

# Decline in empathy among healthcare workers ; where have all the flowers gone?

Charles JC<sup>1\*</sup> , Sivayokan B<sup>1</sup>, Kumanan T<sup>1</sup>

## Abstract

Studies from around the world are reporting a decline in the empathy of healthcare workers (HCWs) in recent years. This review article explores the implications of this decline of empathy on patient care and provider well-being, and possible ways to promote empathy among HCWs. Empathy plays a crucial role in fostering therapeutic alliances and enhancing patient outcomes. However, practising clinical empathy poses significant challenges, including emotional exhaustion and burnout, time constraints, professional boundaries, and cultural differences. These challenges contribute to a substantial decline in empathy among HCWs, which is further exacerbated by high-stress environments, heavy workload, and drawbacks in the healthcare system. Junior doctors and medical students are particularly vulnerable to a decline in empathy due to the demands posed by medical education and demanding training periods. Structured programmes promoting self-care practices, fostering supportive work environments, and integrating empathy-focused training into education and practice can be used to teach clinical empathy. However, a conducive atmosphere and a culture of empathy in the clinical setting are also crucial. Furthermore, sustained effort and institutional support are essential to sustain the skills thus taught. Such endeavours would contribute to cultivating compassionate healthcare professionals who prioritise patient-centred care and well-being.

**Key words:** empathy, burnout, healthcare workers

## Empathy versus sympathy

Empathy, sympathy, and compassion are related yet distinct concepts in emotional responses. Empathy involves understanding and sharing another person's emotions and perspectives(1); it encompasses cognitive empathy (understanding another's thoughts and feelings), emotional empathy (feeling what another person feels), and compassionate empathy (a combination of understanding and feeling, coupled with a desire to help).(2) Sympathy, on the other hand, involves feeling pity or sorrow for someone else's misfortune without necessarily sharing their emotional state.(2) It is more about acknowledging the suffering from an outside perspective rather than fully engaging with it. Compassion goes a step further: in addition to recognising and empathising

with another's suffering, it includes a proactive component with a strong desire to alleviate that suffering.(3) These distinctions are crucial in healthcare. Where empathy helps build patient rapport and understanding, sympathy can sometimes distance the caregiver, and compassion drives the action to provide comfort and care.

## Role of empathy in therapeutic alliance

Empathy plays a key role in clinical medicine and doctor-patient relationship by fostering understanding, trust, and mutual respect. In clinical practice, empathy allows healthcare providers to connect with patients on a deeper level, significantly enhancing patient care and outcomes.(4) By understanding the perspectives, emotions, and

\*Correspondence:

JC Charles  
National Hospital of Sri Lanka  
E-mail: [chrishtheboss@gmail.com](mailto:chrishtheboss@gmail.com)

Full list of author information is available at the end of the article



concerns of each patient, healthcare providers can tailor their approach to meet individual needs, leading to more effective diagnosis, treatment, and care planning.(5) Moreover, empathetic interactions help to empower patients to actively participate in their healthcare decisions(6), and make patients more likely to share vital information.(7) It also enhances patient compliance and adherence to treatment regimens, leading to better health outcomes.(8) Empathetic communication also alleviates the patient's anxiety, fear, and feelings of isolation, nurturing a healing environment and promoting a sense of support and emotional well-being.(5) When patients feel understood and valued, their satisfaction with care increases, leading to better psychological and emotional well-being.(7) It is also worth noting that empathy enhances the overall satisfaction and well-being of not only the patients but also the healthcare providers.(9)

### Limitations of clinical empathy

Practising clinical empathy, though essential for improving patient care, has its limitations. Healthcare professionals often encounter emotional exhaustion and burnout due to the intense emotional demands of empathising with patients, which can impact their well-being and performance.(10) Time constraints in busy clinical settings further restrict the opportunity for deep, empathetic interactions, potentially compromising the quality of communication with the patient.(11)

Additionally, over-identifying with patients' emotions can blur professional boundaries, affecting clinical objectivity and decision-making.(12) The variability in empathetic skills among healthcare providers leads to inconsistencies in patient care, while cultural differences and communication barriers can hinder the practical expression and reception of empathy.(12) Lastly, there is a risk of misinterpretation, where empathetic responses might be misunderstood, confusing the seriousness of a condition or the nature of treatment.(13) Addressing these limitations requires a balanced approach that incorporates training, systematic support, and maintaining professional boundaries.(13)

### Decline in empathy in HCWs

A significant decrease in empathy is being reported among healthcare workers in many parts of the world.(2,3,14,15) This decline in empathy is often due to a combination of high-stress working

environments, heavy workloads, and emotional exhaustion.(16) Constant exposure to patients' suffering and the demanding nature of medical practice can lead to burnout, which is characterised by physical, emotional, and mental fatigue.(9) The pressure to perform efficiently in time-constrained settings often forces healthcare providers to prioritise tasks over patient interactions, reducing opportunities for empathetic engagement.(17) These challenges are further compounded by issues in the system such as understaffing, administrative burdens, and lack of support for mental well-being, making it difficult for healthcare workers to sustain the emotional and cognitive resources required for empathy.(17) This decline in empathy impacts the quality of patient care and contributes to job dissatisfaction and turnover among healthcare professionals, creating a vicious cycle that further strains the healthcare system.(9)

### Empathy drop in junior students

The decline in enthusiasm and empathy among junior doctors and medical students can be attributed to several inherent factors of the medical education and training process.(12) The intense demands of medical school and residency training, including long hours, high-pressure environments, and exposure to human suffering, can lead to emotional exhaustion and burnout early in the career.(12) Additionally, the emphasis on clinical skills and academic achievement may overshadow the importance of empathy and compassionate patient care.(18) The hierarchical culture of medicine, where seniority often dictates interactions and decision-making, may discourage junior doctors, medical students and nursing students from expressing empathy or questioning established norms.(18) Moreover, navigating complex healthcare systems and various competing responsibilities can further compromise emotional reserves, leading to a gradual erosion of enthusiasm and empathy over time.(10) Addressing these challenges requires changes in the structure of medical education and healthcare delivery that prioritise holistic well-being, promote empathetic communication skills, and foster supportive learning environments that nurture the humanistic values of medicine.(19)

### Empathy and burnout

The connection between a drop in empathy and burnout in healthcare professionals is well-documented, highlighting a bidirectional and

mutually reinforcing relationship.(17) While essential for effective patient care, empathy can lead to emotional exhaustion when healthcare providers constantly engage with patients' suffering.(7) This emotional toll, particularly in high-stress environments with heavy workload and time constraints, can contribute to burnout—a state of physical, emotional, and mental exhaustion.(9) Burnout, in turn, diminishes a provider's capacity for empathy as the emotional and cognitive resources required to connect deeply with patients become depleted. This reduction in empathy can lead to decreased patient satisfaction and poorer care outcomes, exacerbating the stress and dissatisfaction experienced by healthcare providers and perpetuating the cycle of burnout.(20) Addressing this issue requires changes in the system, such as manageable workload, emotional support resources, and training in resilience and self-care strategies to support the well-being of healthcare workers.(10)

### Scales and measurements of empathy

Various scales and measurements have been developed to assess empathy in individuals within scientific research and clinical settings.(21) These scales often utilise self-report questionnaires or observer ratings to quantify different dimensions of empathy, including cognitive, emotional, and compassionate empathy.(21) Examples of commonly used scales include the Jefferson Scale of Physician Empathy (JSPE), Interpersonal Reactivity Index (IRI), and Toronto Empathy Questionnaire (TEQ), among others(22–24). These scales assess respondents' ability to understand and share others' emotions, perspectives, and experiences. Psychometric properties of these scales, such as reliability and validity, are rigorously evaluated to ensure the accuracy and consistency of measurement. While these scales provide valuable insights into individuals' empathetic tendencies, it is essential to acknowledge the limitations inherent in self-report measures, including social desirability bias and the subjective nature of empathy assessment. An additional limitation of these scales is that they cannot be used universally due to cultural and ethnic differences that they do not capture. Combining multiple measurement approaches, such as self-report scales and behavioural or physiological measures, can enhance the comprehensiveness and reliability of empathy assessment in scientific research and clinical practice.(21,25–27)

### Can empathy be taught?

Whether clinical empathy can be taught has been widely explored. Evidence stemming from these explorations suggest that clinical empathy can be cultivated through targeted education and training that focus on developing cognitive empathy (understanding patients' perspectives) and affective empathy (emotionally resonating with patients' experiences).(28) However, the effectiveness of such training can vary based on the individual's baseline empathy levels, openness to learning, and the healthcare environment's supportiveness.(29) It can also vary according to certain personal attributes of the healthcare providers. Positive life experiences, and strong religious and spiritual beliefs, for example, can enhance the understanding of empathy and compassion.(29) As empathy can diminish over time due to burnout or high-stress conditions, continuous practice and reinforcement are essential to maintain it.(17) Thus, while clinical empathy can be taught, it requires sustained effort and institutional commitment to nurture and maintain these skills in healthcare settings.(17)

### Strategies to improve empathy among healthcare workers

Integrating empathy-focused training into education, promoting self-care practices, fostering supportive work environments, providing regular supervision and feedback, encouraging team collaboration, incorporating patient perspectives, offering continuous professional development, and implementing organisational support measures are possible solutions to overcome the decline in empathy among healthcare workers.(10) These strategies aim to reinforce empathy skills, prevent burnout, and cultivate a culture of compassion and patient-centred care within healthcare organisations. (7)

### Promoting empathy in medical clerkship

Promoting empathy among students in clinical clerkships involves integrating structured educational interventions and fostering a supportive learning environment emphasising the importance of empathetic patient care.(12) Educational interventions may include interactive workshops, role-playing exercises, and reflective activities that teach communication skills, perspective-taking, and emotional intelligence.(12) Encouraging students to actively engage with patients, listen attentively to

their concerns, and validate their experiences fosters empathy and understanding.(1) Providing opportunities for supervised patient interactions, feedback from preceptors, and debriefing sessions allows students to reflect on their experiences, identify areas for improvement, and develop empathy-enhancing strategies.(11) Additionally, incorporating narrative medicine, literature, and arts-based approaches into the curriculum encourages students to explore the humanistic aspects of medicine and develop a deeper appreciation for patients' lived experiences.(10) Creating a culture of empathy within the clinical environment, where empathy is valued, modelled by the faculty, and positively reinforced, can promote empathetic behaviour among students and contribute to the development of compassionate healthcare professionals.(12)

### Mentorship and empathy

Mentorship is another important avenue that provides opportunities for healthcare professionals to learn and develop empathetic skills through guidance, observation, and feedback from experienced mentors.(12) Mentors are role models who demonstrate empathetic communication, compassionate care, and effective patient interactions, allowing mentees to observe and learn from their examples.(8) Through mentorship, mentees can gain insights into the nuances of empathetic patient care, learn how to navigate challenging situations, and develop strategies for connecting with patients on a deeper level.(5) Moreover, mentors can provide constructive feedback, encouragement, and support, helping mentees reflect on their experiences, identify areas for growth, and build confidence in their empathic abilities.(12) By fostering a culture of mentorship that prioritises empathy, healthcare organisations can nurture a new generation of compassionate healthcare professionals equipped to provide high-quality, patient-centred care.(11)

### Conclusion

Addressing the decline in empathy among healthcare workers is crucial for improving patient care and provider well-being. Promoting self-care, fostering supportive environments, and integrating empathy-focused training is critical. By prioritising empathy in education and practice, we can enhance patient outcomes and cultivate compassionate healthcare professionals who prioritise patient-centred care.

### Author details

<sup>1</sup>National Hospital of Sri Lanka

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