

SWAT 234: Adding empathy training for healthcare professionals to trials of interventions

Objective of this SWAT

To determine whether adding empathy training for healthcare professionals makes a trial intervention more effective.

Additional SWAT Details

Primary Study Area: Intervention Delivery

Secondary Study Area: Barriers and facilitators, Incentives and engagement, Sites and staff

Who does the SWAT intervention target: Healthcare Professionals

Estimated resources needed to conduct the SWAT: Medium

Estimated cost of the SWAT (£): 10,000

Findings from Implementation of this SWAT

Reference(s) to publications of these findings:

Primary Outcome Findings:

Cost:

Background

Clinical empathy helps build the therapeutic relationship and improves patient clinical outcomes, anxiety, distress, satisfaction, enablement, and quality of life [1-4]. It can also improve practitioner wellbeing [5]. It involves the healthcare professional understanding and sharing the patient's perspective, responding emotionally, and taking action while maintaining professional boundaries [6].

Within any trials involving a significant element of patient/practitioner interaction (for example, smoking cessation or weight loss trials, or trials aimed at improving adherence to medication), enhancing practitioner empathy might improve adherence to the trial intervention and led to better patient outcomes. However, empathy training for healthcare professionals is rarely included as part of trials of interventions that involve significant patient/practitioner interaction.

Host Trial Population: Adults and Children

Host Trial Condition Area: Any

Interventions and Comparators

Intervention 1: Empathy training for healthcare professionals

Intervention 2: No intervention/usual care

Method for Allocating to Intervention or Comparator: Randomisation

Outcome Measures

Primary Outcomes: Patient satisfaction.

Secondary Outcomes: Some of these will depend on the topic for the host randomised trial but might include patient adherence, patient pain, patient quality of life, practitioner wellbeing, and cost of empathy training (direct costs).

Analysis Plans

It is expected that the outcomes will be measured on continuous scales. The results will be based on changes from baseline, which are typically normally distributed. Therefore, the analysis will compare the SWAT intervention and control group using a linear regression model to allow inclusion of any randomisation stratification factors as covariates.

Possible Problems in Implementing This SWAT

The empathy training may be an additional burden on healthcare professionals' time, depending on the type of intervention in the host trial. However, our recent systematic review has found that effective empathy training can be achieved in three hours [1].

References Cited in This Outline

1. Keshtkar L, Madigan CD, Ward A, et al. The Effect of Practitioner Empathy on Patient Satisfaction: A Systematic Review of Randomized Trials. *Annals of Internal Medicine* 2024;177(2):196-209. doi:10.7326/M23-2168
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3. Nembhard IM, David G, Ezzeddine I, Betts D, Radin J. A systematic review of research on empathy in health care. *Health Services Research* 2023;58(2):250-63. doi:10.1111/1475-6773.14016
4. Jayakrishnan B, Kesavadev J, Shrivastava A, Saboo B, Makkar BM. Evolving Scope of Clinical Empathy in the Current Era of Medical Practice. *Cureus* 2023;15(6):e40041. doi:10.7759/cureus.40041
5. Wilkinson H, Whittington R, Perry L, Eames C. Examining the relationship between burnout and empathy in healthcare professionals: A systematic review. *Burnout Research* 2017;6:18-29. doi:10.1016/j.burn.2017.06.003
6. Howick J, Bennett-Weston A, Dudko M, Eva K. Uncovering the meaning of therapeutic empathy through thematic analysis of existing definitions. Under review (as of 4 October 2024).

References to This SWAT

Source of This SWAT

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