Executive summary

• Empathetic care matters more than ever as patients begin to act like traditional consumers and play an active role in choosing where they receive care.

• Cultivating empathy starts with making a point of seeing situations from your patients’ point of view.

• Empathetic interactions involve being physically and mentally present, listening attentively, validating patients’ feelings, being flexible and being curious.

• Building a culture of empathy requires organization-wide commitment and training.

• A strong infrastructure — including nurse leader rounding, service recovery, staff engagement and performance monitoring — supports growth of an empathetic culture.

Why empathy matters

Empathy is critical to success in a health care environment where patients increasingly act like traditional consumers and play a more active role in choosing where — and where not — to receive care. Empathetic connections forge stronger relationships between caregivers and patients, enabling patients to feel comfortable giving honest feedback about their needs. By treating patients as unique individuals and not just a compilation of conditions, caregivers can better anticipate common sources of patient anxiety and take steps to mitigate them.

If empathetic care seems touchy-feely to you, consider this: a recent review of clinical trials revealed that a doctor’s bedside manner can greatly impact patients’ health, aiding their efforts to lose weight, lower their blood pressure or manage painful symptoms. Empathy also impacts your organization’s bottom line by fostering patient loyalty and affecting patient satisfaction scores, which, in turn, impact value-based purchasing penalties.

Despite how critical building a culture of empathy is, it’s not an easy thing to do. Many bedside nurses struggle with the first step toward empathy, to “see through the patient’s eyes.” This is not because bedside nurses don’t care. Rather, many younger nurses lack direct experience — having never been hospitalized or had a loved one recently hospitalized — while experienced nurses struggle with empathy for the opposite reason. Over the course of their careers, many have cared for so many patients that they have developed compassion fatigue.
In his recent book, *Empathy: Why It Matters and How to Get It*, philosopher Roman Krznaric says that though our brains are wired for empathy, it doesn’t always come easily. Sometimes we need a jump-start to get empathy flowing, and empathy can dry up completely when we are stressed or rushed — as is often the case in today’s high-pressure health care environments.

This paper explores how you can build empathetic connections with your patients to increase patient and staff satisfaction and build patient loyalty.

**Seeing through your patients’ eyes**

Consider this scenario: A 52-year-old female is admitted to your hospital with gallstone pancreatitis. She is scheduled for an Endoscopic Retrograde Cholangio-Pancreatography. Her chart notes that she has been irritable and asked twice today for pain medication.

Now, consider the same scenario from the patient’s perspective: Joyce has never been admitted to the hospital before. She’s worried that she won’t be able to work at her job when she gets out. And she’s really anxious about missing her daughter’s wedding.

Same patient. Completely different story. If you only treat the pancreatitis, you’re not treating the whole person. And if you’re not treating the whole person, you’re not promoting the best possible patient experience and fostering long-term loyalty.

Consistently prioritizing seeing through your patients’ eyes with an open mind is the most critical component to cultivating empathy. Doing this makes you realize that even the most difficult patients aren’t usually trying to be stubborn or rude, but are responding to the situation with the knowledge (and fears and concerns) they have.

You’ve likely heard of the Golden Rule: treat others as you would like to be treated. That maxim has its place, but when cultivating empathy, you are better off listening to the words of George Bernard Shaw: “Do not do unto others as you would that they should do unto you. Their tastes may not be the same.”

Putting yourself in another’s shoes leads you to a slightly altered Golden Rule: treat others as they would like to be treated.

**How to build a culture of empathy**

Learning to be more empathetic in your own actions is a great start, but one empathetic leader isn’t enough. Your whole organization needs to be committed to empathy to succeed.

Cultivating empathy requires both high-level culture change and specific, focused tactics. An empathetic culture starts with senior leaders, but patients experience the health system through individual encounters with their caregivers. Melding top-down and bottom-up strategies is essential to developing an organization that prioritizes the patient.

Administrators must empower and equip staff to create an empathetic environment. Many organizations make the mistake of assuming that their staff is predisposed to deliver these interactions consistently — which, in reality, is not often the case.

Because of this disconnect, training is critical to ensure proper execution of empathetic techniques and reinforce the importance of customer service. Furthermore, training provides the opportunity to gather employee feedback and to identify and implement improvements.
Infrastructure requirements for an empathetic culture

In addition to organization-wide commitment and staff training, a culture that promotes empathy requires high-performing operations in areas that support a positive patient experience.

**Nurse leader rounding**

Nurse leaders can encourage empathetic connections among frontline staff by focusing on patient experience during rounding. A recent study in the *Journal of Nursing Care Quality* concluded that rounding impacts patient experience more than other potential interventions.¹

**Patients rating care “Excellent” after specific interventions**

In addition to providing support for patients, nurse leader rounds give you the opportunity to audit the empathetic connections of your frontline staff. Sample questions to ask include:

- Do you have any patients who love sports?
- Tell me what one of your patients is most looking forward to upon discharge.
- Which patient on the unit do you think you have the most in common with? Why?
- Tell me about the most inspiring patient story you’ve heard in the past month. How did it impact you?
- Tell me about the most upsetting patient story you’ve heard in the past month. Why was it upsetting?
- What do you think patients find most frightening about hospitalization? Why?

Rounding itself is necessary but not sufficient for long-term success. You also need the ability to collect rounding data easily, assess patient satisfaction in real time to identify one-off needs, and aggregate data to find opportunities for performance improvement.

---

Nurse and physician engagement

Frontline caregivers must be empowered to better understand and address each patient’s needs throughout the care experience. Many health care providers currently lack a systematic approach to enable patient-centered service.

Engaging nurses and physicians in patient-centered care requires addressing common barriers, including:

- Lack of personal experience being a patient;
- Compassion fatigue;
- Fear of the emotional toll stemming from connecting with patients; and
- A tradition of formality separating patients and caregivers.

Training on empathetic techniques can help alleviate these concerns, as can collecting and sharing patient stories, role playing, patient and family advisory councils, and facilitated discussions about patient experience.

It may also be helpful to remind caregivers that there are many ways to display empathy. Some people may be comfortable with physical connection — a hand on the patient’s shoulder — while others may find it easier to build bonds by asking about a patient’s family or pet.

Service recovery

Service recovery is an important part of patients’ care experience and another opportunity where empathy plays a role. Service failures are inevitable; how you recover from them can mean the difference between loyal customers and detractors.

In this instance, being an empathetic listener — during rounding or general patient care — helps to uncover service issues that might otherwise go unsaid. However, uncovering an issue and resolving it are two separate things, so without a strong service recovery process, all the active listening in the world can’t make an impact.

This is one area where technology can help. Some rounding technologies will automate your service recovery program with built-in accountability mechanisms to ensure patient needs are quickly addressed. In the absence of technological support, active care team coordination that includes EVS, food services and other ancillary departments, is critical to ensure problems are resolved in a timely manner.

Performance monitoring

To improve patient experience and build long-term patient loyalty systematically, decision makers need the right data. You should monitor patient experience, and in particular empathetic care, at both an aggregate and an individual level.

At the organization level, success requires consistent monitoring of both process and outcome metrics on a daily, weekly and monthly basis. On a daily basis, units should monitor rounding comments, open service recovery issues and quality and safety measures. Weekly assessments should include rounding compliance and opportunities for staff recognition. At the monthly level, you should be reviewing trends in the aforementioned areas to identify opportunities for longer-term improvement.
On the individual staff member level, creating a feedback loop is critical to promoting and maintaining an empathetic culture. Nurse leaders can use rounding as a means of identifying exemplary behaviors and opportunities for improvement. Feedback — both positive and negative — should be delivered as close to the event as possible for maximum result.

Appendix: Characteristics of an empathetic conversation

Seeing situations through your patients’ eyes makes it easier to uncover and satisfy patients’ true needs in every interaction. Below are some tips for you and your staff to make your conversations more empathetic.

**Be present**

Pay attention to what is happening in the moment. Make eye contact. Watch for non-verbal cues that indicate how a patient is feeling.

**Listen**

Encourage patients to express their feelings by asking open-ended questions. Practice active listening, repeating back their responses to be sure you understand and they feel heard.

**Validate**

Acknowledge patients’ rights to feel the way they do, even if you don’t agree with it. Don’t say “I know how you feel” or diminish their concerns by beginning sentences with “At least …”

**Be flexible**

People often change their minds as they talk through their feelings. Be prepared to change direction as patients’ thoughts and feelings change.

**When in doubt, ask**

There’s no prize for being able to divine what someone else is thinking. If you feel that a patient has more to say, just ask.

---

**Sympathy vs. Empathy**

“Sympathy is literally ‘feeling with’ — compassion for or commiseration with another person.

Empathy, by contrast, is literally ‘feeling into’ — the ability to project one’s personality into another person and more fully understand that person.”

– Dictionary.com

---

**How Optum helps**

The Optum iRound technology uses real-time data to solve service problems in the moment and aggregates data to identify trends to elevate patient experience holistically.

To find out how Optum can elevate your patients’ experience, visit advisory.com/iRound.