

A systematic review exploring the linkages between empathy development and professional identity formation

Aleda M. H. Chen, PharmD, PhD, FAPhA, Cedarville University; Michelle L. Blakely, PhD, MEd, NCC, University of Wyoming; Lisa M. Meny, PharmD, Ferris State University; Kimberly K. Daugherty, PharmD, PhD, BCPS, Sullivan University; Mary Kiersma, PharmD, PhD, Accreditation Council for Pharmacy Education; Ruth Pereira, Cedarville University

BACKGROUND



Empathy¹⁻³

- the ability to understand and view the world from other people's perspectives and to connect with their experiences or feelings
- Often identified as an important component to develop in order to provide patient-centered care as part of the Pharmacists' Patient Care Process



Professional Identity Formation⁴

- internalization of the attitudes, standards, and behavioral norms of a profession, such that one "thinks, acts, and feels" like a member of that profession
- continuously developed in part due to interactions with others and in response to feedback on these interactions

- While empathy is a skills that pharmacists should possess as professionals, little is known whether it is directly or indirectly linked to professional identity and PIF.
- Understanding linkages between empathy and PIF may help inform educational interventions.

OBJECTIVE

Objective: To evaluate the literature on the relationship between empathy and professional identity formation (PIF) in health professions education

Review Questions:

- Is there an explicit connection between empathy and PIF in health professions education?
- Is there an implicit connection between empathy and PIF in health professions education?
- How do programs foster the connection between empathy and PIF in health professions education?
 - Educational initiatives
 - Barriers / facilitators

METHODS

Study Selection Criteria

Criteria	Inclusion	Exclusion
Year of Publication	2010-present	Else
Type of Publication	•Research article •Commentaries	Other types of publications
Access	Full-text	Not available in full-text
Language	English	All other languages

Search Terms:

- Empath*
- Compassion
- Professional identity formation
- Medical / healthcare education
- Medical / pharmacy / healthcare student

Search Strategy/Terms

Screening

Steps in Systematic Review

- Created and piloted with a research librarian
- PubMed / CINAHL

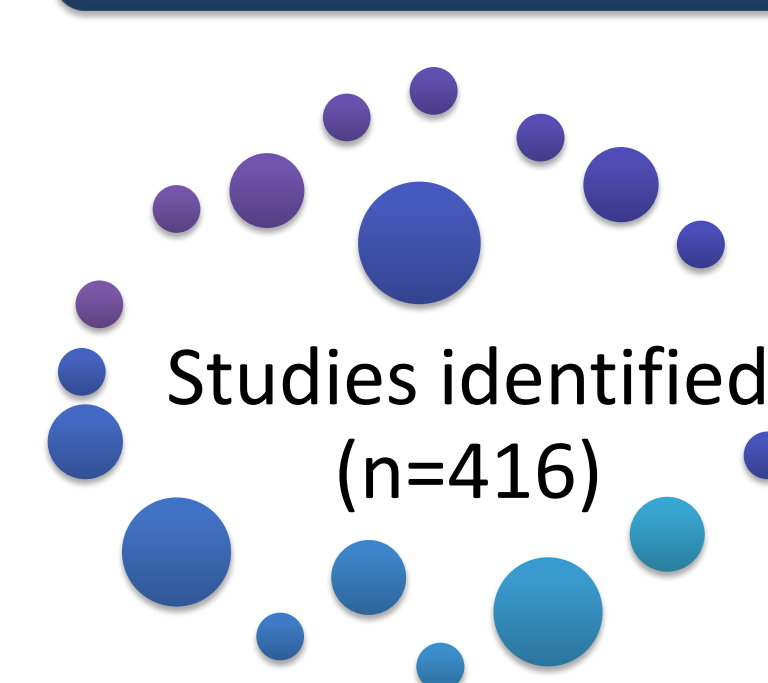
- Imported into Covidence
- All done by two team members with third for consensus

- Title and abstract screening
- Full text review
- Data extraction and quality assessment (modified Theory Talk)

REFERENCES



RESULTS



Abstract/title screening (n=413)

Excluded (n=307)

Full-text review (n=104)

Excluded (n=63)

Included for extraction (n=41)

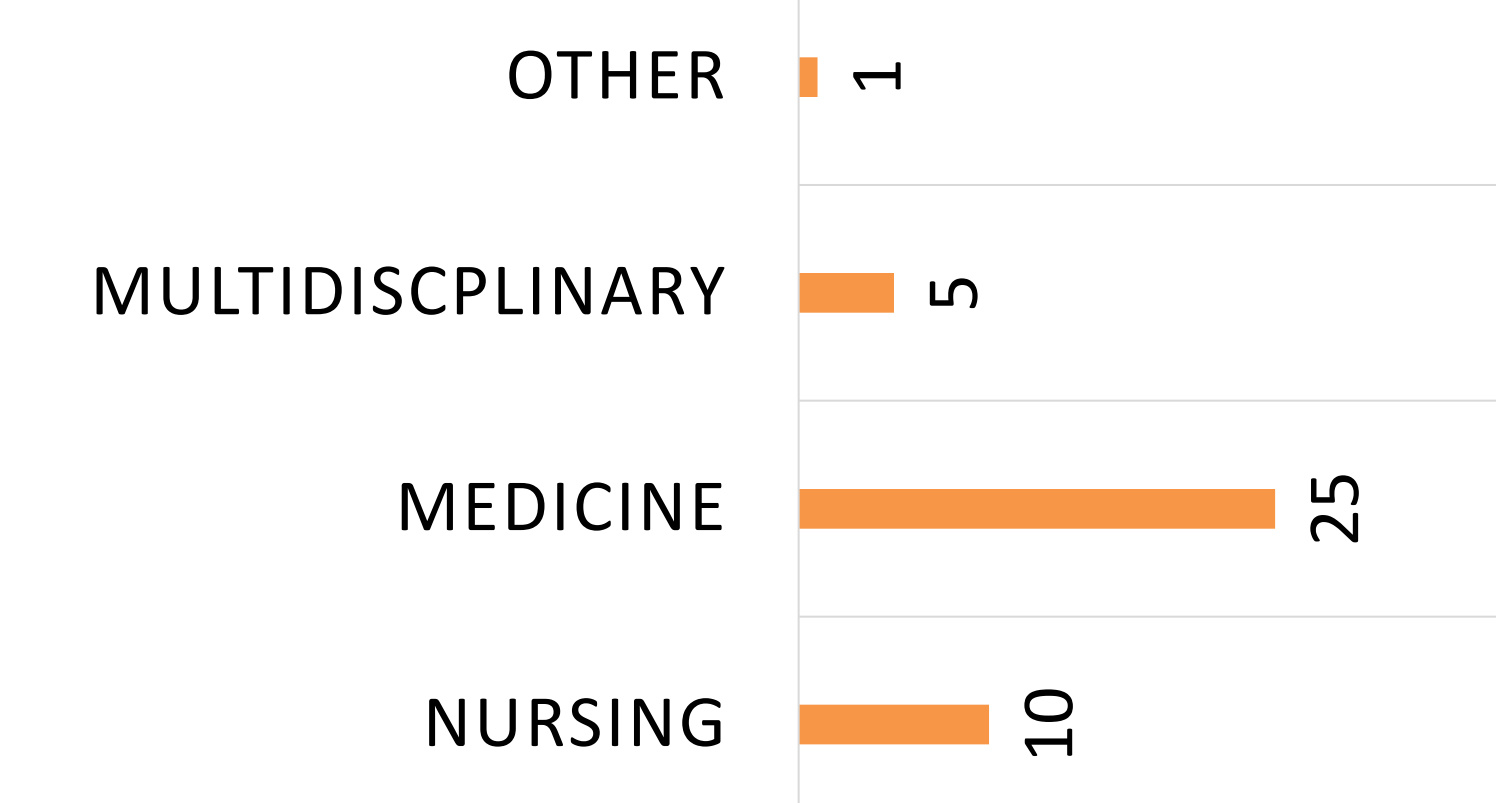
Missing PIF (n=43)
Missing empathy (n=16)
Not full-text (n=1)
Wrong study design (n=3)

QUALITY ASSESSMENT

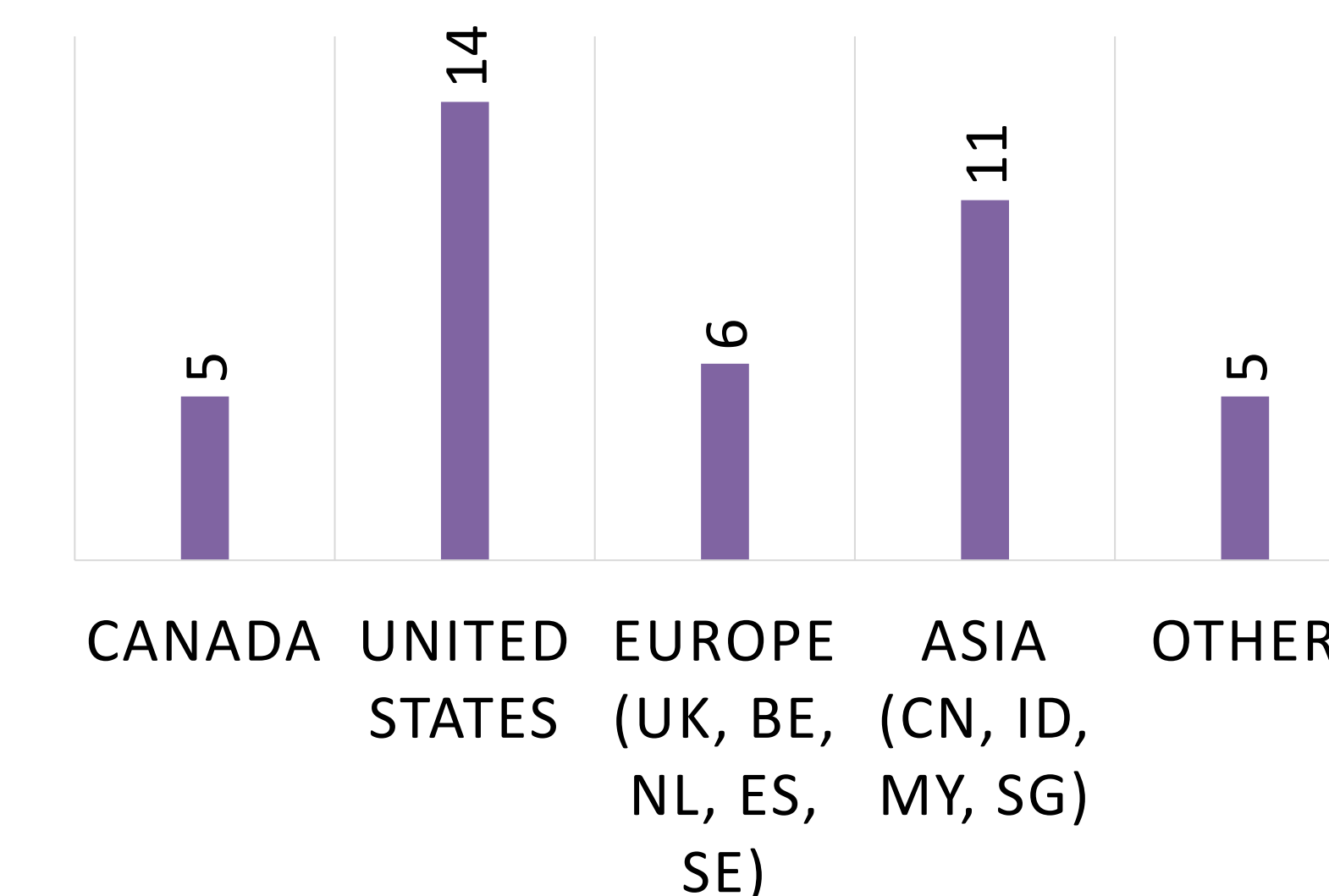
Theory Talk Classification	Analytical Category Studies (n)	Definition of Category
Minor	Theory dropping n=4	Empathy and PIF are mentioned in the abstract, introduction, or methods (with or without citation) but not revisited later.
	Theory positioning n=10	Empathy and PIF are referred to in the beginning or end (with or without citation) to give meaning to original research results, but the theory did not explicitly inform the design or analysis of the study/educational intervention.
Moderate	Theory mapping n=6	Empathy and PIF contribute significantly / explicitly to the design of the study /educational intervention, but not data analysis.
Major	Theory application n=10	Employs the concept of empathy and PIF throughout, typically to inform study / educational intervention design and analysis.
	Theory testing n=7	Empirically validating or testing an existing theory or instrument related to empathy and PIF.
	Theory generation n=4	Building, revising, or expanding a theory to create a new theory (related to empathy and PIF).

ARTICLE CHARACTERISTICS

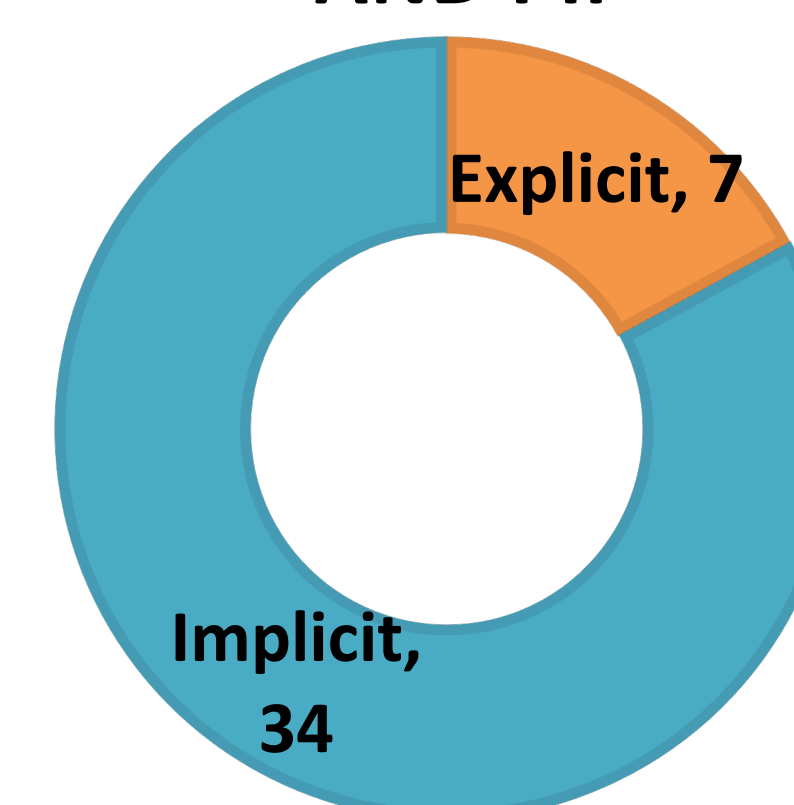
DISCIPLINE



COUNTRY



CONNECTION BETWEEN EMPATHY AND PIF



EDUCATIONAL INITIATIVES TO FOSTER CONNECTIONS

Connecting with patients

- Interviews / observations
- Communication / consultation training
- Service learning / volunteering

Curricular interventions

- Courses targeting these concepts
- Simulations

Metacognition

- Reflective journaling / letter writing

Humanities

- Art Poetry

DISCUSSION AND CONCLUSIONS

- Most studies in the health professions literature have an implicit connection between empathy and PIF.
- There are multiple facilitators that if used correctly can aid in the connection between empathy and PIF, but there are also multiple barriers that need to be overcome.

Future Directions: More studies are needed to examine explicit connection between empathy and PIF.

Limitations: English-only, search terms

Acknowledgements: Zach Krauss, PharmD, MBA; Sydney Goering

FACILITATORS AND BARRIERS TO EMPATHY AND PIF CONNECTIONS

Facilitators

- Reflections/reflective writing
- Observations and feedback
- The arts / humanities
- Humanistic caring
- Early exposure
- Intentional development
- Mentorship

- Self-report/assessment
- Tasks vs communication
- Discomfort/lack of experience reflecting
- Deprioritization / institutional support
- Social desirability
- Negative role models
- Ethical erosion

Barriers