Revista de Enfermagem
do Centro-Oeste Mineiro
2019;9:e2884
DOI:10.19175/recom.v9i0.2884
www.ufsj.edu.br/recom

Review Article

EMPATIA EM SAÚDE: REVISÃO INTEGRATIVA

EMPATHY IN HEALTH: INTEGRATIVE REVIEW

EMPATÍA EN SALUD: REVISIÓN INTEGRADORA

Leandro Felipe Mufato[1], Maria Aparecida Munhoz Gaíva[2].

RESUMO

Objetivo: Analisar as publicações de pesquisas disponíveis na literatura sobre empatia no cuidado em saúde. **Método**: Revisão integrativa com busca de estudos primários realizada nas bases de dados LILACS, PSYCINFO, WEB OF SCIENCE, BDENF, MEDLINE e CINAHL, sem restrição de período e idioma. **Resultado**: A análise de 33 estudos primários mostra publicações de 1968 a 2016, originárias de diferentes regiões do mundo. Há predomínio da abordagem quantitativa com o uso de diferentes escalas psicométricas autoaplicáveis para mensurar os níveis de empatia de profissionais da saúde, estudantes ou pacientes. Há diversidade nas populações pesquisadas, locais de estudo e falta consenso entre os autores sobre como a empatia se desenvolve, perpassando explicações pelos campos da cognição, emoção e atividade neuromotora. **Conclusão**: O debate sobre a empatia está em pleno desenvolvimento, especialmente, quando se observam as diferentes explicações para sua ocorrência. A empatia é um forte constructo capaz de contribuir para pesquisas sobre a relação profissional-paciente.
Descritores: Empatia; Relações profissional-paciente; Enfermagem; Relações médico-paciente; Revisão.

ABSTRACT

Objective: To analyze the research publications available in the literature related to empathy in health and nursing care. **Method**: Integrative revision, searching for the primary studies was carried out in the LILACS, PSYCINFO, WEB OF SCIENCE, BDENF, MEDLINE and CINAHL databases, without period and language restriction. **Results**: The analysis of 33 primary studies shows publications from 1968 to 2016, from different regions of the world. There is a predominance of the quantitative approach, with the use of different self-applicable psychometric scales to measure the levels of empathy of professionals, health students or patients. There are diversities in the surveyed populations and places of study, with lack of consensus among authors on how empathy develops, proceeding explanations fields of cognition, emotion and neuro-motor activity. **Conclusion**: The debate on empathy is in full development, especially when we observe the different explanations for its occurrence. Empathy is a strong construct capable of contributing to research on the professional-patient relationship.
Descriptors: Empathy; Professional-patient relations; Nursing; Physician-patient relations; Review.

RESUMEN

Objetivo: Analizar las publicaciones de investigación disponibles en la literatura sobre la empatía en la atención en salud y enfermería. **Métodos**: Revisión integradora con búsqueda de los estudios primarios en las bases de datos LILACS, PSYCINFO, WEB OF SCIENCE, BDENF, MEDLINE y CINAHL, sin restricción de tiempo y lenguaje. **Resultados**: El análisis de 33 estudios primarios demuestra publicaciones entre 1968-2016, de diferentes regiones del mundo. Hay un predominio del enfoque cuantitativo, utilizando escalas psicométricas auto-a8dministradas para medir níveles de empatía de profesionales, estudiantes o pacientes. Hay diversidad en las poblaciones estudiadas, los sitios de estudios y la falta de consenso entre los autores sobre cómo se desarrolla la empatía, que corre a través de diferentes explicaciones. **Conclusión**: El debate sobre empatía está en pleno desarrollo, especialmente al observar las diferentes explicaciones para su ocurrencia. La empatía es un constructo teórico, capaz de contribuir a la investigación sobre la relación profesional-paciente.
Descriptores: Empatía; Relaciones profesional-paciente; Enfermería; Relaciones médico-paciente; Revisión.

[1]Professor e pesquisador da Universidade do Estado de Mato Grosso. [2]Doutora. Orientadora no Programa de Pós-Graduação em Enfermagem da UFMT.

Como citar este artigo:
Mufato LF, Gaíva MAM. Empatia em saúde: revisão integrativa. Revista de Enfermagem do Centro Oeste Mineiro. 2019;9: e2884. [Access_____]; Available in:_____. DOI: http://dx.doi.org/10.19175/recom.v9i0.2884

INTRODUCTION

Empathy is considered a central element in the relationship between health professionals and their patients, bringing benefits to both. It can be understood as one of the elements that contributes to a better understanding of the dynamic aspects of social interactions in health. Empathic care involves the appreciation of equity in health, with mutual awareness between professionals and patients, and the recognition of others in their uniqueness and complexity. Thus, empathy is necessary in health professions[1].

In Brazil, the way health professionals interact with patients became even more relevant with the promulgation of the National Humanization Policy[2], a milestone in the fight against the dehumanized, strictly biomedical and depersonalized care that the population used to received in Brazilian health services. Still, providing care to subjects in a comprehensive and equitable manner, principles of the Unified Health System, has required an attitudinal and behavioral change of the social actors involved there[3]. The Brazilian context of investment in humanization supports the interest in empathy in health care settings, given that the main dissatisfaction to be overcome with the proposal of humanization is the one related to aspects of relationships with health professionals[4]. However, the implementation of humanized care proposals is not yet a reality in all health services, and this calls for further discussion on this aspect of health care[5-6].

Regarding the relationship between health professionals and patients, it is already known that the empathy of physicians causes greater patient satisfaction and enhances the ability for diagnosis and treatment, reducing the risk of medical errors. Empathy increases patients' acceptance and sense of belonging and improves the relationship between professionals and pediatric cancer patients, improving their resilience to suffering[7-9]. Furthermore, some studies demonstrate the association between empathy and good clinical outcomes, such as better perception of health needs and reduced anxiety and psychological stress[8,10-12]. In psychology, an area that brought the concept of philosophy to the scientific field, empathy is essential in many lines of treatment.

Although empathy is a central feature for the interaction between health professionals and patients, low levels of this quality among professionals are documented and discussed in the scientific literature[12]. Materializing an empathic behavior is a challenge in the daily routine of health institutions[13].

Empathy is a polysemic concept that points to several fronts of understanding about its nature, with no scientific consensus so far[14]. This study aims to contribute to a clearer view of the extent, scope and nature of research activity about empathy. The objective is to summarize and disseminate the results of investigations produced until present, as well as to identify gaps for future research investments.

The relevance of the present study is the synthesis of the knowledge already produced by research about empathy in the health context. The results may bring benefits to the field of scientific investigations on professional-patient relationships, contributing to future research on the theme. Thus, this research was developed to answer the following question: How is the scientific production about empathy in health care characterized? This study aims to analyze the research publications available in the literature approaching empathy in health care.

METHOD

Integrative Review (IR) of the literature with the following steps: identification of the research question; search of primary studies in the literature; evaluation of data; analysis; synthesis of data; and presentation of results[15]. The question that guided this integrative review was: How is the scientific production about empathy in health care characterized?

The selected databases were LILACS, PSYCINFO, WEB OF SCIENCE, BDENF, MEDLINE and CINAHL. Such bases were elected based on the amount of articles indexed in the health area, because they publish primary studies on health topics.

The descriptors were chosen according to the population, the phenomenon, and the context investigated. The descriptors “health professionals” and “empathy” were used to survey the articles. The term “empathic” and “health care” were used in the combinations as a key term, although they are not descriptors predicted by DeCS or MESH. They were used because initial searches showed that they allowed a more sensitive survey on the theme. A search strategy with greater sensitivity and a greater number of studies retrieved by it[16] is welcome in this study because its goal was to make a broad description of what has been

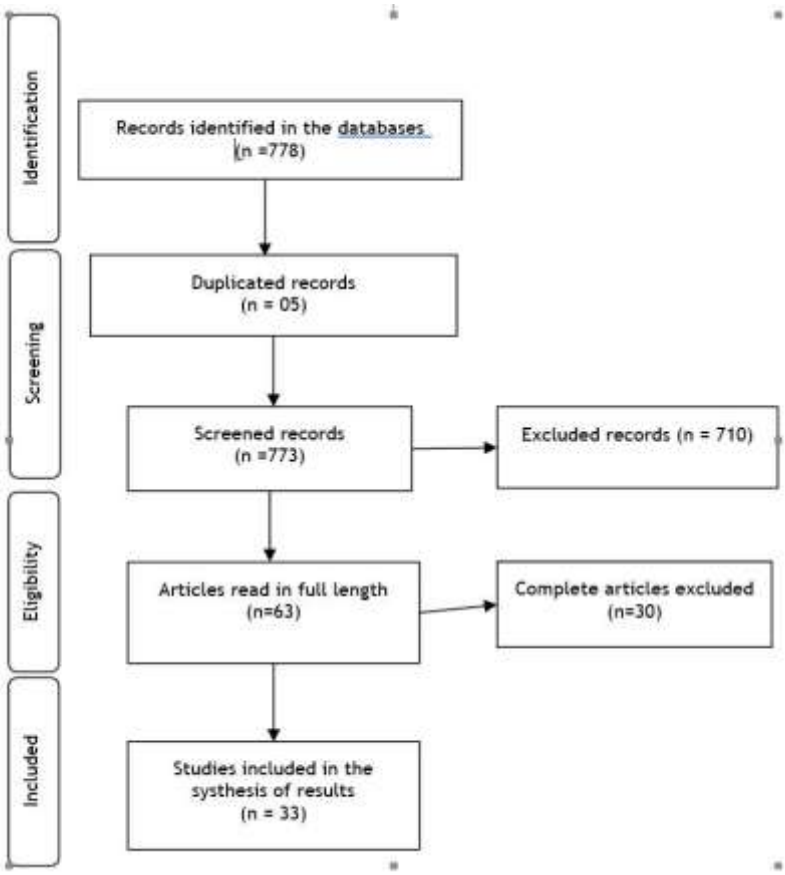
produced about empathy in health care. The combinations of these descriptors in the mentioned bases were made using the Boolean operator AND (health professionals AND empathy; health professionals AND empathic; health care AND empathy; health care AND empathic).

The inclusion criteria were: publication of results of studies using primary data; publication focusing on research (object of study) about empathy of professionals in the context of health care, either during training or during professional activity. As exclusion criteria, theoretical essays and editorial notes were removed because they are expert opinions without primary data collection. There was no delimitation of language or time of publication.

The steps proposed by the PRISMA Statement[17] were applied to confirm whether the studies met the proposed criteria and illustrate the data selection flow. After identifying the articles in the databases and eliminating duplications, titles and abstracts were read to track relevant studies. Then, the articles were read in full-length for analysis of eligibility, with subsequent synthesis of the included studies.

Data collection occurred from April to August 2016. To retrieve texts not available in full length, they were searched for in the Portal of Periodicals of the Coordination for Improvement of Higher Education Personnel (CAPES Periodicals). Figure 1 shows the path taken to select publications, according to the inclusion and exclusion criteria, using the PRISMA flowchart.

Figure 1 - Flowchart of selection of articles based on PRISMA.



Sources:
Flowchart: *PRISMA Statement.* **Data:** LILACS, PSYCINFO, MEDLINE and CINAHL databases.

In the databases, the strategies used resulted in 778 publications, distributed in the following quantities: 415 (53.34%) from MEDLINE; 206 (26.48%) from CINAHL; 101 (12.99%) from PSYCINFO; 37 (4.75%) from Web of Science; 15 (1.93%) from LILACS; and 04 (0.51%) form BDENF. Thirty-three publications were obtained after refinement and application of the inclusion and exclusion criteria.

All the 33 publications were articles from scientific journals that disseminated research results using primary data. The databases BDENF

and Web of Science presented some records, but their results were not eligible at the evaluation step. After evaluation and selection, a critical analysis of the texts was conducted. Discursive data such as objectives and results were analyzed and interpreted aiming to achieve the objective of this research.

The analysis culminated in the creation of three categories: Characterization of studies about empathy in health care; Methods employed in studies about empathy in health care; Results obtained in studies about empathy in health care.

RESULTS AND DISCUSSION

Characterization of studies about empathy in health care

According to each database, the resulting 33 scientific articles approaching empathy in health care were distributed as follows: 15 (45.45%) from CINAHL; 11 (33.33%) from PsyInfo; 06 (18.18%) from MEDLINE; and 1 (3.03%) from LILACS. The first publication found in the search is from 1968, but the last ten years had 14 (42.42%) of the analyzed articles. The publications were distributed in the following areas: 12 (36.36%) from psychology, 11 (33.33%) from medicine, 09 (27.27%) from nursing, and 01 (3.03%) from neuroscience. Of the 33 studies, only one was published in Spanish, and the others in English.

Psychology has advanced in proposals aimed at the functioning of empathy, placing it as an important ability to understand others in social contexts; however, not even psychology has a univocal concept about what empathy is[18,19]. Despite this context, psychology is an area of knowledge that offers relevant discussions on the subject. Empathy measures in psychology are even used for the choice and selection of professionals in some countries, such as the United States of America.

Moreover, the productions about empathy in psychology point to this field as the forefront of scientific discussions on the theme, not only due to the fact that it provides the earliest productions, but also by conducting studies that point to empathy as a fundamental component of therapeutic success in the field. Therapeutic efficacy is related in various ways to the empathic behavior of psychologists, while several studies have tested and questioned this efficacy by comparing empathic behaviors with other approaches in psychology, as shown in the studies reviewed here[18,20,21-28].

Figure 2 presents the characterization of the studies according to authors, year of publication, place of the study, indexing database, and health area.

Figure 2 - Summary table of articles approaching empathy in health care according to authors, year of publication, place of the study, indexing database, and health area, Cuiabá, Mato Grosso, Brazil, 2017.

Nº	Authors	Year	Place (country)	Database	Area
1.	Payne; Gralinski	1968	United States of America	PSYCINFO	Psicology
2.	Fish	1970	United States of America	PSYCINFO	Psicology
3.	Bachrach; Mintz; Luborsky	1971	United States of America	PSYCINFO	Psicology
4.	Kurtz; Grummon	1972	United States of America	PSYCINFO	Psicology
5.	Payne; Weiss; Kapp	1972	United States of America	PSYCINFO	Psicology
6.	Dalton; Sundblad	1973	United States of America	PSYCINFO	Psicology
7.	Heck; Davis	1973	United States of America	PSYCINFO	Psicology
8.	Perry	1975	United States of America	PSYCINFO	Psicology
9.	Kimberlin; Friesen	1977	United States of America	PSYCINFO	Psicology
10.	Esse; Wilkins	1978	United States of America	PSYCINFO	Psicology
11.	Dooley; Lange; Whiteley	1979	United States of America	PSYCINFO	Psicology
12.	Fernald; Corry	1981	United States of America	CINAHL	Medicine
13.	Clay	1984	England	CINAHL	Nursing
14.	Kuremyr *et al*.	1994	Sweden	CINAHL	Nursing
15	Sterling; Friedman	1996	United States of America	CINAHL	Medicine
16.	Nagano	2000	Japan	CINAHL	Nursing
17.	Bylund; Makoul	2002	United States of America	CINAHL	Medicine
18.	Lauder *et al*	2002	Scotland	CINAHL	Nursing
19.	Beddoe; Murphy	2004	United States of America	CINAHL	Nursing
20.	Stephen; Stanley; Charon.	2008	United States of America	MEDLINE	Medicine

21.	Nicolai; Demmel; Farsch	2010	United States of America	CINAHL	Medicine
22.	Bird *et al.*	2010	Switzerland	CINAHL	Neurociências
23.	Hojat *et al.*	2011	United States of America	MEDLINE	Medicine
24.	Soltner *et al.*	2011	France	MEDLINE	Medicine
25.	Eide, Sibbern; Johannessen	2011	Norway	CINAHL	Nursing
26.	Wittenberg-Lyles *et al*.	2012	United States of America	MEDLINE	Medicine
27.	Birhanu *et al.*	2012	Ethiopia	MEDLINE	Medicine
28.	Kondo *et al.*	2013	Japan	CINAHL	Psicology
29.	Narvaéz *et al.*	2014	Colombia and Dominican Republic	LILACS	Medicine
30.	Özakgül *et al*.	2014	Turkey	CINAHL	Nursing
31.	Bikker *et al.*	2015	Scotland	MEDLINE	Nursing
32.	Díaz *et al*.	2015	United States of America	CINAHL	Nursing
33.	Seehausen *et al*.	2016	Germany	CINAHL	Medicine

Fonte: Bases de dados LILACS, PSYCINFO, MEDLINE e CINAHL.

The increase in publications about empathy over the last ten years shows a current concern of researchers with empathy in the health field. This increase also marks the advance that areas such as medicine and nursing have made in the investigation of the subject, which was mostly restricted to the field of psychology until the 1970s.

The fact that there are publications about empathy worldwide confirms the universal interest on the theme and the concern of scientists with relational aspects between professionals and patients. Moreover, the variability of objectives in the studies about empathy in health care reinforces the diversity of research fronts, showing that empathy has been a concern in different scenarios of action in the health field.

The selection of studies has shown that “empathy” is a term often associated with health care and treatment, but it is not taken as a specific object of study in many cases. That is, the term appears in several studies, but they deal with themes other than empathy, such as the “humanization of health care” in Brazil. Notwithstanding the worldwide concern with empathy in health care scenarios, there were no studies conducted in Brazil on the subject. Perhaps this is due to the fact that relational aspects between professionals and patients in Brazil are treated from the perspective of other operational concepts, such as embracement, humanization, therapeutic communication, among others.

Regarding the objectives of the studies about empathy in health care, it is noteworthy that 07 (21.21%) of them sought to test, validate or compare psychometric test scales to measure the empathy levels of health professionals and/or students. This was the objective of the majority of the studies analyzed here. The other studies aimed to identify and describe the relationship between “empathy levels” and other variables, such as *burnout* and personal characteristics of the professionals, or clinical outcomes such as decreased anxiety and patient adherence to treatment. There were also studies seeking to identify differences between psychometric scales of empathy applied to the same study population, or to compare the therapeutic effect of empathic behavior in relation to other techniques.

Regarding the concepts of empathy employed in the studies, they expressed a complex web of meanings. In general, empathy occurs: as a cognitive, emotional, emotional-cognitive, and neuromotor attribute. It is noteworthy that 14 (42.4%) of the studies did not explain the concept of empathy they adopted.

Among the studies analyzed, some defined it as a predominantly cognitive attribute of the professionals. Empathy would involve understanding the patient's experience, concerns and perspectives, combined with the ability to communicate this understanding[29]. Other studies conceptualized empathy as the perception of another person's internal reference structure, with its emotional components and meanings, as if we were the other person, but never losing the condition of "as if I were the other person"[30]. In nursing, empathy is conceptualized as placing oneself, mentally and emotionally, in the patient's world, communicating this understanding to the patients and observing their understanding of it[31,32].

The concept of empathy considered as cognitive-emotional considers empathy a cognitive and affective process through which it is possible to "know" another person's feelings and thoughts[12]. Empathy as a neuromotor activity is a tendency to automatically mimic and synchronize another person's facial expressions, voices, postures and movements[33-34].

There was a lack of a shared operational concept of empathy in health care, accepted by the academic community in a consensual manner. There is no scientific consensus on its basic processes and fundamental components[14]. A considerable number of researchers used the concept of empathy presented in the writings of psychologist Carl Rogers, one of the pioneers to discuss its importance for the treatment of patients in psychology. Its concept is one of the most important in the field of psychotherapy[14,30].

Authors who defend empathy as a cognitive attribute did so based on the assumption that empathy can be taught and trained in the case of health professionals[7,29,34]. Moreover, these authors warn against the dangers of considering empathy a predominantly emotional attribute due to the tension that emotions generate inr health professionals who deal with life, suffering and death situations in their daily work[29,34].

The concepts of empathy end up conflicting in their nature, i.e. cognitive, emotional or neuromotor, making it difficult to elaborate an operational concept. Studies are still needed to understand how these different aspects are related and how students and professionals of the health area can be trained in this sense. This way, it would be feasible to concomitantly increase cognitive, affective and behavioral empathic skills, depending on the training employed[13].

Some explanations about empathy already seek to integrate these elements, confirming the participation of genetic factors that ensure the brain structure for human beings to be empathic, but pointing out that the development of this quality is influenced by social life. These explanations attempt to study the cognitive, emotional and neuronal elements of empathy as complementary rather than antagonistic components that do not interact with each other[14].

In the present review study, few authors brought the complementarity between the cognitive, affective, behavioral and neuronal elements of empathy, which can be explained by the already demarcated epistemological positioning of those who defend only one of the aspects that explain empathy, or by the fact that the studies that seek to integrate these elements are more recent, presenting a new strand of discussion about the complex phenomenon of empathy, still little referenced. Moreover, another aspect little discussed in the literature is the relationship of the moral development of professionals regarding an ethics of care that provides empathy, which can be considered in this context as a source of singular and equitable treatment in health care[1].

Methods employed in studies about empathy in health care

The predominant research approach was quantitative in 29 (87.87%) publications, followed by the mixed approach (integration of quantitative and qualitative data) used in 03 (9.1%) studies. The qualitative approach was used in only 01 (3.03%) of the investigations.

The predominance of quantitative methods in the study of the theme confirms the concern among researchers to create effective mechanisms to investigate empathy in the empirical reality. At the same time, this predominance reinforces the gaps about the processes of development and maintenance of empathy, as well as about the social factors that interfere with professional empathy and about the impacts of the contexts of health institutions on the empathy of the professional during their training.

As for data collection, there was a predominance of psychometric scales as the research instrument employed to quantify empathy levels of professionals. The use of scales to measure the empathy of the participating subjects appeared as the only mean to access research data in 32 (96.96%) of the studies. Scales were not used only in the qualitative-phenomenological study[36] and in a study that analyzed empathy of children also through observations[37]. The use of scales constructed by the authors of the articles also appeared in the studies analyzed in this review[9-10,34,38].

There was no consensus among researchers on how to measure the occurrence of empathy in professionals. This is explained not only by the different conceptualizations that the phenomenon receives in the health field, but also by differences between professions. As an

example, one of the studies mentions that the instruments for measuring empathy in psychologists and physicians cannot be the same of that used with nurses, because the first two professionals have consulting characteristics (consultations) when meeting patients, while nursing professionals do not have such characteristics[31]. However, with the current advancement of the nursing profession in different areas such as primary health care services, nurses have also acquired these characteristics.

The scales for measuring empathy in studies in the field of psychology were varied. In the present sample, the Empathic Understanding Scale originally developed by Carkhuff[18] stood out, as it was used in various studies. The Interpersonal Reactivity Index (IRI) scale emerged as an instrument for measuring empathy and sympathy. This scale consists of 28 items, each one with 5 Likert-type options. The scale score ranges from 7 to 28; higher scores indicate more empathetic respondents[29]. Another scale was the Consultation and Relational Empathy (CARE), which in the findings of this research, was used in medical studies in the context of primary care consultations. In the study sample of the present review, this instrument appears to be validated for use in nursing[39]. Also, the CARE scale has a validated Brazilian version to measure nurses' empathy[40].

The Jefferson Scale of Empathy (JSE) was used in 02 (6.06%) of the studies. It contains 20 items measured in a seven-point likert-type scale. The JSE has so far been translated into 39 languages and is often used in medical studies in the USA[29]. In Brazil, it was used to investigate empathy levels among medical students in a research that discusses the importance of empathy among the virtues of the medical profession[41].

Research in the field of psychology and medicine, which predominated in the study of empathy, has typically employed scales to measure the empathy of professionals and students. Although nursing represents a smaller portion of research in our sample, this was the only area to present a qualitative study on the subject. There is therefore a gap in research as to qualitative designs and comprehensive approaches. The application of the qualitative approach in research about empathy is useful because it allows the deepening of subjective aspects that permeate this issue, since its quantification or description alone would not be enough to explain the phenomenon. The integration of both approaches may also consolidate a theoretical framework of higher density and with overwhelming scientific evidence.

Most of the studies included here used statistical softwares to analyze their data. The only qualitative study analyzed the data following the approach of descriptive phenomenology[36].

Results obtained in studies about empathy in health care

The focus of the results obtained in the studies about empathy is given by the concern to develop and validate instruments and justifies the investment in quantitative studies, with the objective of measuring psychometric levels of empathy and controlling these levels in different situations of health care, such as through training for development of empathy. There is a need of further investigation on how these levels of empathy develop in professionals. However, by measuring empathy through psychometric questionnaires and *Likert-type* scales, the studies fail to understand the processes by which this quality develops and is maintained in professionals over the course of their education and practice.

Among the social factors that influence empathy levels is the gender of the professional. Female medical students are better at recognizing the expression of sadness in other people than male students[42]. Thus, gender and age of both professionals and patients have been associated as influencers in the occurrence of empathy in the health care context. In the psychosocial context, age and psychosocial and cognitive developments were influential in the experience of empathic feelings[43], reinforcing that age and social variables influence empathy. This theme have been little explored by the studies.

In psychology, empathy is investigated in terms of benefits for treatment in comparison with other forms of approach. The effects of empathy on therapists' learning have also been researched. The results are divergent, sometimes showing the relevance of empathy, and other times demonstrating that empathy is not related to the best results of professional practice or learning, and may be replaced by other therapeutic behaviors in medical offices[18,20,44].

A study that analyzed empathy during vocational training concluded that there was a

tendency for students to decrease their empathy levels as they progressed through years of undergraduate medical and nursing education. Some associations of factors that influence empathy levels were highlighted in this research, namely, the institution where they studied, the gender, and the year of the course. Even though empathy levels decreased as the number of years of training increased, women maintained higher levels than men[7,45]. However, one of the studies showed nursing undergraduates who presented higher empathy scores in the third year of graduation compared to those in the first and second year[46].

In training classes using simulation in which students experienced what it is like to be in the patient's situation showed positive results in increasing empathy. The simulation increased the awareness of the students as to consider what it is like to be a patient[36].

Mindfulness *was* effective in reducing stress and increasing self-confidence of undergraduate students, changing the students' reactions to patients[47]. Training to raise empathy levels is not the exclusive concern of studies with undergraduates; training of professionals using narratives demonstrated to improve the empathy of doctors, nurses, social workers and therapists in the field of child oncology[48].

Studies suggest that there are several factors linked to professionals and patients that interfere with the level of empathy in the relationship between them. Female patients show their emotions more intensely than men. During opportunities to show empathy, female doctors give empathic responses more often than male peers[49]. In the context of empathy, it has been shown that female nurses have a greater ability to gain perspective and understanding about patients' feelings than male nurses[50].

There are factors that predict the patients' perceptions of professional empathy. Older patients and patients with worst health conditions tend to attach more importance to empathy compared to younger patients and those with better health conditions[39].

In the case of children, those with chronic conditions respond more emphatically to interaction with professionals than healthy ones[51]. Thus, factors of the professionals that contribute to the empathy perceived by patients are: female gender, being known by the patient, safeguarding privacy during the consultation, discussing treatment, using nonverbal communication, and demonstrating technical competence[9].

In hospital care, it has been shown that the health team loses one to two thirds of the opportunities to empathically communicate with caregivers of hospitalized family members[8]. Specifically about nursing professionals, it was found that in 75% of the opportunities in which patients showed emotions, nurses responded with minimal encouragement, and they reacted with greater recognition of the patient when the emotions demonstrated by the latter were negative[52].

In Germany, it was evidenced that sticking only to the verbal aspect of communication is not enough to assess empathy in the interaction between professional and patient, and that nonverbal aspects such as the voice and the look participate in empathic communication[53].

The development of instruments and their validation was the focus of some investigations. Psychology presented various forms of measuring empathy. In the studies analyzed here they were represented by scales such as the Understanding Scale of Carkhuff and the Group Assessment of Interpersonal Traits – GAIT [18], or the Traux and Barret-Lennard[44]. The Empathic Understanding Scale was able to measure the increase of empathy levels among psychiatric nurses and nursing students[19]. The Interpersonal Reactivity Index (IRI), used to measure empathy and sympathy, and the Jefferson Scale of Empathy (JSE), developed to measure empathy in the health care setting, were accurate in measuring empathy levels in medical students[29].

CONCLUSIONS

Empathy has been considered as an object of scientific health research, and its benefits have been described in different studies. This is a reemerging theme in research dealing with the professional-patient relationships in different areas of health, with emphasis on initial research in psychology, which expanded to medical and nursing scopes.

The debate about the occurrence of empathy is still in ongoing development, especially when observing the different explanations for its occurrence, which go through the fields of cognition, emotion and neuromotor activity. The validation of scales to measure levels of empathy demonstrates a “state of the art” of scientific production that still intends to create instruments to investigate this issue in an

objective and measurable way. However, much research on empathy highlights the need for qualitative studies to investigate aspects that are supposed to influence empathy, such as social characteristics of the participants. Quantitative studies to validate the results already found in other health service contexts, with larger samples, are also needed. Emphasis is given to the association of empathy with the female sex. Empathy is recurrently higher in this sex in different studies on the subject, in different scenarios of primary studies, and such an association has not yet been explained in the literature.

Empathy is a strong construct that can bring up discussion about the professional-patient relationships and make it accessible through scientific investigations. However, there was a shortage of research conducted on empathy in the health field, despite the fact that this topic has already been specifically researched in different regions of the world. However, between the production and publication of this research, it is considered that recent publications may emerge soon as part of a Brazilian production, having the study of empathy in health care as main object, given the growing scientific production on the subject and the curiosity that the concept awakens today.

The limitations of this study are the wide treatment of empathy in the literature produced. Such amplitude reflects the intent to map the different forms that the theme has assumed in health research, but at the same time decreases the depth with which data can be treated and the findings can be analyzed.

However, as it is considered a reemerging theme in health, this review prioritized a more extensive mapping of the theme, with less depth of analysis of the evidence. Further research is suggested, such as systematic reviews evaluating the levels of evidence of the studies in each area of knowledge, namely, nursing, medicine and psychology. The results found here can be used in academic practice to subsidize new research on the topic of empathy, especially in the Brazilian context, where there is little production on the topic, contributing to indicate new studies and help researchers who are starting their investigation on the theme.

REFERENCES

1- Mayernyik MA, Oliveira FAG. O cuidado empático: contribuições para a ética e sua interface com a educação moral na formação em saúde. Rev Bras Educ Med. 2016;40(1):11-20. DOI: 10.1590/1981-52712015v40n1e01752015

2- Ministério da Saúde (BR). Política Nacional de Humanização (PNH). Brasília, DF: Ministério da Saúde; 2013.

3- Haddad JGV, Machado EP, Neves-Amado J, Zoboli ELCP. A comunicação terapêutica na relação enfermeiro-usuário da atenção básica: um instrumento para a promoção da saúde e cidadania. Mundo Saúde 2011 [citado em 12 jun 2018]; 35(2):145-55. Available in: https://www.saocamilo-sp.br/pdf/mundo_saude/84/145-155.pdf

4- Deslandes S. Análise do discurso oficial sobre a humanização da assistência hospitalar. Ciênc Saúde Coletiva 2014;9(1):7-14. DOI: 10.1590/S1413-81232004000100002

5- Machado ER, Soares NV. Humanização em UTI: sentidos e significados sob a ótica da equipe de saúde. R Enferm Cent O Min. 2016;6(3):2342-8. DOI: 10.19175/recom.v6i3.1011

6- Carli BS, Ubessi LD, Pettenon MK, Righi LB, Jardim VMR, Stumm EMF. The humanization theme in intensive care in health studies. J Res Fundam Care 2018;10(2):326-33. DOI: 10.9789/2175-5361.2018.v10i2.326-333

7- Narvaéz VPD, Palacio LMA, Caro SE, Silva MG, Castilho JÁ, Bilbao JL et al. Orientación empática de estudiantes de medicina en tres universidades de Barranquilla, Colombia y en una universidad de República Dominicana. Arch Argent Pediatr. 2014;112(1):41-9. DOI: 10.5546/aap.2014.e41

8- Wittenberg-Lyles E, Debra PO, Demiris G, Rankin A, Shaufield S, Kruse RL. Conveying empathy to hospice family caregivers: team responses to caregiver empathic communication. Patient Educ Couns. 2012;89(1):31-7. DOI: 10.1016/j.pec.2012.04.004

9- Birhanu Z, Tsion A, Mirkuzie W, Sudhakar M. Predictors of perceived empathy among patients visiting primary health-care centers in central Ethiopia. Int J Qual Health Care 2012;24(2):161-8. DOI: 10.1093/intqhc/mzs001

10- Soltner C, Giquello JÁ, Monrigal-Martin C, Beydon L. Continuous care and empathic anaesthesiologist attitude in the preoperative period: impact on patient anxiety and satisfaction. Br J Anaesth. 2011;106(5):680-6. DOI: 10.1093/bja/aer034

11- Moghaddasian S, Dizaji SL, Mahmoudi M. Nurses empathy and family needs in the Intensive Care Units. J Caring Sci. 2013;2(3):197-201. DOI: 10.5681/jcs.2013.024

12- Reynolds WJ, Scott BS. Do nurses and other professional helpers normally display much empathy? J Adv Nurs. 2000;31(1):226-34. DOI: 10.1046/j.1365-2648.2000.01242.x

13- Kestenberg CCF. A habilidade empática é socialmente aprendida: um estudo experimental com graduandos de enfermagem. Rev Enferm UERJ 2013 [citado em 15 jan 2018]; 21(4):427-33. Available in: http://www.facenf.uerj.br/v21n4/v21n4a02.pdf

14- López MB, Filippetti VA, Richaud MC. Empatía: desde la percepción automática hasta los procesos controlados. Av Piscol Latinoam. 2014 [citado em 2019 ago 05]; 32(1):37-51. Available in: http://www.scielo.org.co/pdf/apl/v32n1/v32n1a04.pdf

15- Whittemore R, Knafl K. The integrative review: updated methodology. J Adv Nurs. 2005;52(5):546–53. DOI: 10.1111/j.1365-2648.2005.03621.x

16- University of Toronto. Searching the literature: a guide to comprehensive searching in the health sciences. Toronto: University of Toronto; 2019. [citado 2019 ago 05]. Available in: https://guides.library.utoronto.ca/c.php?g=577919&p=4304403

17- Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA Statement. PLoS Med. 2009;6(7):e1000097. DOI: 10.1371/journal.pmed.1000097

18- Dooley D, Lange AJ, Whiteley JM. Sources of discrepancy in Carkhuff and GAIT measurements of empathy. Psychother Theor Res Pract. 1979; 16(3):337:44. DOI: 10.1037/h0085899

19- Nagano H. Empathic understanding: constructing an evaluation scale from the microcounseling approach. Nurs Health Sci. 2000; 2(1):17-2. DOI: 10.1046/j.1442-2018.2000.00035.x

20- Esse JT, Wilkins W. Empathy and imagery in avoidance behavior reduction. J Consult Clin Psychol. 1978;46(1):202-3. DOI: 10.1037/0022-006X.46.1.202

21- Kimberlin C, Friesen D. Effects of client ambivalence, trainee conceptual level, and empathy training condition on empathic responding. J Couns Psychol. 1977;24(4):354-8. DOI: 10.1037/0022-0167.24.4.354

22- Perry MA. Modeling and instructions in training for counselor empathy. J Couns Psychol. 1975;22(3):173-9. DOI: 10.1037/h0076713

23- Dalton RF, Sundblad LM. An application of principles of social learning to training in communication of empathy. J Couns Psychol. 1973;20(4):378-83. DOI: 10.1037/h0034789

24- Heck EJ, Davis CS. Differential expression of empathy in a counseling analogue. J Couns Psychol. 1973;20(2):101-4. DOI: 10.1037/h0034171

25- Payne PA, Weiss SD, Kapp RA. Didactic, experiential, and modeling factors in the learning of empathy. J Couns Psychol. 1972;19(5):425-9. DOI: 10.1037/h0033193

26- Kurtz RR, Grummon DL. Different approaches to the measurement of therapist empathy and their relationship to therapy outcomes. J Consult Clin Psychol. 1972;39(1):106-5. DOI: 10.1037/h0033190

27- Bachrach H, Mintz J, Luborsky L. On rating empathy and other psychotherapy variables: an experience with the effects of training. J Consult Clin Psychol. 1971;36(3):445. DOI: 10.1037/h0031109

28- Fish JM. Empathy and the reported emotional experiences of beginning psychotherapists. J Consult Clin Psychol. 1970;35(1):64-9. DOI: 10.1037/h0029630

29- Hojat M, Spandorfer J, Louis DZ, Gonnela JS. Empathic and sympathetic orientations toward patient care: conceptualization, measurement, and psychometrics. Acad Med. 2011;86(8):989-95. DOI: 10.1097/ACM.0b013e31822203d8

30- Rogers CR. The necessary and sufficient conditions of therapeutic personality change. J Consult Clin Psychol. 1957;21(2):95-103. DOI: http://dx.doi.org/10.1037/h0045357

31- La Monica EL. Construct validity of an empathy instrument. Res Nurs Health 1981; 4(4):389-400. DOI: 10.1002/nur.4770040406

32- Kuremyr D, Kihlgren M, Norberg A, Astrom S, Karlsson I. Emotional experiences, empathy and burnout among staff caring for demented patients at a collective living unit and a nursing home. J Adv Nurs. 1994;19(4):670-79. DOI: 10.1111/j.1365-2648.1994.tb01137.x

33- Blair RJR. Responding to the emotions of others: dissociating forms of empathy through the study of typical and psychiatric populations.

Conscious Cogn. 2005;14(4):698-718. DOI: 10.1016/j.concog.2005.06.004

34- Seehausen M, Kazzer P, Bajbouj M, Heekeren AMJ, Klann-Delius G, Menninghaus W et al. Effects of empathic social responses on the emotions of the recipient. Brain Cogn. 2016; 103:50-61. DOI: 10.1016/j.bandc.2015.11.004

35- López MB, Filippetti VA, Richaud MC. Empatía: desde la percepción automática hasta los procesos controlados. Av Piscol Latinonoam. 2014;32(1):37-51. DOI: 10.12804/apl32.1.2014.03

36- Díaz DA, Maruca AT, Kuhnly JE, Jeffries P, Grabon N. Creating caring end empathic nurses: a simulated ostomate. Clin Simul Nurs. 2015; 11(12):513-8. DOI: 10.1016/j.ecns.2015.10.002

37- Fernald CD, Corry JF. Empathic versus directive preparation of children for needles. Child Health Care 1981;10(2):44-7. DOI: 10.1207/s15326888chc1002_1

38- Kondo K, Fujimori M, Shirai Y, Yamada Y, Ogawa A, Hizawa N, et al. Characteristics associated with empathic behavior in Japanese oncologists. Patient Educ Couns. 2013;93(2):350-3. DOI: 10.1016/j.pec.2013.06.023

39- Bikker AP, Fitzpatrick B, Murphy D, Mercer SW. Measuring empathic, person-centred communication in primary care nurses: validity and reliability of the Consultation and Relational Empathy (CARE) Measure. BMC Fam Pract. 2015; 16:149. DOI: 10.1186/s12875-015-0374-y

40- Savieto RM, Mercer S, Matos CCP, Leão ER. Enfermeiros na triagem no serviço de emergência: autocompaixão e empatia. Rev. Latino-Am Enfermagem 2019;27:1-11. DOI: 10.1590/1518-8345.3049.3151

41- Schweller M, Ribeiro DL, Celeri EC, Filho MAC. Nurturing virtues of the medical profession: does it enhance medical students' empathy? Int J Med Educ. 2017;8:262-7. DOI: 10.5116/ijme.5951.6044

42- Ávila RF, Morais D, Bomfim AJ, Chagas MHN. Empatia e reconhecimento de expressões faciais de emoções básicas e complexas em estudantes de Medicina. J Bras Psiquiatr 2016;65(3):209-14. DOI: 10.1590/0047-2085000000126

43- Sampaio LR, Moura MAR, Guimarães PRB, Santana LB, Camino CPS. Sentimentos empáticos em crianças, adolescentes e adultos. Psic: teor e pesq. 2013;29(4):393-401. DOI: 10.1590/S0102-37722013000400005

44- Payne PA, Gralinski DM. Effects of Supervisor style and empathy upon counselor learning. J Couns Psychol. 1968;15(6):517-21. DOI: 10.1037/h0026255

45- Özakgül AA, Sendir M, Atav AS, Kiziltan B. Attitudes towards HIV/AIDS patients and empathic tendencies: a study of Turkish undergraduate nursing students. Nurse Educ Today 2014;34(6):929-33. DOI: 10.1016/j.nedt.2013.10.018

46- Lauder W, Reynolds W, Smith A, Sharkey S. A comparison of therapeutic commitment, role support, role competency and empathy in three cohorts of nursing students. J Psychiatr Ment Health Nurs. 2002;9(4):483-91. DOI: 10.1046/j.1365-2850.2002.00510.x

47- Beddoe AE, Murphy SO. Does mindfulness decrease stress and foster empathy among nursing students? J Nurs Educ. 2004 [citado em 2019 ago 05];43(7):305-12. Available in: https://www.ncbi.nlm.nih.gov/pubmed/15303583

48- Stephen AS, Stanley P, Charon R. Pediatric narrative oncology: interprofessional training to promote empathy, build teams, and prevent burnout. J Support Oncol. 2008 [citado em 2019 ago 05]; 6(7):307-12. Available in: https://www.ncbi.nlm.nih.gov/pubmed/18847073

49- Bylund CL, Makoulc G. Empathic communication and gender in the physician–patient encounter. Patient Educ Couns. 2002; 48(3):207-16. DOI: 10.1016/S0738-3991(02)00173-8

50- Giménez-Espert MC, Prado-Gascó VJ. The moderator effect of sex on attitude toward communication, emotional intelligence, and empathy in the nursing field. Rev Latino-Am Enfermagem 2017;25:1-7. DOI: 10.1590/1518-8345.2018.2969

51- Sterling CM, Friedman AG. Empathic responding in children with a chronic illness. Chindren's Health Care 1996;25(1):53-69. DOI: 10.1207/s15326888chc2501_5

52- Eide H, Sibbern T, Johannessen T. Empathic accuracy of nurses' immediate responses to fibromyalgia patients' expressions of negative emotions: an evaluation using interaction analysis. J Adv Nurs. 2011;67(6):1242-53. DOI: 10.1111/j.1365-2648.2010.05579.x

53- Nicolai J, Demmel R, Farsh K. Effects of mode of presentation on ratings of empathic communication in medical interviews. Patient Educ Couns. 2010;80(1):76-9. DOI: 10.1016/j.pec.2009.10.014

Note: This article is the result of the discipline “Introduction to database searching” of the Graduate Nursing Program of the Federal University of Mato Grosso.

Received in: 11/04/2018
Approved in: 14/08/2019

Mailing address:
Leandro Felipe Mufato
Rua 50. N. 172.
Monaco Condominium. Apt 102.
Neighborhood: Jardim Europa.
ZIP CODE: 780300-000 – Tangará da Serra/MT - Brazil
E-mail: leandro.mufato@gmail.com