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THE STONEYGATE CENTRE
for Empathic Healthcare

Turning diversity from a barrier to a facilitator of empathy in healthcare

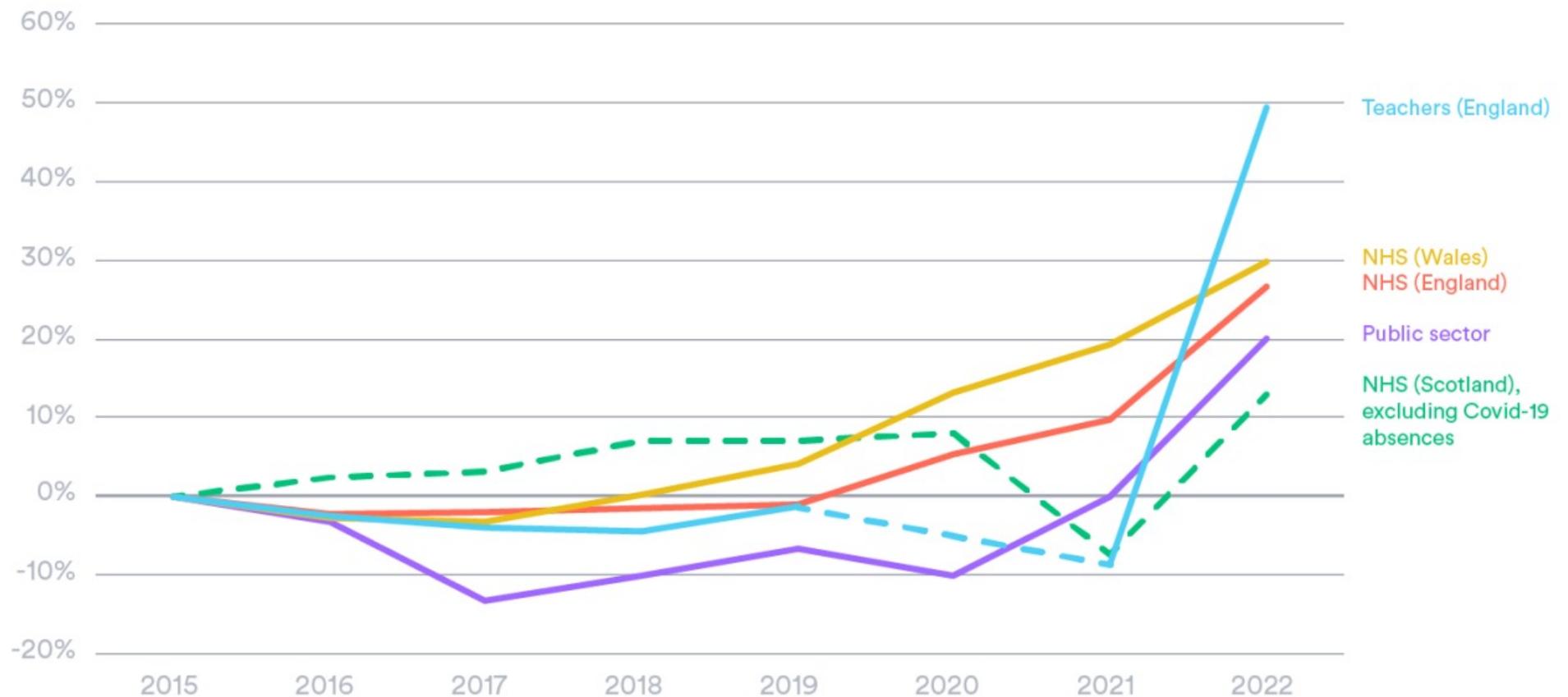
13 June 2024

@jeremyhowick

@Empathy_Centre

NIHR | Applied Research Collaboration
East Midlands

Changes to sickness absence rates across specified UK public sector groups, 2015 baseline

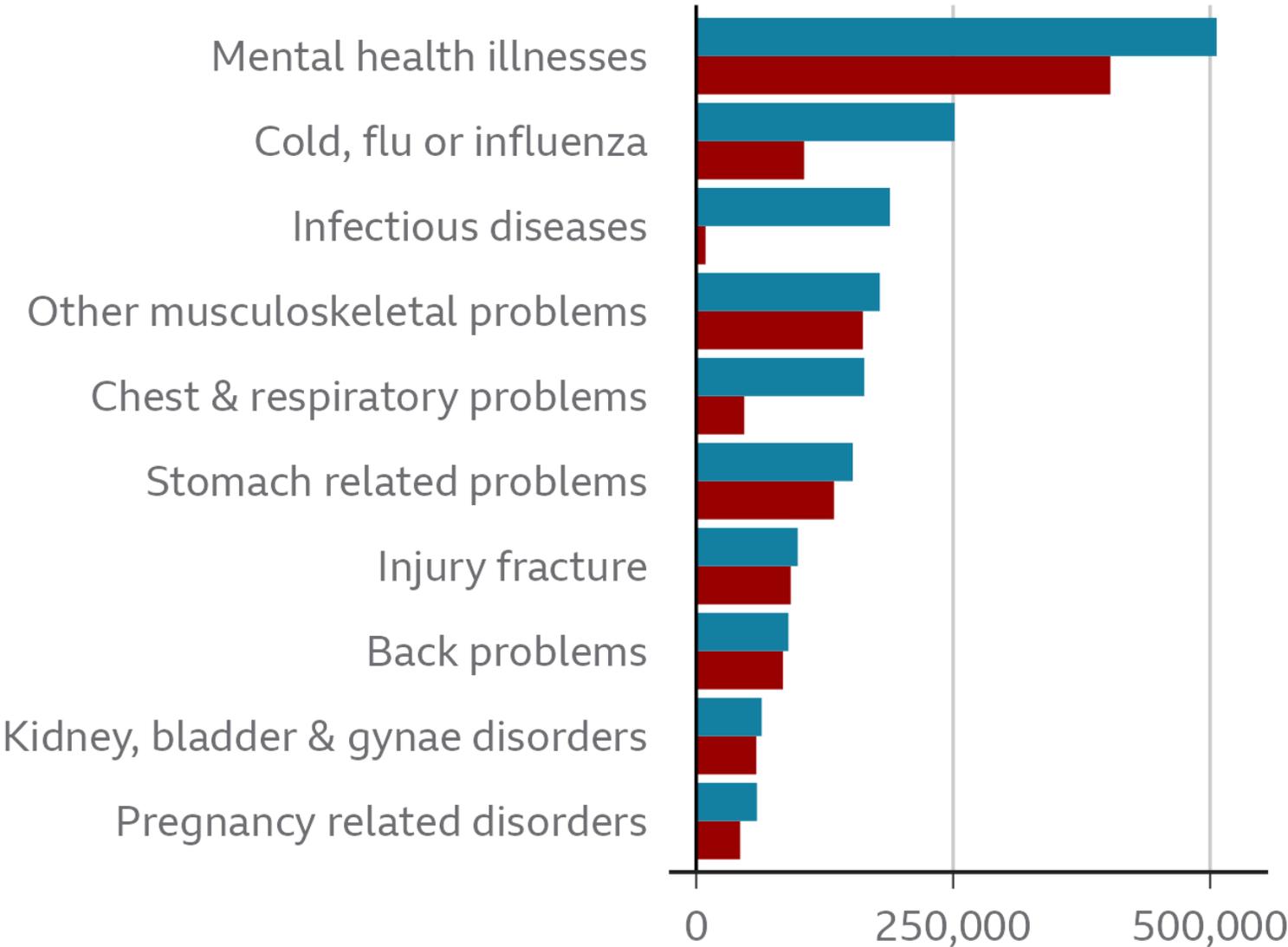


ONS; School Workforce Census; NHS Digital; NHS Scotland; Stats Wales.

Reasons for NHS staff sickness

Average days off ill per month in 2019 vs 2022

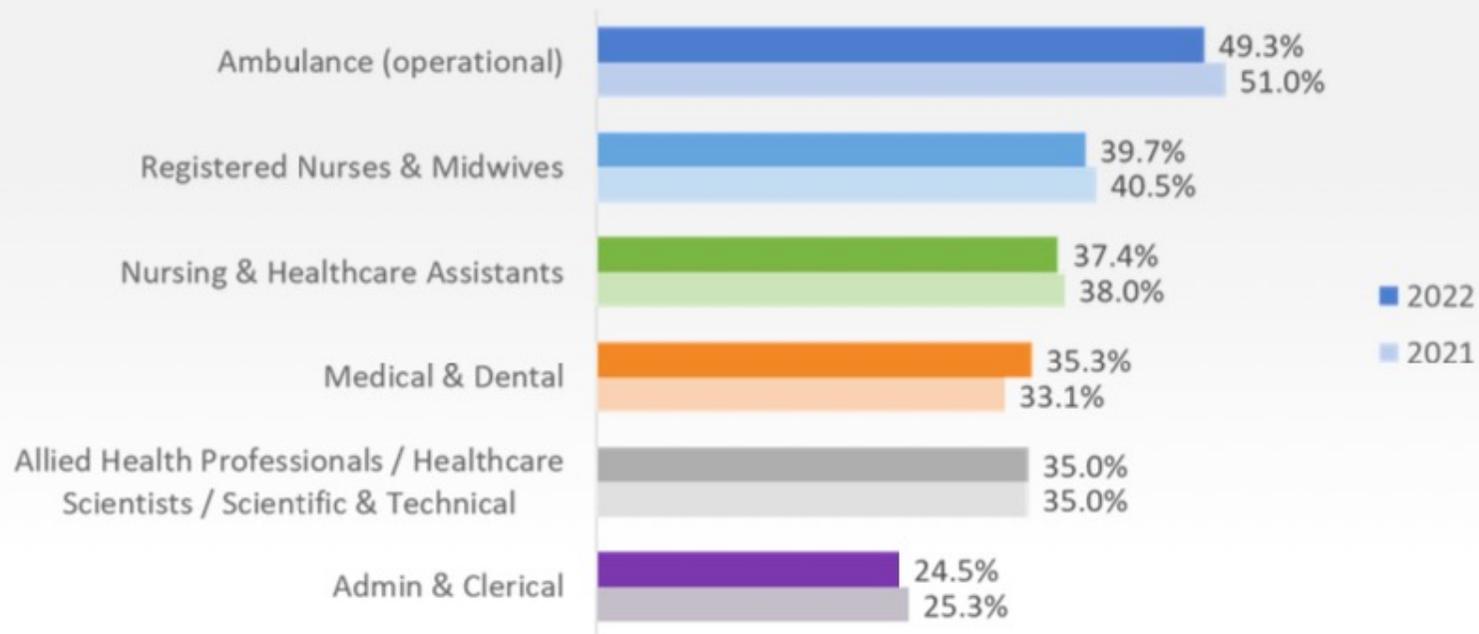
■ 2019 (Apr-Dec) ■ 2022 (Apr-Dec)



The top 10 reasons for sickness in 2022 were selected

Source: Nuffield Trust analysis of NHS Digital data

% of staff saying they feel burnt out because of their work - by occupation group*



<https://www.nhsstaffsurveys.com/results/national-results/>

Patient safety
errors



Inadequate
communication



Illness and
burnout



Qualitative study of patients' perceptions of doctors' advice to quit smoking: implications for opportunistic health promotion

Christopher C Butler, Roisin Pill, Nigel C H Stott

The Report of the Morecambe Bay Investigation

Dr Bill Kirkup CBE

March 2015

KENDEN REPORT

THE MID STAFFORDSHIRE
NHS FOUNDATION TRUST
PUBLIC INQUIRY

Chaired by Robert Francis QC

Report of
the Mid Staffordshire
NHS Foundation Trust
Public Inquiry

Emerging Fi
from the Ind

MATEP
AT THE

AND TELFORD HOSP
NHS TRUST



Rob Behrens told The Times Health Commission that reputation was too often put before safety

Toxic doctors put patients at risk, says NHS watchdog

From sepsis to maternity, the ombudsman says he is shocked by failings every day

“Behrens said there was a deep-seated lack of empathy in the medical profession.”

“He called for medical training to be redesigned to encourage a more empathetic and collaborative approach from doctors.”

<https://www.thetimes.co.uk/article/toxic-culture-among-nhs-doctors-times-health-commission-g3ltrt7f0>

**Good news: empathy is a core part of
the solution**

Adding a dose of empathy to healthcare: What can healthcare systems do?

Empathic healthcare?

Assessing the effect of empathy-

of the Oxford Empathy

Open Access



A price tag on clinical empathy? Factors influencing its cost-effectiveness

J Howick¹, S Mittoo², L Abel³, J Halpern⁴ and SW Mercer⁵

¹Faculty of Philosophy, University of Oxford, Oxford OX2 6GG, UK

²University Health Network, University of Toronto, Toronto, Ontario, M5G 2C4 Canada

³Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford OX2 6GG, UK

⁴School of Psychiatry, University of Oxford, Oxford OX2 6GG, UK

⁵Usher Institute, University of Edinburgh, Edinburgh, UK

Correspondence

Effects of empathic and positive communication in healthcare consultations: a systematic review and meta-analysis

Jeremy Howick

Accepted: 1
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Jeremy Howick
Oxford Empathy
¹Nuffield Department
²Klinik für Allgemein
³Department
Correspondence

Jeremy Howick¹, Andrew
George Lewith^{2,*}, Felicity
Xiao-Yang Hu², Paul Ave

¹Nuffield Department of Primary Care

²Psychology, University of Southampton

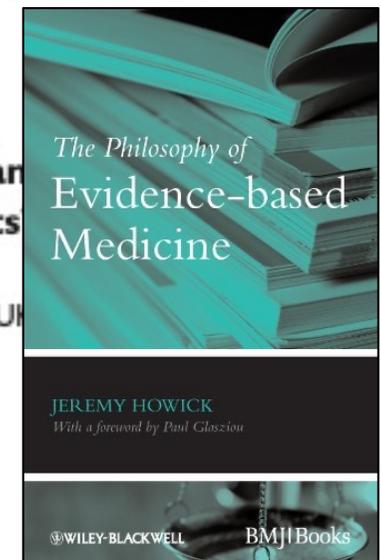
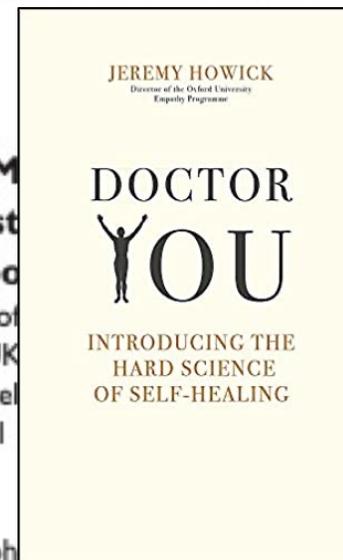
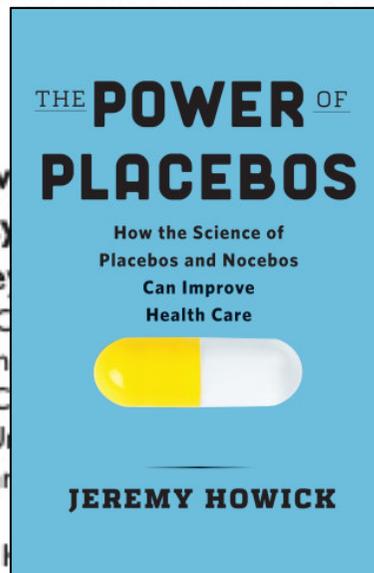
³Belgian Health Care Knowledge Centre

⁴Bodleian Health Care Libraries, University of Oxford

⁵Faculty of Medicine, Vilnius University

*Deceased.

Corresponding author: Jeremy Howick



Systematic review 1

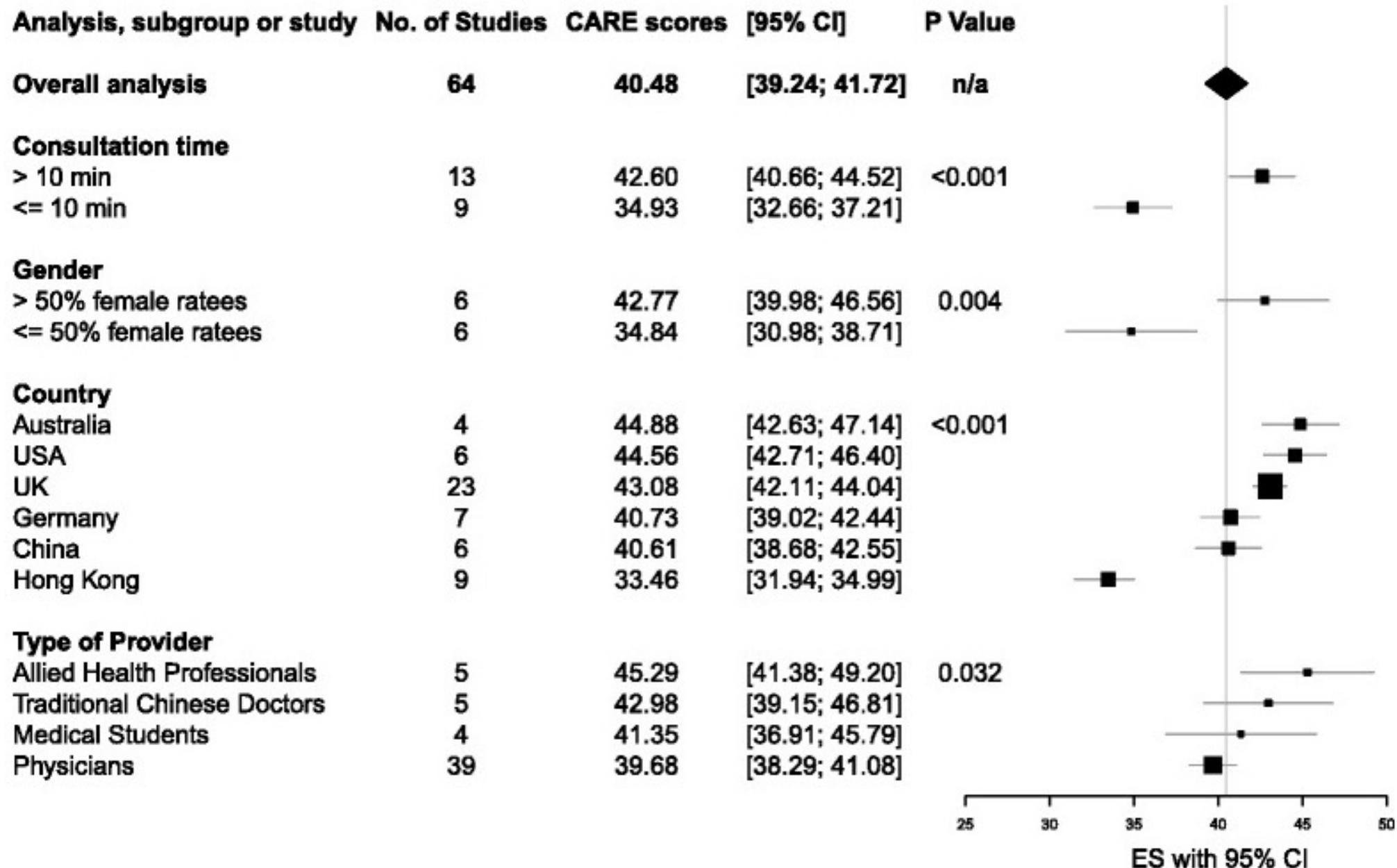
RESEARCH ARTICLE

Open Access



How empathic is your healthcare practitioner? A systematic review and meta-analysis of patient surveys

J. Howick^{1*} , L. Steinkopf², A. Ulyte³, N. Roberts⁴ and K. Meissner^{2,5}

Fig. 2

Systematic review 2

Open access

Original research

BMJ Open Assessing the effect of empathy-enhancing interventions in health education and training: a systematic review of randomised controlled trials

Rachel Winter ,¹ Eyad Issa,¹ Nia Roberts,² Robert I Norman,¹ Jeremy Howick³

To cite: Winter R, Issa E, Roberts N, et al. Assessing the effect of empathy-enhancing interventions in health education and training: a systematic review of randomised controlled trials. *BMJ Open* 2020;40:e002471. doi:10.1136/bmjopen-2019-024711

ABSTRACT

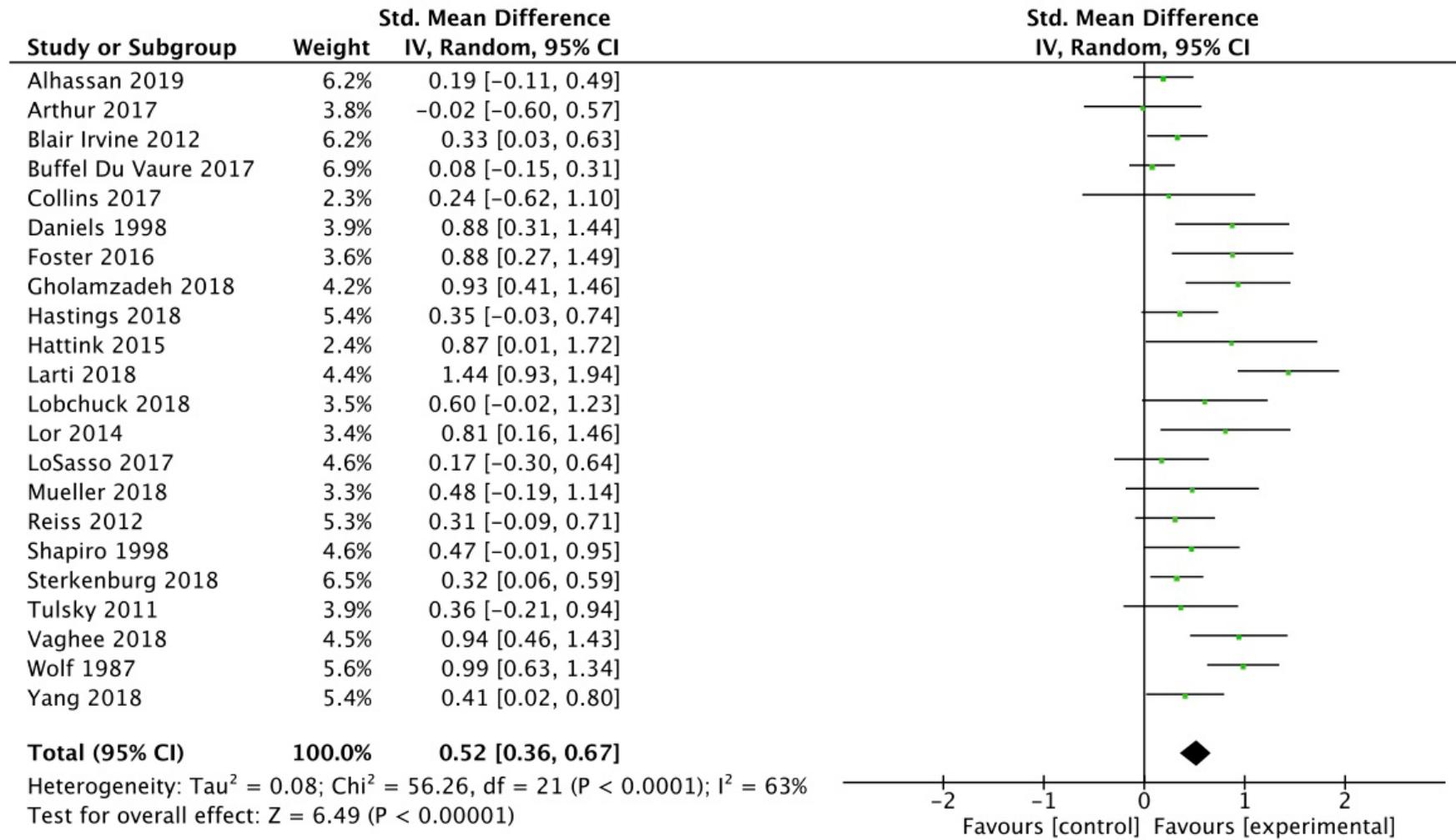
Objective To estimate the effect of empathy interventions in health education and training from randomised controlled trials (RCTs).

Methods MEDLINE, PsycINFO, EMBASE, CINAHL and Cochrane databases were searched from inception to June 2019 for RCTs investigating the effect of empathy-

Strengths and limitations of this study

- This is an up-to-date review that excludes non-randomised studies, follows a prepublished protocol and measures the longer term effects of empathy training.

26 studies showing that empathy can be learned



Systematic review 3 (the Chef D'Oeuvre)



The ROYAL
SOCIETY of
MEDICINE

Research

Journal of the Royal Society of Medicine; 0(0) 1-13

DOI: 10.1177/0141076818769477

Effects of empathic and positive communication in healthcare consultations: a systematic review and meta-analysis

Jeremy Howick¹, Andrew Moscrop¹, Alexander Mebius¹, Thomas R Fanshawe¹, George Lewith^{2,*}, Felicity L Bishop², Patriek Mistiaen³, Nia W Roberts⁴, Eglė Dieninytė⁵, Xiao-Yang Hu², Paul Aveyard¹ and Igho J Onakpoya¹

¹Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford OX1 2JD, UK

²Psychology, University of Southampton, Southampton SO17 1BJ, UK

³Belgian Health Care Knowledge Centre (KCE), Brussels B-1000, Belgium

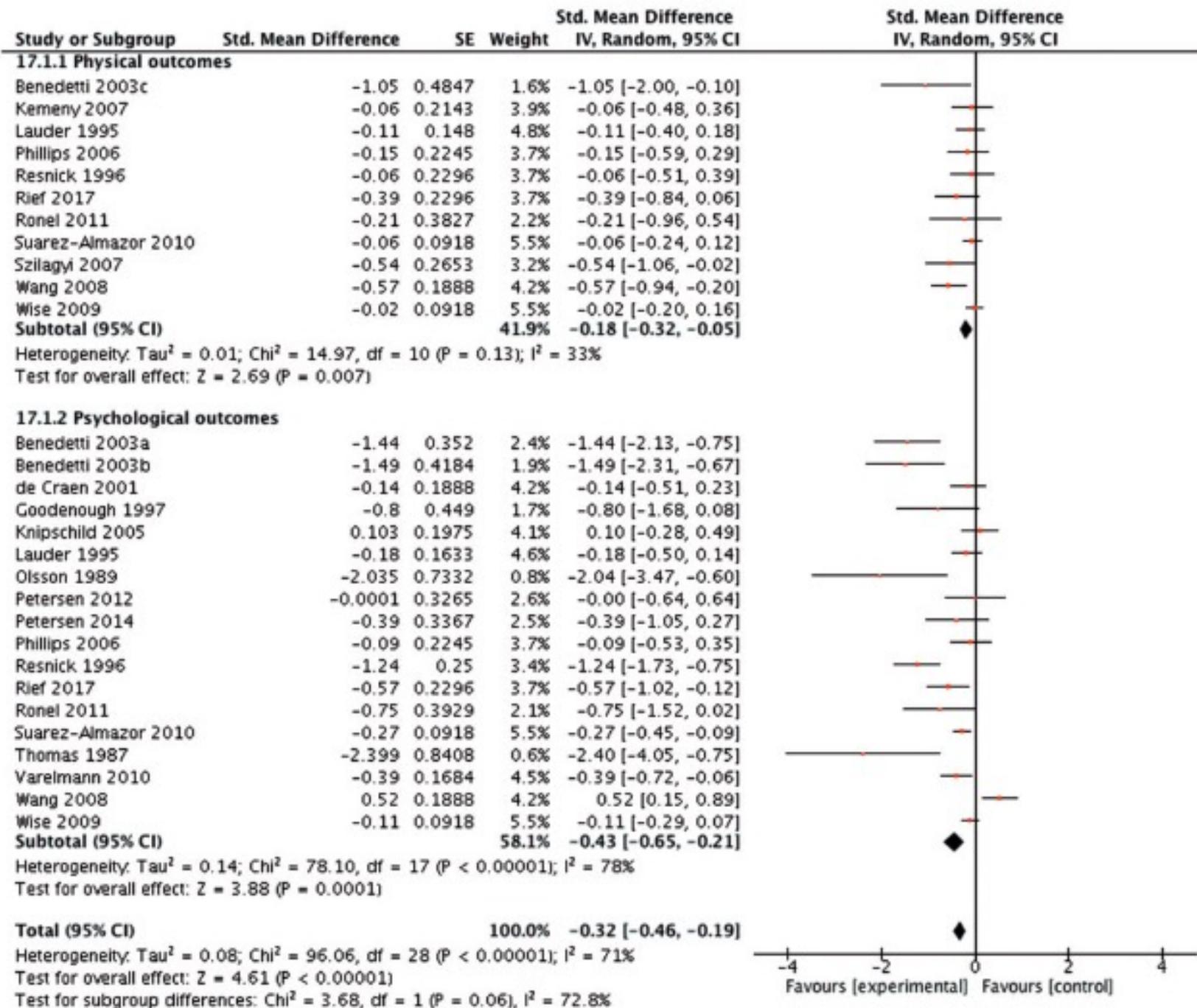
⁴Bodleian Health Care Libraries, University of Oxford, Oxford OX1 2JD, UK

⁵Faculty of Medicine, Vilnius University, Vilnius LT-03101, Lithuania

*Deceased.

Corresponding author: Jeremy Howick. Email: jeremy.howick@phc.ox.ac.uk

Figure 2. Effects of expectations interventions.

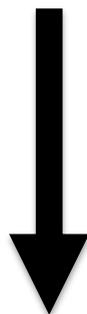


Which words cause more pain?

"We are going to give you a local anesthetic that will numb the area and you will be comfortable during the procedure"

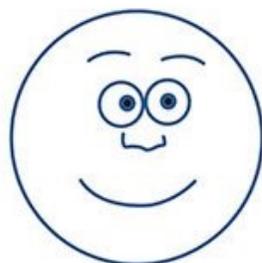
"You are going to feel a big bee sting; this is the worst part of the procedure"





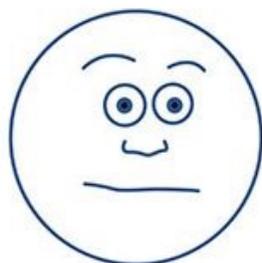
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**No
Hurt**



2

**Hurts
Little Bit**



4

**Hurts
Little More**



6

**Hurts
Even More**



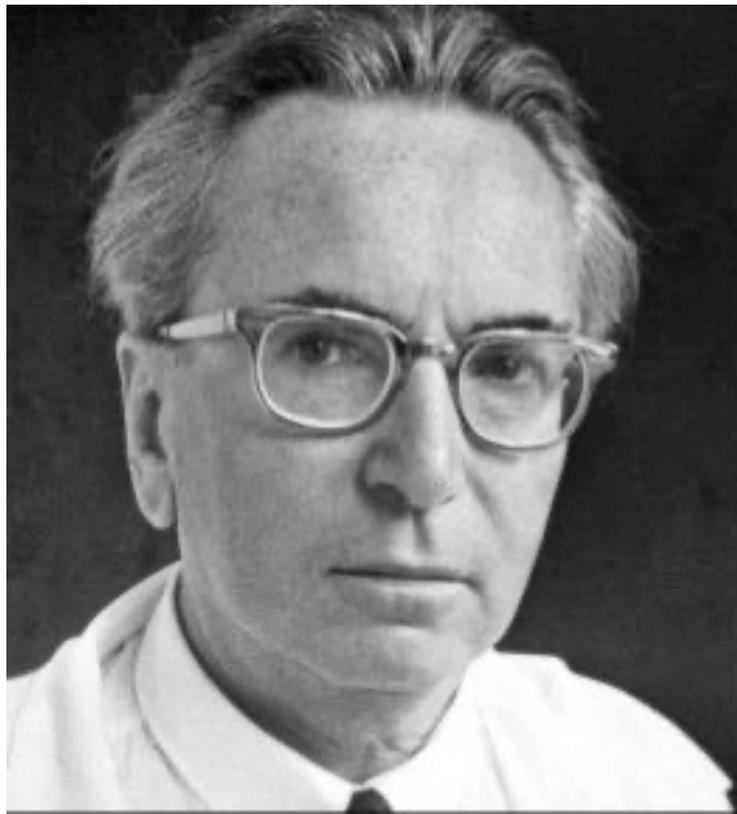
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**Hurts
Whole Lot**



10

**Hurts
Worst**



“Those who have a ‘why’ to live can bear with almost any ‘how.’”
– Viktor Frankl, *Man's Search for Meaning*



A price tag on clinical empathy? Factors influencing its cost-effectiveness

J Howick¹ , **S Mittoo²**, **L Abel³**, **J Halpern⁴** and **SW Mercer⁵**

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²University Health Network, University of Toronto, Toronto, Ontario, M5G 2C4 Canada

³Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford OX2 6GG, UK

⁴School of Public Health, University of California at Berkeley, CA 94720-7360, USA

⁵Usher Institute, College of Medicine and Veterinary Medicine, University of Edinburgh, EH8 9AG UK

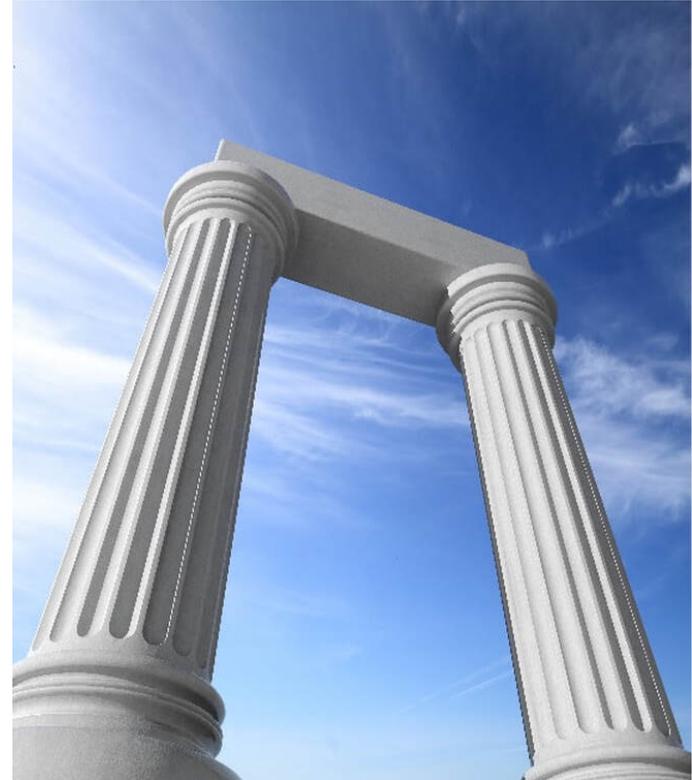
Corresponding author: J Howick. Email: jeremy.howick@philosophy.ox.ac.uk

**If empathy were a patentable drug, it
would be a blockbuster**



To pillars of our transformative vision

1. Medical school increases empathy
2. System-level empathy



Stoneygate Centre for Excellence in Empathic Healthcare

June 1 2022: Centre founded



A brand new curriculum

Five streams (all underway: watch this space!)

1. Reduce the decline in empathy
2. Empathy during the teaching of pathophysiology
3. Enhanced Health Enhancement Programme
4. Enhanced Clinical Skills Programme*
5. “Walk a mile in your shoes”



Empathy and diversity

- Turning empathy from a barrier to a facilitator
- What we know
- What we don't know (and are finding out!)

Empathy and diversity

- **Turning empathy from a barrier to a facilitator**
- What we know
- What we don't know (and are finding out!)

The facts

- **Diversity is on the rise**

- In the UK, 10million (14.5%) of citizens born outside the UK, 9 million (14%) of the population is non-White, 6main religions with >250 000 adherents.
- In the US: 45 million (14%) born outside the country, 204 million (almost 40%) belong to ethnic minorities, 11 religions with >1 million adherents.

- **Within the same hour in a clinic, doctor may see:**

- a male farmer with back pain who has never spoken about his feelings
- a female immigrant from Syria with respiratory problems who is worried about paying for her care
- a young student using a wheelchair experiencing depression
- a transgender patient attending a routine check-up.

The problem

This diversity is a cause for celebration. It can also present a barrier to empathy

- A reassuring touch may be the expected norm in some cultures, but a violation of morals in others.
- Asking a patient how they feel about a proposed treatment may delight a well-informed patient, yet signal incompetence to a patient who expects their doctor to know best.
- Spontaneously opening the door for an older woman may be appreciated, yet the same act could offend someone in a wheelchair who prefers to do it themselves.

The average time for a GP consultation in the UK is 9:22. How can a practitioner adapt so quickly to such different patients?

Life & Times

Turning diversity from a barrier to a facilitator of empathy in health care

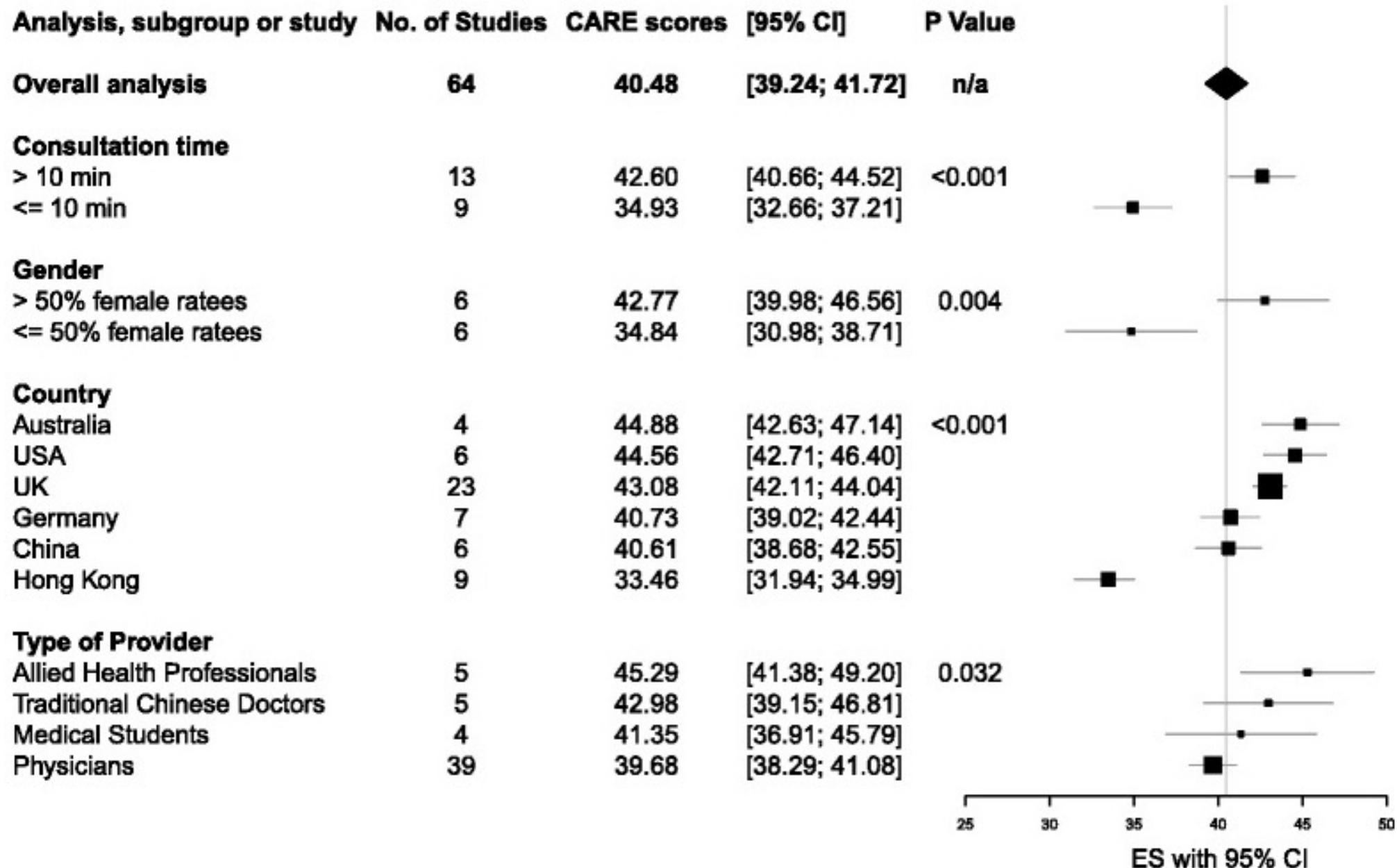
Turning diversity from a barrier to a facilitator of empathy in health care. Howick J, Palipana D, Dambha-Miller H, Khunti K. Br J Gen Pract. 2022 Dec 21;73(726):24-25



Empathy and diversity

- Turning empathy from a barrier to a facilitator
- **What we know**
- What we don't know (and are finding out!)

Fig. 2



Revisiting the trajectory of medical students' empathy, and impact of gender, specialty preferences and nationality: a systematic review



Freja Allerelli Andersen^{1*†} , Ann-Sofie Bering Johansen^{1†}, Jens Søndergaard², Christina Maar Andersen^{3†} and Elisabeth Assing Hvidt^{2,4†}

Empathy scores in India, Kuwait, China, Korea, Iran and Pakistan reported lower mean empathy scores compared to Western countries.

A systematic review of research on empathy in health care

Ingrid M. Nembhard PhD, MS^{1,2}  | Guy David PhD^{1,2}  | Iman Ezzeddine¹ |
David Betts MBA³ | Jennifer Radin MBA³

Section B. Hypothesized predictors of empathy

Predictor studied (empathy as outcome)	Positive and significant N (row %)	Not significant N (row %)	Negative and significant N (row %)	Total N (column %)
Provider demographics	112 (41%)	100 (37%)	61 (22%)	273 (55%)
Years of training/education/experience	6 (8%)	27 (35%)	45 (58%)	78 (16%)
Gender: female	49 (65%)	27 (36%)	0 (0%)	76 (15%)
Specialty/field of study: Relational orientation (e.g., primary care, nursing)	35 (59%)	21 (36%)	3 (5%)	59 (12%)
Age	3 (11%)	14 (50%)	11 (39%)	28 (6%)
Structure of training program	7 (54%)	4 (31%)	2 (15%)	13 (3%)
Country/cross-cultural experience	6 (86%)	1 (14%)	0 (0%)	7 (1%)
Family status: partnered or parent	3 (50%)	3 (50%)	0 (0%)	6 (1%)
Ethnicity: minority	2 (40%)	3 (60%)	0 (0%)	5 (1%)
Political ideology: liberal	1 (100%)	0 (0%)	0 (0%)	1 (<1%)

Empathy and diversity

- Turning empathy from a barrier to a facilitator
- What we know
- **What we don't know (and are finding out!)**

We are finding out what we don't know now: watch this space!

- Postdoctoral fellow starting July 1st
- Effect of demographics of **practitioners** on how patients experience empathy?
- Effect of demographics of **patients** on how patients experience empathy?
- Interactions? (Anecdotal evidence suggests that there might be paradoxical results!)
- Effects?

Summary

- Empathy is good for patients and practitioners
- We know that the demographics of practitioners makes a difference to patients
- We don't know what the effect of patient demographics on how they experience empathy (from practitioners of various ethnicities)
- We are finding out
- We would love to collaborate with you and our team is growing



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THE STONEYGATE CENTRE
for Empathic Healthcare

Thank you!

@jeremyhowick

jh815@Leicester.ac.uk

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