

will be warm at night. My patients living in the homeless shelter are uncertain whether their medications will be safe or if they will be stolen. Many of them are wondering what is next for them and what path they will take in life... and I'm sure some are wondering what their purpose is. We all have one thing in common: we all face paths of uncertainty. Can we ever really be sure of what this life will hold for us?

Even with the uncertainties of this life, there are certainties revealed to us through Scripture. I am certain that God values love, loves me unconditionally, and wants me to share His love through my interactions. I am certain that Jesus Christ sacrificed Himself for every single person in this world, when we clearly do not deserve it. I am certain of where my final destination will be at the end of my earthly life because of Jesus' sacrifice and my faith in Him. I have to wonder, do my patients share the same certainties that I do?

My interaction with the young man who called me an angel will forever be ingrained in my mind. It has taught me that even as a broken person, I can positively impact those around me. I can teach my patients the certainties of God and His promises in scripture. We share the love of God by being the hands and feet of Christ in this world, as we are called to do. There are simple strategies we can use to implement faith into our practice. First, as pharmacists we often see the same patients on a regular basis, allowing us to build strong and honest relationships with them. By doing this, we should be compassionate and humble with our words and actions. Creating a relationship built on

trust and respect is vital, since patients are more willing to listen to you, especially when you take the time to listen to them. This foundation can help open the door to conversations about faith and spirituality, which gets to the core of who we are as human beings. Secondly, as Christians we can also offer our thoughtful prayers when engaging particularly burdened patients. Prayer is a powerful and unlimited action that connects us intimately with God. Knowing we are praying for them may give patients a sense of hope and a longing to have this type of intimacy with God as well. Thirdly, we can apply the same principles to working relationships, which is an essential method of implementing faith into practice for pharmacists who are not involved in direct patient care. We still need to build strong relationships with colleagues, show respect and care, and pray for them. Last but not least, we should be mindful of our actions and interactions with others. We should strive to be honest and glorify God in all that we do, as there are always people watching us and learning from us. If an individual is unkind, we should respond with kindness and compassion to set a Christ-like example.

It will always be difficult to comprehend the outcome of specific situations and why our plans do not always work out as intended. Our plans often are not the same as God's, and we have to trust that He knows what is best for us. But as Jeremiah 29:11 (NIV) reminded the Israelites, so I am reminded: "For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope

and a future." I am blessed with the current path God has given me, as I truly enjoy what I do and the patients I serve. Although I am no angel, I hope to impact my other patients as I did that young man. Serving the population that I do, I have an amazing opportunity to show the love of Christ to my patients at a time when they truly need it.

I do not know what is next for me after this career opportunity, but I trust in God and His perfect plan. And if I choose to be willing, God will use me and work through me wherever I am. Isaiah 41:10 (NIV) says, "So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand." I will continue on my uncertain path in this life with God as my guide, putting my trust in Him and striving to show His love to others who walk on their uncertain paths.



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Empathy in the Pharmacy Workplace: Instruction, Modeling, Facilitating, and Coaching

By Amy Holmes and Dawn Battise

Introduction

Empathy has been defined as the "ability to understand and view the world from other people's perspectives and to connect with their experiences or feelings."¹ Empathy is separate from sympathy, pity, or compassion.

Studies suggest that empathy may play an integral role in patient care.^{2,3,4,5,6} As pharmacists, how can we express empathy to our patients? The first step is identifying potential opportunities. A patient might directly express an emotion but, more often, a pharmacist will need to recognize indirect cues. This may appear as a patient alluding to a personal concern or nonverbal indications such as tone of voice or concerned facial expression. There are specific approaches to communicating with patients that cultivate empathy. First and foremost, it is important to use open-ended questions during interactions.⁷ When the opportunity is identified, it should be followed by prompting further conversation and naming the emotion (e.g., frustration, worry, fear). This can be accomplished through encouraging statements such as, "Would you tell me more about that?"

or affirmation such as, "It sounds like you are worried about your test results." Finally, continue to explore the patient's emotion with them. This can be continued with appropriate nonverbal clues (e.g., moving closer to the patient, facial expressions, eye contact) and active listening. Active listening starts with making eye contact and focusing on what the person is saying to you. When speaking, use phrasing that shows you respect the patient's emotions and are willing to support him or her. Overall, this may not only improve relationships but may also help reveal more subjective information from the patient which can impact care.⁸ Concerns have been raised regarding how the increasing use of telemedicine might impact empathy expression. Although some aspects (such as the ability to provide appropriate physical touch) will be forced to change, the overall principles can still be applied. The area of telemedicine and empathy expression warrants further consideration and research.⁹

Empathy in Patient Interactions

Although there is limited objective data to demonstrate measurable benefits of empathy on the pharmacist-patient relationship, many pharmacists would agree that empathy plays an important role in patient

care. The medical, nursing, and psychotherapy fields have studied the role of empathy and found positive effects. A meta-analysis of 59 samples including 3599 clients showed a medium effect size of empathy on psychotherapy outcomes.² A specific example of this was demonstrated among 185 outpatients receiving cognitive-behavioral therapy for mood disorder at a single US clinic. Clinical benefit was measured by improvements on the Beck Depression Index (BDI). Therapists' empathy was evaluated by patients using the Empathy Scale. Patients who perceived their therapists to have greater empathy showed the greatest clinical improvements in BDI, even when controlling for patient homework compliance, depression severity, and other variables.³ In the acute care setting, empathy can play a role on patient well-being. In a single US hospital, 109 nurses on medical or surgical units received 14 to 16 additional hours of training in either empathy or physical assessment. Patients hospitalized for cancer on the units were evaluated for anxiety, depression, hostility, and satisfaction of care before and after the additional training. Of 656 patients, anxiety and hostility were decreased for those whose nurses had completed the empathy training.⁴

Finally, in the outpatient setting empathy has impacted clinical outcomes. A three-year retrospective chart review of a US community health center evaluated whether physician empathy influenced A1c and LDL-cholesterol (LDL-c) measures. Using the Jefferson Scale of Empathy (JCES), 29 physicians were classified as high-, moderate-, or low-scoring in empathy. Clinical outcomes of 891 patients were classified as good (A1c <7%, LDL-c <100 mg/dL), moderate (A1c >7 to <9%, LDL-c >100 to <130 mg/dL), or poor (A1c >9%, LDL-c >130 mg/dL). The association between physician empathy and clinical outcomes was significant. Those with good control of A1c or LDL-c were significantly more likely to have a physician who was high-scoring on empathy. In contrast, those with poor control were significantly more likely to have a low-scoring physician. Logistic regression also confirmed that physician empathy was a unique predictor of clinical outcomes.⁵ In a US urban community health system, twenty primary care providers (including physicians and mid-level practitioners) cared for patients with likely major depression. Half of the providers received motivational interviewing (MI) training, while the remaining providers had no previous experience with MI. Patient interviews were recorded and evaluated by trained coders to determine provider empathy. Outcomes were evaluated for 63 patients who were receiving an antidepressant for the first time in three or more months. Empathy was associated with increased change talk, increased odds of filling an antidepressant prescription, and predicted higher medication adherence over 180 days. While there may have been additional factors that contributed to the above positive results, these results are especially interesting to pharmacists given the impact on medication adherence.⁶

Empathy in the Workplace

In the workplace, empathy has not been as thoroughly studied. The Center for Creative Leadership reported managers who were viewed by employees as more empathetic received more positive performance reviews from their superiors. This was especially strong in particular cultures such as China, Egypt, and Singapore. While the data does not explain why caring for others and being attuned to signs of overwork impacts performance, it is an indication that empathy has a role in effective leadership.¹⁰ Otherwise, secular research in this area is lacking. Despite that, Scripture makes it clear that empathetic action in the workplace, and in all settings, is an expectation of Christ-followers.

Teaching Empathy to Pharmacy Learners

Empathy is one component of emotional intelligence which is taught in some pharmacy schools and pharmacy residency programs. Of the emotional intelligence traits, empathy is important for many reasons,

most notably building rapport with patients, showing respect for patients, and providing emotional support. In a recent opinion piece, a medical resident wrote of her discovery of the need to balance her medical curiosity with the empathy she realized that her patient deserved.¹¹ Pharmacy learners should also be aware of this need for balance – every interesting case has the potential to be a life-changing event for the patient and their family. While some people may have innate empathy, it is important to note that empathy skills can be taught.^{7,12} Pharmacy professors and preceptors can utilize the four precepting roles described by the American Society of Health-System Pharmacists (ASHP) to teach empathy. These roles include instruction, modeling, facilitating, and coaching.¹³

Instruction

During His ministry Jesus used active listening skills to know and understand the physical, emotional, and spiritual needs of people with whom He interacted as illustrated when He healed the sick and drove out demons in Mark 1:32-4. With Him as our example, we should instruct young pharmacists on active listening skills.⁷ Actions associated with active listening include using appropriate body language and facial expressions. If the person you are speaking to is seated, sit across from them if possible so that you can address them at eye level. Use of facilitative responses such as nodding or saying “uh huh” acknowledges that you are hearing what is being said. Pharmacists can use a phrase such as “Let me see if I have this right...” to frame responses to patients in a way to demonstrate empathy. Active listening is demonstrated to the patient when the listener summarizes what they have heard. Empathy is demonstrated when this reflection of content includes the feelings and concerns expressed by the patient. It is important not to dilute the feelings expressed by the patient by using weak or somewhat dismissive words like bother, annoy, or upset. At the end of each encounter, the listener should ask if they have missed anything. Upon learning of any new information, the previous steps should be repeated.

Modeling

Jesus often used modeling as a teaching technique. Specifically He modeled for the disciples how to pray with what we refer to as the Lord's Prayer (Matt 6:9-13; Luke 11:2-4). Likewise, one of the most important ways that empathy can be taught is through modeling which has been demonstrated to influence trainee attitudes.¹² Preceptors can model empathy for patients in how they care for them. Aside from the direct patient interaction, preceptors are modeling empathy by the attitude that they take toward their patients. It is important therefore for preceptors to be mindful of the potential to take an empathetic approach when discussing patient issues with learners. Preceptors may also model empathy towards the learner. Learners, especially residents, are often overwhelmed by the multiple demands being made on their time. They are juggling priorities while still learning what they are doing. An empathetic preceptor will be understanding and therefore also encouraging to an overwrought student or resident.

Facilitating/Coaching

There are several empathy exercises that can be used to facilitate empathetic learning. First is role play. Students in the classroom can practice scenarios where they display empathy during interactions with fellow students playing the role of the patient. There are different types of exercises that may give learners appreciation for how difficult adhering to a specific regimen can be. For example, having students take a placebo three times daily for 10 days while keeping a compliance log will help them develop empathy for patients with complicated dosing regimens. Likewise, having students adhere to a particular diet for several days will develop empathy for patients when they counsel them about this diet in the future. There are support groups where learners can attend and hear about the struggles that specific groups face which might facilitate empathy for those populations. Of course during experiential rotations, there are opportunities to discuss, model, and

facilitate empathy in real patient scenarios as well.

Measuring Empathy

Scales exist to measure empathy among health care professional students. Specifically the Jefferson Scale of Empathy-Health Professional Studies has been validated to measure empathy among medical students.¹ The Kiersma-Chen Empathy Scale (KCE) has been validated to measure empathy in pharmacy and nursing students. KCE can be used to assess the curriculum including experiential activities to ensure that ACPE standards for developing professional attitudes and values are being met.¹⁴

Scriptural Evidence of Empathy

Jesus Himself is our ultimate example of empathy. Hebrews 4:15 reveals “For we do not have a high priest who is unable to empathize with our weaknesses, but we have one who has been tempted in every way, just as we are—yet he did not sin.” Although Jesus may not have experienced our exact circumstances, He chose to walk the earth as the Son of Man so we can be assured that He understands us. The story of Lazarus’ death and resurrection is a clear instance. Jesus knew and had verbally affirmed (John 11:23) that his friend Lazarus would live again, yet He is moved to tears. “When Jesus saw [Mary] weeping, and the Jews who had come along with her also weeping, he was deeply moved in spirit and troubled. . . . Jesus wept.” (John 11:33, 35). At times we may have the benefit of outside perspective and confidence in how Jesus will turn a situation for good; however, that does not mean that in the moment we cannot also be moved to share the grief that another person is experiencing. At times, our touch (a hug or a hand placed on an arm) can be healing. In Mark 1:40-42 (NLT), a man with leprosy begged to be made clean if Jesus was willing. We learn, “Filled with compassion, Jesus reached out his hand and touched the man. ‘I am willing,’ he said. ‘Be clean!’ Instantly the leprosy disappeared, and the man was healed.” While we may or may not observe immediate, miraculous healing, Jesus’ compassion and willingness to reach out is a model for our interaction with those who are suffering.

Again and again, we are commanded to express empathy. Among the body of believers, we are told, “If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it” (1 Corinthians 12:26). When we rejoice with a patient who has been healed or mourn with a co-worker who has suffered loss, we live out Romans 12:15, “Rejoice with those who rejoice, weep with those who weep.” There is no limit on who is worthy of our empathy, “Do not be proud, but be willing to associate with people of low position.” (Romans 12:16). Empathy is evidence of “unity of mind” (1 Peter 3:8, ESV) and ultimately, it is an act of love.

In summary, empathy is a trait that Christian pharmacists are called to use when interacting with others and especially during patient interactions. Furthermore, as preceptors we are role models for empathy and should teach empathy skills to pharmacy students and residents.

Journey to Empathy

As a pharmacist for a neonatal intensive care unit that treats babies withdrawing from opiates secondary to maternal use in pregnancy, I have witnessed a seemingly universal lack of empathy for the mothers of these babies. In the past, some of those caring for these babies have said of their mothers, “Why don’t they try to get off methadone?” or “They have just traded one addiction for another.” The parents of these babies have said that they felt judged and did not feel like they were welcome to participate in their own baby’s care. As a unit we have learned to acknowledge addiction as a chronic disease which has opened our eyes to the need to be empathetic toward these mothers.

Different members of our team attend a group session at the local methadone clinic once each month to talk to young women about

what to expect if they have a baby. Pharmacy students and residents are encouraged to attend. This interaction is often very eye-opening for these learners. Putting a face and a personality with these women makes it more real to the young pharmacists. Hearing the stories behind the lifestyle that they are wrapped up in makes them appear more human and less stereotypical, which in turn appears to facilitate empathy for these women. Often these women are mothers who truly want the best for their children – they do not always have the resources or support to get ahead in life. I realized one day, as I think many who experience this clinic do, that “but for the grace of God go I.” We all struggle with many things in many ways. Their struggles may be different from mine, but it doesn’t make me any better than them. These interactions have sharpened my sense of empathy for all patients. *Reflection by Amy Holmes*

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All Scripture references are NIV unless otherwise noted.



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