Can DVD simulations be used to promote empathy and interprofessional collaboration among undergraduate healthcare students?

A toolkit for educators and facilitators

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BACKGROUND

This workshop was developed as part of the Empathy project *(Can DVD simulations be used to promote empathy and interprofessional collaboration among undergraduate healthcare students?)* and was funded by the Office for Learning and Teaching in 2011. Empathy is a key behavioural characteristic for all health professionals, and this importance is reflected in universities listing empathy as one of its generic graduate attributes. Evidence suggests that improved empathy behaviours among healthcare professionals directly impact on healthcare outcomes (Hardee, 2003; Lewin, Skea, Entwistle, Zwarenstein, & Dick, 2001; Moore, Wilkinson, & Mercado, 2004). This improvement in healthcare outcomes is also highlighted in a recent landmark study, where Hojat and colleagues found that physicians with high empathy levels produced better clinical outcomes than physicians with lower empathy scores (Hojat et al., 2011). However, it is also a difficult characteristic to define, teach and assess. The 'nebulous' properties of empathic behaviour often mean that educators fail to incorporate the explicit teaching and assessment of empathy within the curriculum.

This project had two aims: i) to develop a toolkit that included a range of interprofessional empathy-oriented DVD simulations and workshop resources, and ii) to evaluate the toolkit through exploring empathic behaviours and interprofessional levels pre- and post–involvement in a DVD simulation workshop.

The workshop was originally designed to be the "intervention". It is now intended that the workshop toolkit can be disseminated and facilitated as a stand-alone workshop in any healthcare program in Australia.

The original workshops were designed to run for 90 minutes, including 10 minutes for completion of the "before" surveys (*Jefferson Scale of Empathy – Health Profession – Student version* (JSE-HP-S), and the *Readiness for Interprofessional Learning Scale* (RIPLS)). These surveys are not part of the ongoing workshops, however if specific measures are required please see Appendix 1 for each scale. While this toolkit shows

the 90 minute framework, timeframes can be adjusted to suit course and learner requirements.

Participation was through recruitment of volunteers and numbers varied greatly. Our experience suggests that a minimum of eight and maximum of 16 participants provides the optimal conditions for a productive and interactive conversation.

A professional facilitator with wide experience in all aspects of communication facilitated the workshops. References to relevant communication theory and emotional intelligence enriched the workshops. Useful references are included in the reading list in Appendix 2. The project's academic lead was also present at each workshop and provided input relating to empathy and clinical practice where relevant. While this combination of skills and knowledge is ideal for facilitating the workshops, it is recognised that this will not always be feasible. Successful workshops should focus on facilitation skills rather than purely clinical skills. A complete list of resources needed for a workshop and time allocation for each activity is included in Appendix 3.

This toolkit is intended to provide all the tools needed to facilitate a similar workshop using either uni-professional or multi-professional health care groups. Suggested additional activities are also included in Appendix 4 for those who want to continue the conversation beyond one workshop; for example, in undergraduate communication units or courses or professional development sessions.

We hope you find this toolkit useful for promoting empathic behaviours and attitudes and interprofessional collaboration among healthcare students and future healthcare professionals.

Value and Need for the Project

There is evidence that effective empathic behaviour by health professionals improves healthcare outcomes and is therefore a fundamental attribute (Di Blasi, Harkness, Ernst, Georgiou, & Kleijnen, 2001; Hardee, 2003; Lewin et al., 2001). In healthcare an important aspect of empathy is being able to communicate this understanding of the patient to the patient (Chen, Lew, Hershman, & Orlander, 2007). It is also important that the healthcare professional has this understanding of the patient/client without intense emotional involvement, sometimes referred to maintaining a professional distance. Establishing empathy early in the clinician-patient/client relationship leads to greater rapport, trust, and meaningful sharing of information. Empathic behaviours contribute to therapeutic relationships and positive health outcomes (Lewin et al., 2001).

The outcomes of this project have direct application to both universities and the Australian healthcare industry. To our knowledge we believe no such toolkits that are interprofessionally-based, and include implementation objectives and guidelines, have been developed and evaluated in the Australian higher education context. The majority of literature published in refereed journals relating to empathy in undergraduate healthcare students in Australia has been undertaken by the project team (Boyle et al., 2010; Brown et al., 2010; McKenna et al., 2011; Williams & Boyle, 2011), and provided important background literature and theoretical positioning to undertake this *extended* project. No other empathy research to date has included the interprofessional and multi-disciplinary focus that this current project team has completed.

Previous research undertaken by this team has found that empathy levels have not declined through the course of the students' degree. However, findings in the international literature (Chen et al., 2007) have shown a decline in empathy over the duration of a student's course. The following findings provide a background to the work the project group has undertaken over the past three years, and provides a framework for this extended project. A longitudinal study on empathy in undergraduate students undertaking health-related courses at Monash University commenced in 2008 with the final data collection occurring in 2011. In 2008 there were just over 450 responses and

in 2011 there were just under 1,000 responses. In most instances this is the first study of its kind nationally and internationally to investigate the levels of empathy in undergraduate students undertaking health-related courses. The results have shown that paramedic students (Boyle et al., 2010; Williams & Boyle, 2011) have the lowest levels of empathy amongst the students surveyed while occupational therapy (Boyle et al., 2010; Brown et al., 2010) students have the highest. The paramedic empathy rating is most likely due to the exposure to patients in acute situations in their living environment and influence from older practicing paramedics (Williams & Boyle, 2011). There was no significant decline in empathy from first- to final-year students (Boyle et al., 2010), however midwifery students demonstrated an increase in empathy from first- to third-year (McKenna et al., 2011), an aspect that is undergoing further investigation. There was no statistically significant difference between students or the age of the student in the various health-related courses (Boyle et al., 2010), however, females were significantly more empathic that males, which is consistent with other international studies (Boyle et al., 2010; Brown et al., 2010; McKenna et al., 2011; Williams & Boyle, 2011).

To our knowledge no interprofessional empathy behaviour education toolkit for undergraduate healthcare students has been developed previously in an attempt to influence empathy levels. Therefore the project has significant value for higher education institutions not only by the development of a body of knowledge, but through the scholarly enhancement of a teaching and learning resource that has the potential to have a direct impact on undergraduate and graduate outcomes. The project aimed to develop and evaluate an interprofessional empathy behaviour education toolkit to produce a graduate who is more *'work-ready'*. That is, to develop health professionals with dispositions and skill sets to communicate and 'work with' patients/clients and their family members. The literature indicates that practitioners themselves experience declining empathy levels in authentic clinical practice (Chen et al., 2007). This highlights the need to educate health professional students about empathy as an attribute and personal trait, with an associated set of skills, early in the academic curriculum, prior to them being exposed to clinical situations while completing clinical placements. Learning in clinical placements is often opportunistic. That is, we cannot be certain that all students will learn empathic behaviours on placements. Further, as the numbers of

health professional students increase relative to traditional forms of clinical placements, new ways of providing patient/client-centred training for students must be found. This toolkit will better prepare students for and promote reflection on their clinical placements. In this way the toolkit is sustainable across different professions and institutions involved in the provision of clinical placement education. The interprofessional behaviour empathy education toolkit and simulations also provide important resources that are transferable particularly given the changes being proposed by national organisations such as Health Workforce Australia and the Health and Hospital Reform Commission.

In addition, the project has significant value for the Australian healthcare system. The Productivity Commission and Health Workforce Australia have produced reports that have detailed Australian health workforce shortfalls (Productivity Commission, 2005). Both bodies have made recommendations for dealing with these issues that involve interprofessional practice, and improved education and training for students and staff. We propose that integrating interprofessional principles into the empathy education toolkit will not only provide students with an opportunity to learn with, from and about each other (CAIPE, 2006), but will also provide a richer perspective when examining empathy in certain authentic clinical situations and workshop learning activities. Indeed, a growing number of writers claim that teaching empathy in an interprofessional education setting is an effective educational approach in developing empathic behaviours (Crandall & M., 2009; O'Connell et al., 2007; Sands, Stanley, & Charon, 2008; Scott, 2009).

This project provides an opportunity to assess empathy in nursing, medicine and allied health students and builds upon previous work undertaken by the project team in this area (Boyle et al., 2010; McKenna et al., 2011). There are numerous studies which assess empathy in medical students and medical interns (Hojat et al., 2005; Newton et al., 2000), but there are limited studies that have involved nursing and allied health students. In this project empathy and interprofessional collaboration among paramedic, nursing, midwifery, occupational therapy, physiotherapy, nutrition and dietetics, radiography, medical, pharmacy, podiatry, and social work students were evaluated.

This project will contribute to the limited body of knowledge in the allied health fields by evaluating the extent of empathy amongst these students and by determining common factors and identifying differences among the healthcare disciplines. The project also assessed differences in empathy and interprofessional collaboration between gender, age, year of study, professions, and institutions. In gaining a deeper understanding of empathy and interprofessional collaboration, subsequent guidelines for how to promote and instil this attribute in health professional education will be developed.

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HOW TO USE THIS TOOLKIT

This toolkit has been developed from the experience of facilitating the original workshops as part of the study. This toolkit can be used to facilitate stand-alone workshops, discussions during lecture/tutorials or professional development sessions.

A complete list of resources needed for a workshop is included in <u>Appendix 3</u>.

A systematic or organic approach is appropriate to the discussions, depending on the facilitator's debriefing skills. Therefore this toolkit is not prescriptive, but provides some key questions as a starting point for either approach. Drawing on relevant personal experience and stories, of participants and facilitators, can also help bring the subject to life.

Given the potential for a multi-disciplinary audience, language is defined at the beginning of the workshop, highlighting the terminology used by different professions to describe the people in their care; for example, "patient", "client", "customer", "woman", "consumer" etc.

It is recommended that the "Background" section be read prior to facilitating a workshop as it provides useful context, which is likely to be relevant during various discussions.

Other topics which may assist preparation to facilitate a workshop and be usefully referenced during discussions are: Channels of Face to Face Communication; Emotional Intelligence; Attachment Theory; Interprofessional Collaboration; Health Care Teams; Rapport; Medical Malpractice; Patient Safety; Active Listening.

Appendix 1

Jefferson Scale of Empathy – Health Profession – Student version (JSE-HP-S)

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Please indicate your level of agreement/disagreement with each statement about patient care below, by circling one option related to using the following scale *(Adapted from Hojat et al 2001):*

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

A	Healthcare providers' understanding of their patients' feelings and the feelings of their patients' families does not influence treatment outcomes	1	2	3	4	5	6	7
B	Patients feel better when their healthcare providers understand their feelings	1	2	3	4	5	6	7
C	It is difficult for a healthcare provider to view things from patients' perspectives	1	2	3	4	5	6	7
D	Understanding body language is as important as verbal communication in healthcare provider-patient relationships	1	2	3	4	5	6	7
E	A healthcare provider's sense of humour contributes to a better clinical outcome	1	2	3	4	5	6	7
F	Because people are different, it is difficult to see things from patients' perspectives	1	2	3	4	5	6	7
G	Attention to patients' emotions is not important in patient interview	1	2	3	4	5	6	7
H	Attentiveness of patients' personal experiences does not influence treatment outcomes	1	2	3	4	5	6	7
I	Health care providers should try to stand in their patients' shoes when providing care to them	1	2	3	4	5	6	7
J	Patients value a healthcare provider's understanding of their feelings which is therapeutic in its own right	1	2	3	4	5	6	7
K	Patients' illnesses can be cured only by targeted treatment; therefore, healthcare providers' emotional ties with their patients do not have a significant influence in treatment outcomes	1	2	3	4	5	6	7

L	Asking patients about what is happening in their personal lives is not helpful in understanding their physical complaints	1	2	3	4	5	6	7
M	Healthcare providers should try to understand what is going on in their patients' minds by paying attention to their non-verbal cues and body language	1	2	3	4	5	6	7
N	I believe that emotion has no place in the treatment of medical illness	1	2	3	4	5	6	7
O	Empathy is a therapeutic skill without which a healthcare providers' success is limited	1	2	3	4	5	6	7
P	Healthcare providers' understanding of the emotional status of their patients, as well as that of their families is one important component of the healthcare provider – patient relationship	1	2	3	4	5	6	7
Q	Healthcare providers should try to think like their patients in order to render better care	1	2	3	4	5	6	7
R	Healthcare providers should not allow themselves to be influenced by strong personal bonds between patients and their family members	1	2	3	4	5	6	7
S	I do not enjoy reading non-medical literature or the arts	1	2	3	4	5	6	7
T	I believe that empathy is an important factor in patients' treatment	1	2	3	4	5	6	7

Readiness for Interprofessional Learning Scale (RIPLS)

Please indicate your level of agreement/disagreement with each statement by circling one option related to the following scale *(McFadyen et al 2006):*

1	2	3	4	5
Strongly disagree	**Disagree**	**Undecided**	**Agree**	**Strongly agree**

1.	Learning with other students will make me a more effective member of a health care team	**1**	**2**	**3**	**4**	**5**
2.	Patients would ultimately benefit if health care students worked together to solve patient problems	**1**	**2**	**3**	**4**	**5**
3.	Shared learning with other health care students will increase my ability to understand clinical problems	**1**	**2**	**3**	**4**	**5**
4.	Learning between health care students before qualification would improve working relationships after qualification	**1**	**2**	**3**	**4**	**5**
5.	Communication skills should be learned with other health care students	**1**	**2**	**3**	**4**	**5**
6.	Shared learning will help me think positively about other health care professionals	**1**	**2**	**3**	**4**	**5**
7.	For small-group learning to work, students need to respect and trust each other	**1**	**2**	**3**	**4**	**5**
8.	Team-working skills are vital for all health care students to learn	**1**	**2**	**3**	**4**	**5**
9.	Shared learning will help me to understand my own professional limitations	**1**	**2**	**3**	**4**	**5**
10.	I don't want to waste time learning with other health care students	**1**	**2**	**3**	**4**	**5**

11.	It is not necessary for undergraduate health care students to learn together	1	2	3	4	5
12.	Clinical problem solving can only be learnt effectively with students from my own discipline	1	2	3	4	5
13.	Shared learning with other health care professionals will help me to communicate better with patients and other professionals	1	2	3	4	5
14.	I would welcome the opportunity to work on small group projects with other health care students	1	2	3	4	5
15.	Shared learning will help me clarify the nature of patients' or clients' problems	1	2	3	4	5
16.	Shared learning before qualification will help me become a better team worker	1	2	3	4	5
17.	The function of nurses and allied health care workers is mainly to provide support for doctors	1	2	3	4	5
18.	I am not sure what my professional role will be	1	2	3	4	5
19.	I have to acquire much more knowledge and skill than other students	1	2	3	4	5

Appendix 2

Reading List

Empathy

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Channels of Face to Face Communication

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Appendix 3

90-MINUTE WORKSHOP RESOURCES

Resources

- Pen or pencil for each student

- Sheet of writing paper for each student

- 2 x small post-it notes for each student

- Surveys (for research purposes only)

- Empathy matching cards

- PC/DVD player

- Multiple white board markers

- Butcher's paper

Time allocation

1. *Pre-test survey*: (10 mins).

2. *Icebreaker:* Students are asked to continue this sentence on their post-it note: "Empathy is … ". Post-it notes are collected and read aloud either individually or in themes e.g. patient's shoes or emotional distance etc. (10 mins).

3. *Empathy matching cards* (see at conclusion of Appendix 3): Each card (term and definition) is randomly placed on a table. Participants must match each term with its definition. The intention is for participants to consider the nuances of the different terms and consider what this might mean for the different health care professions and holistic health care and teamwork. It also ensures the group has the same understanding when they use the term 'empathy'. (10 mins).

4. *DVD Simulation* (attached to the toolkit): Participants refer to the four questions as they watch one of the DVDs: (i) What do you think the needs of the patient/client are? (ii) Do you think the patients'/clients' needs were met in the clinical interaction? (iii) What empathetic behaviours did you see or observe during the scenario? (iv) And what was the impact of this behaviour on the patient/client interaction? Participants are asked to make short notes as they watch (20 mins).

5. *Simulation reflection and debrief:* Participants are asked by the facilitator to reflect on the DVD simulation and consider how they responded to the four questions (25 mins).

6. *"If I was the patient activity":* On a flip chart or whiteboard, participants are asked to consider "If you were the patient in the simulation how would *you* feel". They should use single words only for each clinical interaction with the different professions such as "happy", "relieved", "annoyed", "angry", "supported" (10 mins).

7. *Vox Pop:* Participants watch one Vox Pop and reflect (5 mins)

8. *Learning Gem and Wrap up:* Using second post-it note get participants to write down the one thing they learnt from the session or the one thing they will try and incorporate into their clinical practice (placements etc.). Wrap up session.

Empathy Matching Cards (Source Macquarie Dictionary):

<u>Terms:</u>

Empathy

Sympathy

Compassion

Caring

Emotion

Rapport

Pity

Affinity

<u>Definitions:</u>

Entering into the feeling or spirit of a person or thing; appreciative perception or understanding.

The fact or the power of entering into the feelings of another, especially in sorrow or trouble.

A feeling of sorrow for the sufferings or misfortunes of another.

Exchanges of confidences, particularly in relation to some distressing experience, which are intended to promote emotional healing.

Any of the feelings of joy, sorrow, fear, hate, love, etc.

Connection, especially harmonious or sympathetic relation.

A natural liking for, or attraction to, a person or thing.

Sympathetic or kindly sorrow excited by the suffering or misfortune of another, often leading one to give relief or aid or to show mercy.

Empathy

Entering into the feeling or spirit of a person or thing; appreciative perception or understanding.

Sympathy

The fact or the power of entering into the feelings of another, especially in sorrow or trouble; fellow feeling, compassion, or commiseration.

Compassion

A feeling of sorrow or pity for the sufferings or misfortunes of another.

Caring

Exchanges of confidences, particularly in relation to some distressing experience, which are intended to promote emotional healing.

Emotion

Any of the feelings of joy, sorrow, fear, hate, love, etc.

Rapport

Connection, especially harmonious or sympathetic relation.

Affinity

A natural liking for, or attraction to, a person or thing.

Pity

Sympathetic or kindly sorrow excited by the suffering or misfortune of another, often leading one to give relief or aid or to show mercy.

EMPATHY

SYMPATHY

COMPASSION

CARING

EMOTION

RAPPORT

AFFINITY

PITY

Entering into the feeling or spirit of a person or thing; appreciative perception or understanding.

The fact or the power of entering into the feelings of another, especially in sorrow or trouble; fellow feeling, compassion, or commiseration.

A feeling of sorrow or pity for the sufferings or misfortunes of another.

Exchanges of confidences, particularly in relation to some distressing experience, which are intended to promote emotional healing.

Any of the feelings of joy, sorrow, fear, hate, love, etc.

Connection, especially harmonious or sympathetic relation.

A natural liking for, or attraction to, a person or thing.

Sympathetic or kindly sorrow excited by the suffering or misfortune of another, often leading one to give relief or aid or to show mercy.

Appendix 4

ADDITIONAL ACTIVITIES

As highlighted above, if you wish to use the toolkit and its resources in sessions longer than 90 minutes in specific units or courses, then the following activities can be used at your discretion.

This is a suggested, not exhaustive list. Other variations may be devised.

<u>Activity: Vox Pop DVD Reflections</u>

In this activity, participants can watch the vox pop interview from their own profession, or any of the interviews from other professions.

Each clinician in the vox pop interview is responding to the question: "Do you think empathetic behaviours are important in your specific profession?"

Reflection could occur as a whole group discussion, small group discussions, written reflection, or written argument responding to the clinician's interview.

Activity: Time lapse reflection

Students watch one of the patient scenarios (including all the clinicians) in their own time, using the four questions (see below) as a prompt, making notes of their responses. A few days to a week later, the students watch the same scenario again, using the same four questions as a prompt, noting any changes in their perceptions.

1. What do you think the needs of the patient/client are?

2. Do you think the patient's/client's needs were met in the clinical interaction?

3. What empathetic behaviours did you see or observe during the scenario?

4. And what was the impact of this behaviour on the patient/client interaction.

Reflection could occur as a whole group discussion, small group discussions, written reflection, or a 2000 word essay describing why empathy is important in healthcare education and clinical practice.

<u>Activity: Talking Walls</u>

<u>Talking Walls (part 1)</u>

- Take one sheet of butcher's paper for each profession in the group.

- Label each sheet with the name of each profession.

- Fix sheets to a wall.

- Take a **RED** marker pen.

- Write your perceptions of the training, roles and duties of these professions on the respective sheets, with the exception of your own.

- Add only new items to the list to avoid duplication.

<u>Talking Walls (Part 2)</u>

- Examine your own profession's list and with a **BLUE** marker pen

  - delete misconceptions

  - correct inaccuracies

  - add missing items

- Discuss your profession's chart with the group and clarify points raised.

Activity: The challenges of demonstrating empathy within healthcare teams.

Each profession has its own time pressures. Elicit the time pressures present for each profession using whiteboard or flip chart to capture responses. Discuss the following questions in light of these time pressures:

- What are the challenges to you being empathetic in your work situation/s?

- How can they be overcome?

- What impact does empathetic behaviour have on the time taken with patients?

- This activity can be done with uni-professional or multi-professional student groups.

Activity: Debate

Students are allocated into teams of three. One team will take the affirmative argument and the other will take the negative argument. Suggested topics include:

- It is better to be a clinician with a good bedside manner and poor clinical skills than a clinician with a poor bedside manner and good clinical skills.

- Professionals working in today's health care system don't have time to be empathetic.

- Empathy has no place in health care.

- Women are more empathetic than men.

- Emotional detachment precludes empathy.

- Empathy takes up too much time.

- Shared experience is necessary for empathy to be displayed.

NOTE: Any of these topics may also be used for short reflective essays.

Activity: Triad practise

Students are put into groups of three. Identify person A, person B and person C. Person A is the patient. Person B is the clinician and Person C is the observer. In this activity, students will rotate through all three roles, spending 10 minutes (or longer, if time permits) in each role.

The patient (person A) is asked to come up with a character, including clinical manifestations.

The Clinician (person B) will be themselves treating the patient as they present.

The observer (person C) is to observe the interaction with a view to providing feedback about empathetic behaviour shown/not shown by the clinician and the impact of this.

Each group will have three 10 minute periods: seven minutes to play the scenario with three minutes for feedback and discussion.

This structure can also be used with simulated patients or mannequins.

Activity: Delivering feedback to improve empathy

Watch any of the scenarios and ask the group which clinician/s they think would benefit from receiving feedback about their empathetic behaviours (or lack of).

Option 1: Students are given five minutes to reflect on the areas where the clinician's empathy could be improved and then deliver specific feedback, imagining they are speaking to the clinician in person. (The facilitator can step in to be the clinician.)

Option 2: Watch today - feedback tomorrow: students watch the scenario and reflect overnight on areas where the clinician's empathy could be improved and plan a feedback conversation which they will deliver tomorrow (or a later time). This activity can work with industry partners, colleagues and or/junior students.

Activity: Picture of empathy

Students are given a large piece of blank paper (e.g. A3 or larger) on which to create a picture of empathy. There are no limits to how this picture can be made or the imagery, which can be included. This could be an individual or a group activity. This activity can be completed in class or students can take them away and come back with the completed picture a week later.

Posters are hung around the room. Students are paired for a gallery walk where they look at each poster and see what they notice, what they like, what resonates, what they don't like, what they don't understand etc.

After the gallery walk, students share their observations in a facilitated group discussion.

(NB This can also work with formal academic posters.)

Activity: Why non technical skills are important today

Why hasn't empathy always been an important part of health care education? Consider this within the non-technical skill context and describe the role empathy plays in your current curriculum. Where is it? How is it taught? How much is there? Is it adequate? If you were asked the same question a decade ago what do you imagine your answer would be?

This activity could be allocated to small groups to report and present or an individual task e.g. 500-1000 word essay.

Activity: Clinical placement

Reflect on your experiences during clinical placements and identify a time where having empathy was important in the context of the interaction.

Activity: Create TV ad

Students are put into groups of four to six. Their task is to devise a "television" commercial of up to 1 minute's duration. The purpose of the ad is to promote the value of empathy in healthcare to their audience. Students are responsible for writing and acting out the ad for presentation to the rest of the group.

NOTE: This exercise does not require cameras or multimedia recording. If available this can be used, but the purpose of the exercise is to focus on the idea of why empathy is important rather than technical production skills.

Activity: Literature review

In this activity, participants are required to write a 3000 word literature review, examining the following aspects of empathy:

- Patient outcomes – good or bad

- Satisfaction levels

- Student attitudes

- Malpractice

Activity: What happens to empathy over time?

Current research indicates that empathy levels amongst healthcare students decline as their studies progress. Why would this be so? What does this mean for students completing study and entering the healthcare workforce?

This could be completed as a large group discussion, small group discussion, 1000 word essay, 500 word reflective report.

Activity: Clinical barriers to empathy

Human beings generally have the ability to empathise with other human beings. However, in clinical settings, it can be challenging to exercise this normal human ability. Why does this happen?

This question can be considered as part of a large group discussion, small group discussions, reflective writing etc.