tendencies of health care students was through the integration and application of appropriate teaching techniques, as well as engaging students in experiential styles of learning. Hojat’s (2009) suggestion had been proven valid in one study conducted by Reynolds (2000), in which was demonstrated a significant and sustained improvement in empathy three to six months after a nine-week empathy training programme consisting of self-directed study, regular meetings with a supervisor, a two-day workshop, supervised clinical work and the use of the Reynold’s empathy measure (Reynolds, 2000).

In a review of empathy education in nursing, studies showed that there was a possibility to increase nurse’s empathic ability, with models that use experiential styles of learning. Brunero, Lamont and Coates (2010) recommended that it is undisputable how empathy is a necessary virtue of

multidimensional trait, in all health-care professions including nursing, and that it can be fostered in the early stages of nursing students' undergraduate studies. Hence it is imperative that curriculum developers in this field consider incorporating of empathy virtue and eventually improve practice standards.

### **Recent advances related to the topic**

It is universally accepted that empathy lies at the core of effective communication and is one of the most important skills to be developed among health-care professionals. A decline in empathy is an undesirable phenomenon, since empathy is linked to improved patients' satisfaction, better health outcomes and lies at the heart of the patient centred care philosophy. The question of what the contributing factors to a decline in empathy levels amongst student nurses continues, and in her book *Cultivating Empathy*, Kathleen Stephany (2014) suggested a concept she frames as 'compassion fatigue', which she proposes is related to the gradual if not exponential loss of empathy that affects health professionals in general, students inclusive. Further suggestions indicated that empathy decline among healthcare professionals was due to the daily stress of being exposed to patient suffering, disregarding other people, emotional exhaustion, anger and sleep disorders. According to the author, a solution lies in practitioners seeking professional help and try to recognise their vulnerable condition, and forgive themselves as well. However, in a study conducted by Khodabakhsh (2012) on attachment styles as predictors of empathy in nursing students, results showed that secure and insecure attachment styles had significant positive and negative correlation with empathy respectively. For the purpose of that particular study, attachment was defined as, 'the tendency of human beings to make strong affection bonds with special others', therefore attachment styles were recognised as secure, fearful, preoccupied, and dismissing, the latter three being regarded as insecure styles (Feeney, Noller, Hanrahan, 1994; Sanford, 1997). Attachment styles are undoubtedly an influential component in individual performance and might be related to improved nurse patient relationships and patient outcomes (Tan, Rodin, 2005). Nursing students experience stress due to clinical placements, academic demand and financial constraints to mention but a few. According to some researchers (Khodabakhsh, 2012; Henderson, 1974), secure attachment styles may be a critical factor for enhanced preparation of nursing students for this demanding and stressful profession, therefore preventing a decline in empathy with time. Time has come that we transition from a cold scalpel blade era and adopt care models that view patients and providers in their right place as human (Clinical Simulation in Nursing, 2016). In a study by Brett et al. (2014), there were findings of higher empathy scores in 2010 following a dip in 2009, these contradicted findings based on previous research and raised more questions than answers. The writers therefore highlighted that there was no change in policies, no structural changes in curriculum hence they argued that these results may imply that there was more attention on non-technical skills including the importance of empathy as a desired attribute among health professionals.

### **Methodology**

This was a descriptive study had a purpose of examining changes in empathy during an academic year among undergraduate nursing students. In order to investigate the development of empathic competence of nursing students, they assessed empathy levels of undergraduate nursing students. The components of empathy that were being considered were the cognitive ability of the student to comprehend the complexity of different aspects of the patient experience, as well as the intention to act in response to that understand. Data were collected using a questionnaire, in which the Jefferson Scale of Empathy (developed based on the Jefferson Scale of Physician Empathy) was applied. The authors enrolled Jefferson School of Nursing students from three different academic streams (n = 333) at the beginning of the academic year, and had a 64% follow-up rate on the post-test at the conclusion of the year (n = 214). Data were analysed for statistical significance using a chi-square test and were sorted by gender, ethnicity, academic stream, as well as previous education. Furthermore, a t-test was performed. When the two sets of data were collected and compared, it became clear that after one school year, nearly all groups of students had a statistically significant decline in empathy scores throughout the defined period of study. However, it was noted that Asian Oriental students, students with business

and science background, and students with increased clinical interactions or a previous healthcare background had an important decline.

Of great concern was the finding that, increased clinical interactions decreased empathy scores, as the authors' hypothesis stated that an increasing emphasis on technical aspects of nursing were leading to decreased ability to develop emotional competence. The researchers suggested that changes to the modalities of teaching may also be a disconnecting factor in human interactions, because of an emphasis on self-directed and simulated learning experiences. The researchers concluded that a purposeful insertion of empathy-inducing experiences and relationships into the student's learning can be fostered throughout academic and clinical experiences of the nursing and related education.

## Discussion

The results of this study showed a significant decline in mean empathy scores among groups of undergraduate nursing students during the period of the study including those new to the profession. The decline was more pronounced among those students with more clinical exposures with patients during the one year of study and among those with prior work experiences in health care settings. It is noteworthy that changes in the magnitude of nurses' empathy levels were identified in several studies before the one at hand. Watson, Garfinkel, Gallop, Steven, and Steiner (2000) identified higher empathic scores in nurses who were young, new in the job, and more educated. Later on, Ward et al. (2009) identified the influence of education as a possible factor contributing to high empathic scores in students enrolled in an accelerated nursing program who held a previous degree. Several authors described factors that impeded nurses' empathic behaviours, which included lack of time, lack of support from unsympathetic colleagues, personality style, and anxiety toward patients (Price & Archbold, 1997; Reynolds & Scott, 2000; Richendoller & Weaver, 1994). However, few if any study identified empathy decline among first-year nurse students who had no encounters with patients joining the training.

## Conclusion

There is a great need for future research to enhance the understanding on causes of empathy decline among first-year student nurses. Furthermore, effective strategies for fostering empathy amongst student nurses and empathy decline prevention measures should be put in place without delay. This is very important because interactions with patients play a significant role in somebody's emotional workload (Mann, 2005) and patient's healing process. Despite a general agreement regarding the importance of an empathetic caring, little focus has been given to the nurturing of empathy in the nursing education curriculum, and yet this would yield unmeasurable benefits to nursing profession and patients. It is therefore of empirical value that empathy values part of the training and be emphasised in all courses. It is important that research tests how supervisor and health organisation may support student nurses and nurses in clinical settings on handling the emotional workload with patients. Finally, more studies on empathy could highlight the invisible emotional workload of nursing and this acknowledgement could enhance the quality of caring and contribute to the nurses' well-being (Smith & Allan, 2010).

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