Can Empathy Be Learned?
By Wendy Leebov, Ed.D

Of course. That's how people BECOME empathetic in the first place. Children are not naturally empathetic. They are initially self-centered beings intent on getting their own needs met at all costs. Much of “growing up” has to do with moving from a role of taking to one of also giving, of learning to set our own thoughts, feelings, and needs aside sometimes, so we can make space for other people’s. This ability, of course, is key to feeling and expressing empathy.

But what if a person does not learn these skills as they grew up? What if expressing empathy doesn’t come naturally to them? Are they then hopeless? Of course not. If they want to learn to be empathetic, more often than not, they can.

Reasons People Don’t Show Empathy That Have Nothing to Do with Lacking Caring

Many people feel empathy and really care, but don’t show it. Here are five reasons that I can think of, and no doubt there are more:

- John’s personal stress, anxieties and preoccupations are all-consuming. At this moment, his racing mind prevents him from tuning in to the other person’s feelings, despite the fact that he is capable of it.
- Susan is afraid she might be wrong about the feeling she thinks the other person is having, and that if she guesses wrong, this will make the person angry. So, she doesn’t acknowledge their feeling.
- Ralph learned at an early age that big boys don’t cry and that it’s touchy-feeling and not macho to talk about feelings. He has feelings and he recognizes others’ feelings, but you would never know it.
- Helene is afraid she will intrude into the person’s space and violate their privacy. So, she feels for them but says nothing.
- Edith is afraid she won’t know how to respond if the other person proceeds to talk about their feelings even more. So, she doesn’t acknowledge their feelings in the first place.
- Manny feels he’s way too busy to listen to people.
- Deep down, Jane feels that if she gives, she’ll have nothing left for herself.

These people can learn to feel and express empathy if they address their personal barriers and decide that they want to be more effective by tuning in to their caring and communicating with empathy.

SO, how can you help people capable of empathy to EXPRESS it?

Label it. Distinguish between empathy and sympathy. Empathy takes effort. You read verbal and nonverbal cues and identify the feeling you think the other person is having.
Sympathy involves feelings you have in response to the feelings the other person is having.

A Few Tips

- Don’t rush to judgment. Don’t assume people who don’t express empathy lack caring. Operate on the assumption that they care and now need help expressing empathy so people feel it on the receiving end.

- Communicate a value on expressing empathy. Discuss the benefits for patients and families. Encourage empathy, not sympathy. Show people patients’ criteria for judging their doctors as empathetic.

- Engage people in discussing what holds them back from expressing their empathy. Help them come to terms with that, so that they open their minds to experimenting with more direct expression.

- Build the skill “Acknowledging feelings”. Help people practice identifying feelings from nonverbal and verbal cues.

- Before interactions, remind yourself and others to be present and tune in so well to the other person that you will notice signs of their feelings.

- Expand your feeling vocabulary. Most people use primarily four feeling words – sad, mad, glad and happy. This isn’t enough. The more accurate and descriptive you can be when acknowledging a person’s feelings, the more powerful for them. Relieved, worried, scared, disgusted, impatient, anxious, delighted, skeptical...these words go way beyond sad, mad, glad and happy.

- Remind people that, although expressing empathy might be hard for them for whatever their reason, it is healing for patients and families. And the truth is, expressing empathy aligns us with our caring nature and is healing for us too.
## Scale of Patient Perceptions of Physician Empathy

Instructions: We would like to know the extent of your agreement or disagreement with each of the following statements about your physician named below. Please use the following 7-point scale and place a check in the space after each statement. (A higher number indicates more agreement).

Dr. ___________________________  Date: ___________________________

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1. Can view things from my perspective (see things as I see them)?</td>
<td></td>
</tr>
<tr>
<td>2. Asks about what is happening in my daily life.</td>
<td></td>
</tr>
<tr>
<td>3. Seems concerned about me and my family</td>
<td></td>
</tr>
<tr>
<td>4. Understands my emotions, feelings and concerns.</td>
<td></td>
</tr>
<tr>
<td>5. Is an understanding doctor.</td>
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Empathy Fitness for Leaders

Take time to learn how patients experience your care and service.

At a leadership meeting, try an experiment. Ask people to suggest how a caregiver should respond to this outcry from a patient:

“I’m in terrible pain. I need more medicine NOW!”

My prediction is that most will suggest task-oriented or information-gathering approaches--responses that move immediately toward fixing the problem. For instance:

- “What hurts?”
- “Did this just start?”
- “How would you rate your pain from 1 to 10?”
- “Let me look at your chart and see when you can have more medicine.”
- “I’ll call the doctor and see if there’s something else you could have for the pain.”

No doubt, leaders’ quickness to get more information and act on the problem comes from their caring. The problem is that the patient’s outcry is fraught with feeling, and responses from the head, not the heart, ignore this feeling. Responses from the head convey no empathy. The result: The patient experiences the caregiver as insensitive or impersonal, even if that caregiver tries to find a way to provide pain relief.

Many caring caregivers rarely express empathy yet feel surprised when patients report their care as competent but perfunctory and impersonal—reflective of a factory, not a healing environment. A one-sentence acknowledgment of the feeling—an expression from the caregiver’s heart—would do wonders in showing the staff member’s caring. The caregiver can say, “I’m so sorry you’re in pain” or “I want to help you!” and then proceed to fix the problem.

It Starts at the Top

In health care these days, task orientation is epidemic. Many leaders appear detached from the emotional aspects of the patient’s experience. They are busy, busy, busy—solving problems, handling crises, controlling cost, pursuing goals, going to meetings, ironing out snags, building the business, handling complaints, getting things done and much more. They expect their teams to be highly productive and hardworking, too.

This is a concern: We talk about creating great experiences for patients, but how can we possibly do that if we don’t see the patients’ experience through their eyes and demonstrate empathy for their experience in our words, actions and decisions? The decisions leaders are making need to be informed not only by savvy planning, but also by emotional intelligence about the patient’s experience. This will enable leaders to devise
and support optimal patient experiences and guide their teams in connecting to patients and families with heartfelt sensitivity.

**Empathy Fitness Exercises**

It takes deliberate effort to stay tuned-in to the emotional aspects of the patient experience. It takes an empathy fitness program. While leadership rounding is wonderful, many leaders approach it with a focus on identifying and solving problems, rather than understanding the patient experience through the patients’ eyes.

Leaders should engage in one exercise a month. Spread the learning by spending 15 minutes of monthly leader meetings focusing on stories and insights about the patients’ experience, not solutions and improvements.

**Empathy Fitness Exercises: Some Examples**

1. **Do a walk-through**
   a. With a colleague, undergo a service, one of you as patient, the other as a companion. Look. Listen. Feel. Resist thinking about fixes.
   b. Tell staff what you're doing. You are not hunting for problems or watching their performance. Instead, you want to see services through the eyes of the patient. Ask them to treat you as they normally would treat a patient or a family member.
   c. Walk through the whole experience:
      - Start with setting up an appointment. Begin your experience at the parking lot or other transportation point and end by returning there. Pretend that you have never been to this service before. Get directions. Ask any questions you might have if you were a patient and family member.
      - When you arrive, tell the front desk person that you want to experience the service, so you’re going through it as if the two of you were a real patient and family member. Ask them to check you in as they would any other patient and family member. Fill out the forms. Wait your turn. Pay your co-pay if they ask. And so on.
      - When you’re in the exam room, undress if the patient would. Wait as the patient would. If the patient would do a peak flow meter, you do it too. Experience every part that you can without risk to yourself.
   d. As you proceed, look through the lens of a patient or family member. See things as they would. Hear as they would. Try to think and feel as they would.
   e. Afterward, jot down notes about your feelings, anxieties and satisfactions. Have your colleague do the same. Don’t solve problems and identify improvements. Focus on the details of the experience from your view as a patient or family member. Prepare to tell the story.

2. **Take a gurney ride:** Wearing a patient gown, get taken on a gurney ride by a transporter from the emergency room to a distant inpatient room. Look, listen, feel.
3. **Conduct visitor interviews:** Walk visitors to their cars and find out what they experienced during their visit. Encourage them to share their observations, concerns and anxieties.

4. **Take photographs:**
   a. Take a walk through the organization, looking through a patient's eyes.
   b. Identify 10 visible indications that patients are not front-and-center.
   c. Take photographs of these 10 visible indicators. These may be, for example, user-unfriendly signs, awkward room arrangements, confusing instructions and messes.

5. **Share stories of the patients' experiences of caring:**
   a. On patient rounds, ask patients and families to describe in detail the absolute best experience they had in your organization.
   b. Ask for permission to share it with others.
   c. Collect all leaders' write-ups, edit them as needed and produce a simple magazine for all leaders and staff.

6. **Create an anxiety map:** Have each leader make a map of one service process for which they are responsible. Have them identify at each step the patient's likely anxieties.

7. **Be a transporter-in-training:**
   a. Borrow a transporter uniform.
   b. Spend 90 minutes with a transporter as that transporter's trainee.
   c. Note the patient's experience. How do the patients see transport and nursing interacting? How long do the patients have to wait? What do the patients experience as they are taken to an ancillary service area? What are their likely anxieties?

8. **Zoom in on one step:** Experience one step in a service process the way several patients experience it.
   a. Identify a high-traffic point where patients come for service.
   b. Sit in that area in an inconspicuous place, reading a magazine.
   c. Listen and notice. What are patients experiencing at that point in a service? What anxieties and concerns are they likely to have? Where are the opportunities to improve that patient experience?

9. **Shadow a patient:** Experience one service fully.
   a. Ask a patient if you can tag along so you can try to see the experience through the patient's eyes.
   b. After shadowing, interview the patient on what helped reduce anxiety and build their confidence.
10. **Eavesdrop:** In an area where staff make follow-up calls to patients, arrange for each leader to listen in on three of these calls (with permission and full disclosure to the staff and the patient) in order to learn about the patient’s experience and needs.

11. **Conduct a close-to-home interview:** Interview one of your own loved ones who was a patient in a service within the organization. Find out in detail the story of their experience.

The challenge with any of these exercises is to keep your focus on the experience of the patient, not on identifying and solving problems.

Maintaining a patient perspective in the face of so much to do and using self-discipline to adopt a posture of empathy takes focus, commitment and practice. It’s not easy, but there’s a payoff: When you do get things done, your actions will be grounded in your empathy for patients and your understanding of their experience.