

CULTIVATING EMPATHY IN PATIENT CARE: EXPLORING ART THERAPY TO  
FOSTER PHYSICIAN EMPATHY SKILLS

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A Research Paper

in

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts

Concordia University

Montreal, Quebec, Canada

June 2020

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**CONCORDIA UNIVERSITY**

School of Graduate Studies

This research paper prepared

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Entitled: Cultivating Empathy in Patient Care: Exploring Art Therapy to Foster Physician

Empathy Skills and submitted in partial fulfilment of the requirements for the degree  
of

**Master of Arts (Creative Arts Therapies; Art Therapy Option)**

complies with the regulations of the University and meets the accepted standards with respect to  
originality and quality as approved by the research advisor.

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*June, 2020*

## ABSTRACT

### CULTIVATING EMPATHY IN PATIENT CARE: EXPLORING ART THERAPY TO FOSTER PHYSICIAN EMPATHY SKILLS

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Physician empathy plays an essential role within patient care. This is a challenging position, however, that requires workers to provide sometimes difficult diagnoses, information, and dealing with patients directly. As such, there are many factors that impact the development and implementation of empathy within the medical practice. More recently, studies have shown a decrease in empathy, particularly during medical training. This has been shown to be related to a multitude of factors including, stress, time, lack of education, and burnout. This project will, therefore, explore how this decline may be addressed by conducting a theoretical exploration of how integrating art therapy practices or programs may foster physician empathy skills within patient care. The goal of this paper is to explore existing literature and highlight themes and approaches that will provide possible recommendation for an art therapy interventions that could be used to aid practicing physicians in developing and maintaining empathy throughout their practice. This recommendation will also take into consideration physician well-being and how art therapy can also promote self-care. An analysis and synthesis of existing literature will explore overall physician care and medical training, how it relates to and impacts empathy, and how art therapy can potentially be used to promote and maintain empathetic skills. This research is necessary, in order to help develop a greater understanding of physician empathy and fill in the gaps within research.

## **ACKNOWLEDGMENTS**

I would like to take this opportunity to thank the many people who have dedicated their love, support, and wisdom over the past two years and who have made this paper possible. To my research supervisor, Josée Leclerc, I wish to express my sincerest appreciation for your guidance, time and feedback throughout this process, as well as during the program. You have helped me to grow and develop my passion for art therapy which will never be forgotten, in addition to your constant support. Next, I would like to thank all my loved ones at home who have cheered me on and shared their love with me every step of the way. To my parents Michael and Lynne, my siblings Chris, Britt, and Jon, and my partner in Jer, you will never know how much your love has meant to me as I took the time to work on my dream. Finally, I would like to thank my beautiful cohort for their profound friendship and support. I have learned so much from you all and will cherish the time we spent together. You are all a true inspiration.

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## **Chapter 1. Introduction**

General practicing physicians play a vital role within the health care system. They are the front-line workers that assess and provide medical health assistance to the general population. This is a challenging position that requires workers to provide sometimes difficult diagnoses, information, and dealing with patients directly. However, this demanding patient care requires physicians to provide support that does not always come naturally. This support known as empathy, requires emotionally distancing while simultaneously being aware of the thoughts and feelings of their patients. Nevertheless, due to several stressors and factors, empathy can be challenging to implement or maintain for physicians. In particular, research has shown that there is a decrease in empathy that occurs during medical training (Eikeland, Ørnes, Finset, & Pedersen, 2014). This is often a result of several factors including, stress, time, lack of education on direct patient care, and burnout. This paper will, therefore, be exploring this decline by conducting a theoretical exploration in order to identify if and how art therapy may foster physician empathy skills within patient care. It will attempt to answer the following question: can implementing art-based interventions or programs to promote empathy skills in practicing physicians towards patients, while taking into consideration stressors that are impacting their use? It will also take into consideration physician well-being and how art therapy can promote self-care.

This researcher, over the years, has had the opportunity to work in long-term care facilities, hospices, and hospitals and has found the greatest complaint from patients is often regarding the care they receive, and the lack of empathy provided by medical staff. This is not to say that physicians are not empathetic nor that all physicians struggle with a lack of empathy, but that there several factors that are impacting its implementation and use in patient care; thus this paper aims to help find a possible solution or aid to this predicament. This research will be based on an analysis and synthesis of existing literature on empathy, overall physician care and schooling, how it relates and impacts empathy, and how art therapy can potentially be used to promote and maintain empathetic skills. This research is necessary as it will help to develop a greater understanding of the decline in empathy and how it can be promoted with the best intentions to help physicians foster empathy in their work with patients. It is predicted that art therapy may provide a possible solution to help physicians process, reflect, and connect with their clients in a more sustainable and humanistic way. The paper will begin with a methodology

section which will discuss the research question, the theoretical framework, procedure, ethical considerations, validity and reliability. A literature review will follow which will outline the current research on empathy, physician practice, and art therapy. Finally, the paper will conclude with a discussion on the overall findings from the literature review based on a synthesis and analysis of the data presented.

## **Chapter 2. Methodology**

A qualitative-theoretical methodology will be used for this theoretical research project. This method will be used to explore the research question: how can art therapy be used to promote empathy skills in practicing resident physicians, while taking into consideration the stressors impacting their use? This approach will also be used to explore secondary questions such as, can this practice help to foster better self-care in physicians? Can this aid in reducing work-related stress in physicians? And finally, can this help in promoting better healthcare outcomes for patients? The purpose of using this methodology is to provide an analysis and synthesis of existing literature on physician empathy and how art therapy can potentially be used to address the decline of empathy seen within practicing physicians.

### **Theoretical Framework**

According to Junge & Linesch (1993), qualitative-theoretical research, as a methodology, aims to review and integrate existing theories to produce a new perspective on a theory or by consolidating information or knowledge. This method, therefore, analyzes, evaluates, and integrates information to gain a better understanding of a proposed idea or question. As such, this research exploration will provide a basis for proposing a recommendation for future research. It is an appropriate method to use in order to answer the research question and fill in the gaps within the literature. Furthermore, the analysis and organization of literature will lead to hypothetical conclusions that can be used to stimulate further research on this topic. There is currently research on the benefits of empathy, and the decline within physicians, but not a lot of information on how to effectively address this issue, while also taking into consideration the vast number of factors also impacting it. A theoretical methodology will be a suitable choice since, it will also allow for a synthesis of information that will potentially lead to future research.

### **Procedure**

This methodology will follow the steps of problem formulation, data collection, data evaluation, data analysis, and data interpretation, as suggested by Cooper (1984). Creswell

(2013) recommends a similar process, whereby the research is conducted by identifying and locating literature related to the research question, reading and evaluating the relevance of it, and organizing it in logical units or themes that would be easy to synthesize when writing a literature review. The literature review will be the main focus within this method, and from this further conclusions, links, and connections can be made to propose recommendations for future research.

In this research a preliminary hypothesis will be formulated. It will be proposing that art therapy interventions could be a possible recommendation to address the decline in empathy within practicing physicians, which also takes into consideration additional stressors such as, burnout, education, and stress. Next, a collection of relevant data will be attained, in which unifying empirical and theoretical literature on the addressed topic will be essential (Walsh & Downe, 2005). Within this style of methodology, the primary data being collected will, therefore, be the literature. As such, the literature will be the required data needed for this type of project. The literature being obtained will include peer-reviewed articles that are exploring the themes of empathy, physician-care, and art therapy that focuses on promoting empathy and addressing related stressors. Keywords being used will include; practicing physician, empathy, art therapy, patient care, and training interventions. The collection of relevant literature will be taken from multiple viewpoints and sources, in order to provide different perspectives on the topic.

After the data is collected, the literature will be evaluated and systematically organized by coding the data based on themes and categories. Neuman (2006) describes that the method of coding for data analysis is guided by the research question and involves both the process of data reduction and the analytic categorization of prominent themes from the data. This will allow for an analysis of the information collected to be conducted. The data analysis will include separating the literature into three thematic categories: literature on empathy, physician empathy, and art therapy interventions that address the promotion of empathy. In the analysis, the coding of the literature will be conducted manually. After the sources are separated into units of contents and themes, making bridges within the literature can be made. From this, connections, links, and patterns can be explored in order to generate generalized conclusions by synthesizing the information.

With the synthesized information, further conclusions can be made based off a personal understanding and reflection of the literature. These final reflections of the synthesized data can



be used to make future recommendations for research and to answer some questions and gaps within the literature. As such, hypothetical conclusions can be made from this methodology, in addition, to future suggestions in research. These recommendations can lead to the development of new work and research related to the topic, with the aim to contribute meaningful research to the field of art therapy.

### **Ethical Considerations and Biases**

It is important within this research to explore ethical considerations for this method. Throughout my life, I personally experienced poor medical care from several physicians which left me feeling unsupported and helpless in a time when I was looking for help and care. As such, my bias in interpreting and presenting the information obtained will need to be assessed, reviewed, and reflected upon throughout the process. Also, considering how I decided to define terms will need to be evaluated and constructed clearly. Another aspect to consider throughout this project is the varying cultural norms of physician-patient relationships. This research may not be applicable universally and it is important to note that this research will be conducted from a Westernised perspective. It is also important to note, that the collection of literature will not be exhaustive due to the scope of the project. For example, not all medical training and models will be able to be explored and evaluated. As such, not all models of teaching empathy within medical schools will necessarily be able to be assessed.

### **Validity and Reliability**

It is also important to address reliability and validity within the research. In order to demonstrate and report sound, consistent and accurate research, one aspect that will need to be addressed will be personal biases. It is not the intention to portray physicians as incapable empathetic beings, and as such it will be essential to represent the research without misleading or swaying the perspective to meet the opinion of the researcher. Another way to demonstrate reliability and validity, is through obtaining information across different sources and perspectives to present a diverse and comprehensive report. Reliable and credible databases will, therefore, be used to collect and gain peer-reviewed articles. This research is also including information obtained from books and investigating credentials and background information of the editor(s) and/or author(s) were performed in order to assure that the source was coming from a valid and reliable place. Adhering to the steps and codes defined throughout the process will also be required in order to generate consistent and accurate conclusions.

In summary, due to the exploratory nature of the research question and its inquiry into a broad field of research and concepts, choosing a qualitative-theoretical methodology seemed to be the most appropriate choice in exploring the promotion of physician empathy through the use of art therapy. In selecting this methodology, the literary data will be analyzed and synthesized with the intention of generating connections and links to propose generalized conclusions and recommendations for future research. This method will draw conclusions at a level of hypothesis only. As such, the outcomes of using this method will result in a comprehensive literature review on concepts related to physician-patient care, as well as art therapy and interventions connected to empathy. This research will help to deepen the understanding of what impacts physician empathy and how it can possibly be promoted with the use of art therapy. The aim of this research project is also to contribute to the discussion and research on physician empathy and continue filling in the gaps of ways to promote empathy within literature and research. This method will be appropriate in addressing the research question previously mentioned and could result in conclusions suggesting recommendations for future research including, a potential intervention proposal.

### **Chapter 3. Literature Review**

General practicing physicians play an essential role within the healthcare system. Their work involves the practice of medicine which includes promoting, assessing, maintaining, and restoring the health of clients (Donabedian, 1968). This demanding position requires an assortment of skills to develop, including the ability to provide well-rounded patient care. It is therefore important, that physicians are not only trained to be medically competent but are also able to work effectively with their patients. A key aspect that supports this notion in medical practice is found within physician medical ethics. These ethics include that physicians must show consideration, compassion, and kindness for their patients (Martinsen, 2011). In other words, providing empathy is necessary in offering well-rounded care. For some individuals, the ability to provide empathy comes naturally. However, for others more practice is required. Nevertheless, recent studies have shown that there is a decline in empathy, which particularly occurs during medical training when practicing physicians are beginning to provide patient care (Eikeland, Ørnes, Finset, & Pedersen, 2014). This shift in empathy is also reported to be recognized by practicing physicians themselves (Liao, 2017). There are several suggestions as to why this may occur, including stress, time, and hostile working environments to name a few.

However, how to address these issues and the lack of empathy associated needs to be further investigated. This literature review will, therefore, be exploring what empathy is, physician care and schooling, how this relates and impacts empathy, and how art therapy can potentially be used to promote and maintain empathetic skills. This literature review is assessing literature using keywords including practicing physician, empathy, art therapy, patient care, and training intervention.

## **Empathy**

### ***What is Empathy***

In order to begin this exploration, an operational definition of empathy must first be outlined. The word empathy, however, has an extensive history which has resulted in an unclear definition of what the word truly means and how people define it. The coining of the English term “empathy” is in fact a newly defined term by psychologist Edward Tichener (Hojat, 2007). Tichener translated the word *Einfühlung*, which was a psychodynamic term used by Sigmund Freud to describe putting oneself in someone else’s shoes. This word also derives from the Greek word *empathia*, which means to appreciate another person’s feelings (Hojat 2007). Southard (1918) expanded upon this description of empathy as a way to understand another person’s feelings, by exploring the importance of the term empathy within the context of the clinician-patient relationship and in facilitating positive diagnostic outcomes. To this day there is still some discrepancy regarding the definition of empathy. However, Carl Rogers (1959) suggests one of the most used definitions of empathy, as the ability “to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto *as if* one were the person, but without ever losing the ‘as if’ condition” (p.210). Rogers (1975) expands upon this idea of the experience of empathy as the ability to enter the private perceptual world of another and feeling comfortable in holding that space and adjusting moment to moment in their experience. In other words, it is being able to perceive and understand another person’s feelings and emotions by putting oneself in their shoes and seeing it from their perspective. This definition differs from sympathy, in that sympathy includes the ability to relate and share another’s experience and emotions, and the potential to feel sorry for another or join in their feelings (Banja, 2006); in this case, a form of identification takes place.

Within the medical field, this distinction is necessary, in that physicians need to maintain distance in relating to their patient’s feelings, so that they may emotionally support and provide

necessary care. This paper will be using Hojat et al. (2002) definition of clinical empathy, which is defined more specifically, as “a cognitive (as opposed to affective) attribute that involves an understanding of the inner experiences and perspectives of the patient, combined with a capacity to communicate this understanding to the patient” (p.58). As such, empathy within clinical practice is necessary in providing patient care in order to understand the client as a whole and on a humanistic level.

### ***Impact on Physician-Patient Relationship***

This paper will only be looking at ways that may assist physicians in promoting empathy, as there is sufficient literature on physician empathy, specifically, that can be explored more deeply as a preliminary study. As such, there has recently been a greater shift in research on assessing the vital role of empathy within the physician-patient relationship. Hojat (2007) notes that as social beings we have a need for human relationships and thrive physically, mentally, and socially when an empathetic physician-client relationship is built. Patients have reported improved patient compliance with physician care and increased patient satisfaction (Comer, 2019), as well as, enhanced patient health outcomes when empathy is expressed (Neumann et al., 2007). Other medical benefits related to empathetic care include, improved metabolic status in diabetic patients (Hojat, et al., 2011) and shorter and less intense cases of the common cold (Rakel, et al., 2011). Studies have also suggested that empathetic patient-physician relationships are related to improved physical and psychological health (Neumann et al., 2007), better information exchange and interaction between physician and patient (Walsh, O’Neil, Hannigan, & Harmon, 2019), as well as improved ability and accuracy of medical tasks being completed (Neumann et al., 2009). On the other hand, research has also suggested that when physicians lack empathy within their clinical practice, patients often feel frustrated and unsupported in their care (Derksen, Olde Harman, Bensing, & Lagro-Jassen, 2018). As such, this powerful relationship is extremely important as the care provided by physicians appears to have a significant impact on their patients, especially because their role involves acting as both a role model and health advocate in the healthcare system.

As previously mentioned, clarifying the difference between empathy and sympathy is quite necessary, as clinicians expressing sympathy is often related to negative effects in clinical outcomes (Starcevic & Piontek, 1997). This is due to the patient and clinician not being able to separate and distinguish whose feelings belong to whom (Hojat, 2007). Whereas when empathy

is experienced, physicians are able to separate themselves from others which is suitable within patient care and also requires less emotional input since the physician is not taking on the feelings of a patient. In a study conducted by Wilmer (1968), there was a comparison made between the use of pity, sympathy, and empathy. The study concluded that pity did not help, sympathy sometimes helps, and that empathy always helps. As such, using empathy is an appropriate way of interacting within the relationship that keeps both the clinician and patient supported, heard, unattached, and respected. It is, as a result, important to assess how empathetic skills are being taught within medical training and whether this skill is being maintained throughout physician practice.

## **Physician Care and Empathy**

### ***Contributing Factors***

As human beings, we have evolved to connect with others for survival and support. Particularly during times of illness, individuals have an increased desire for connection as ailment is often associated with feelings of loneliness and disconnection (Hojat, 2016). Hojat (2016) states that this powerful social connection that human beings desire is linked to promoting health and preventing disease. This is why the clinician-patient relationship can act as a special support and promote well-being when empathy is provided. Cohen (2004) mentions that the clinician-patient relationship can offer three resources including, access to material aid, emotional support including empathy and reassurance, and by providing information to help patients cope and understand their struggles. This connection not only helps to reduce fear in patients, but it also holds potential healing powers, as noted by House, Landis, and Umberson (1988). Within this connection, empathy plays a significant role and is a major factor in promoting positive health outcomes for patients as a supportive relationship is developed (Hojat, 2007). With the many benefits associated with providing empathetic care, questioning why this may be difficult to provide must be further assessed.

There is no doubt that physicians generally want to provide the best care to their patients. However, research suggests that there are several factors contributing to the use and promotion of empathy within care, which seems to be particularly impacted during medical training (Eikeland, Ørnes, Finset, & Pedersen, 2014). Neumann, et al. (2011) conducted a systematic review on trainees' empathy in medical students and evaluated data across eighteen studies. The research results suggested that majority of studies have seen a decline in empathy, particularly

during medical school, which may impact the health care quality provided. A study conducted by Ahrweiler, Neumann, Goldblatt, Hahn, and Scheffer (2014) surveyed physicians and their perception of how medical training impacted their development and use of empathy. The results suggested that recognizing the psycho-social dimensions of care was associated with fostering empathy, in addition to interacting with patients directly and active self-development through reflective practice. This study also reported that interacting with colleagues in role modelling empathy can both promote and inhibit this ability through observing empathetic and nonempathetic behaviours from others. Other factors such as stress, time, pressure, and hostile working conditions, however, were reported as detrimental to empathy development. In addition, a majority of physicians responded that in general, medical training does not promote the skill of empathy (Ahrweiler et al., 2014). Research has also shown that empathy often declines during medical training due to curriculums focusing on creating distance between physician and the patient, a greater emphasis on mastering biomedical knowledge, and using cynicism as a coping mechanism within physician practice (Eikeland, Ørnes, Finset, & Pedersen, 2014). Carmel and Glick (1996) also reported that although physicians rate empathy as the most important quality for being “a good physician”, it is also scored as the least important aspect that is being promoted within a hospital setting. West and Shanafelt (2007) more specifically categorizes the decline of empathy in physicians due to either personal or environmental factors. Personal factors include, personal well-being, individual characteristics and interpersonal qualities and skills, to name but a few. Whereas, environmental factors are associated with institutional culture, formal and informal curricula on professionalism, and practice characteristics. The study suggests that the high pressure and stress in school is related to negative affects on personal and environmental factors which overall impacts professional and empathetic care (West & Shanafelt, 2007).

There are also many physicians who do not agree that it should be a requirement within their position to provide empathetic care (Hojat, 2016). Complaints associated with pay and demands on seeing enough patients to take care of expenses, often inhibit physicians from being able to provide empathy within their practice. Riess, Kelley, Bailey, Dunn, and Phillips (2012) also suggests that the decline in empathy is related to desensitization and self-protection against one’s own emotional distress related to the job. In addition, physicians have reported that it takes a significant amount of time and energy within the position to provide empathetic care (Riess et al., 2012). Negative workplace environments are also associated with diminished physician

empathy which may negatively impact patient care (Starr et al., 2019). Doja et al. (2016) commented on the impact of the workplace, stating that change needs to occur due to the tolerated nature of unprofessional workplace behaviour within medical training and practice which is often carried out by senior physician role models. In addition, it is also important that physicians understand what it means to provide empathetic care. In a study conducted by Comer (2019), physicians were assessed based on their perceived use of empathy. Several physicians reported that they were providing this care which was evident in their use of statements such as “I understand”. This statement in actuality is not an empathetic statement and can be perceived as more harmful than supportive for patients, as it suggests that the physician knows what the patient is experiencing, as opposed to supporting and listening to their situation. Thus, understanding other methods to promote empathy is necessary, as well as, providing proper education on what empathy means. However, these methods also need to take into consideration the stressors contributing to the resistance of practicing and implementing empathetic care.

### ***Medical Education and Ethics***

Before continuing to assess how to promote and maintain the use of empathy, medical education and ethics must first be explored to gather a better understanding of how empathy is taught and perceived in the medical field. This section will be focusing on the training and guidelines developed by the Canadian Medical Association (CMA). The CMA (2020) is an association dedicated to establishing updated and pertinent outlines for medical studies, supporting physicians in their work and well-being, and also involving patient input with the overall goal to build a stronger system of quality of care. The CMA (2020) states that, “Medical education programs play a critical role in our health care system. They help ensure Canadians receive the best possible health care by providing rigorous, up-to-date and comprehensive medical training”. The organization discusses the importance of medical training on a systemic level and has released their plans on developing the national system and regarding how to support and improve physician learning and practice. The CMA report, *Supporting Learning and Continuous Practice Improvement for Physicians in Canada* (2019), emphasizes the need for continuous analysis and improvements in the health care field and outlines their strategy for moving forward. The report states that the Association is aiming to revitalize the current system to help support physician learning and practice by focusing on education that aims to be more responsive to the needs of patients, providing scientific evidence and data, and designing

measures to improve patient care, population health and work-life balance of health care providers (CMA, 2019). The report discusses the need for more physician support and the need for better patient experience, but little information is included on the connection between these two factors or how empathy and humanistic patient care is required. For example, the report outlines their goals as: enhancing patient experiences of care, improving population health, increasing the value, appropriateness and quality of health care, and improving the work life of health care providers (CMA, 2019). These goals recognize the importance of supporting physicians with their well-being and enhancing patient care, but do not further explore how this could be executed. The report does, however, state that the actions planned for enhancing medical care will take into consideration and involve patients in sharing their experiences in order for education and care to continuously be improved upon. This will help to ensure that the physician-patient relationship is considered within this systemic conversation of enhancing education.

The CMA also released a *Physician Resource Planning Policy* (2015) that is used to identify key factors needed to properly address physician resources in order to support the delivery of appropriate medical care to all patients. This plan recommends that strategies should be used throughout the undergraduate and postgraduate training system to address the current challenges that are occurring for practicing physicians. As such, this policy recognizes the need to adapt training to meet the needs of practicing physicians, but does not directly address the decrease in empathetic care. It does recommend in medical training that stronger career support and adequate human and physical infrastructure to support physician training is necessary. It also discusses other stressors to address, such as financial stress of tuition and its impact on training outcomes. The CMA Planning Policy (2015) does propose integrating new technology into the system to help support physicians by reducing their work, providing work for others, and allowing patients more autonomy in their own health. However, the challenges of money, and teaching patients new technologies are barriers that would need to be addressed. This solution also provides patients with even less empathetic and personal support which may also have further effects on health outcomes.

It is interesting that little to no discussion on empathy or ethical training is discussed in strategies and plans involving physician-patient care when there is a strong focus on it within medical ethics. The CMA *Code of Ethics and Professionalism* (2018) clearly outlines three



categories that target the ethical care and responsibilities of ethical physicians. These categories include, virtues exemplified by the ethical physician, fundamental commitments of the medical profession, and professional responsibilities. Virtues highlighted in the code are compassion, honesty, humility, integrity, and prudence. It emphasizes that trust is the foundation of the patient-physician relationship and is central to providing the best care possible. By providing and upholding these virtues, positive health care can be provided. Within fundamental commitments, the section discusses commitment to the well-being of the patient, to respect for persons, to justice, to professional integrity and competence, to professional excellence, to self-care and peer support, and to inquiry and reflection. These commitments focus on the patient-physician relationship both a whole, as well as how to support both the client and physician separately in order for ethical care to be maintained. Finally, professional responsibilities break down the values needed within each relationship including within, the physician-patient relationship, the relationship between physicians and their practice, between physicians and themselves, between physicians and colleagues, and physicians and society. This code not only places a strong focus on the physician-patient relationship, but the values needed within physician care and the systemic impact the role can have within all professional relationships.

Regardless of the ethics and teachings in place, the CMA Physician Workforce Survey produced in 2017 still reported that over one in four physicians and residents reported high levels of burnout and thirty-four percent screened positive for depression. The survey also reported that even though eighty-one percent of physicians and residents surveyed said they were aware of physician health program services available to them, only fifteen percent had actually used them. Therefore, the demands of the job appear to have a significant impact and the resources available are not being utilized properly. As such, the CMA released a *Policy on Physician Health* (2017) that discusses the ongoing concern of physician mental and physical well-being, how this impacts physician practice and how it can be addressed. The policy states its awareness that a system-wide change is required on a national scale to address “personal, workplace, and cultural barriers and normalize the promotion of opportunities and conditions for optimizing health and wellness” (CMA, 2017). It provides recommendations for all levels of the health system to promote healthy practices, training culture, and work environments. The recommendations on an individual and systemic level emphasize the importance of well-being and support for physicians and continuous efforts to be made to improve education through healthy modelling and healthy

culture behaviours. Recommendations regarding medical schools, residency training programs, and accreditation bodies states, “formal health and wellness curricula to be integrated and prioritized at the undergraduate and postgraduate levels, including but not limited to training around how to recognize and respond to distress or illness in oneself and colleagues, as well as self-management strategies (e.g., resilience and mindfulness)” (CMA, 2017). The recognition and impact that role leaders have in shaping training is also discussed and how vital their implicit and explicit ways of communicating core values impacts upcoming physicians and their practice. As such, the document discusses a thorough exploration of how-to best assist physicians, however, these are recommendations and assessing their effectiveness and implementation appears to be uncertain aside from a “call to the government” to make changes to provide better training and health services. Nevertheless, there is an awareness of the health of physicians, the need for developing education, and a space to help cope with the many stressors associated with the demanding job, but explicit ways on how it can be directly addressed needs to be developed.

### ***Barriers in Education***

It is clear that medical associations and education are aimed at providing the best resources and knowledge to practicing and current physicians. However, the development of educational learning and access to resources is still an area that is changing and growing each year. Even with the best intentions, the CMA (2020) is aware that physicians are still struggling to maintain a work-life balance that is ultimately impacting their work with patients. Nevertheless, little description or action is available to understand how empathy or patient care in education will be evaluated and promoted given the plans made for supporting physicians in practice, as well as, how self-care can be further addressed.

As such, there are still several studies that discuss how empathy is taught and the barriers that limit this factor in patient care. In a study conducted by Ahrewiler et al. (2014), the authors found evidence that in general, the development of empathy is not promoted in medical education. Instead there is often a greater focus on the scientific and biomedical side to physician care, that often disregards the importance of empathy training and humanities within the practice (Pedersen, 2010). The study by Pedersen (2010), also notes that empathy is often impacted during medical education and that it is often neglected within training. When taught, there is often ambiguity and interpretations that could be made and it is often unclear within the curriculum. In another study, medical students were interviewed on their understanding and

experience of empathy in patient care during their training (Tavakol, Dennick, Tavakol, 2012). The research found that responses typically fell under one of five themes: the meaning of empathy; willingness to empathise; innate empathic ability; empathy decline or enhancement; and empathy education. Overall, students had different thoughts on what the term empathy meant, but the importance of empathy was a key factor for them to foster better communication and rapport with patients. However, students raised many concerns regarding displaying empathy in practice including, time constraints, negative feelings about seeking the patient's view, physician's personality, and the patient's personality. The students reported that these factors were often influenced by role-models of other doctors who often used cynicism in their work and focused on the biomedical model of treating patients which appeared less authentic and more like ticking a box. The study also reported that empathy was impacted due to the pressure of the job which many students found was very emotional at the beginning of training with actual patients and, as a result, led to struggles related to coping and treating patients more intellectually rather than using a person-centered approach. As such, the students mentioned a desire for more authentic teaching, clinical examples of how to use empathy in a clinical setting, and more education on empathy throughout their educational training (Tavakol, Dennick, Tavakol, 2012). In another study conducted by Afghani, Besimanto, Amin, and Shapiro (2011), students reported similar barriers including, time pressure and lack of good role models, particularly in cases of sharing challenging news with patients. It is interesting to note that over half of the students believe that empathy cannot be taught, which raises the point that more education on this topic needs to be provided as not all individuals have strong empathetic skills or share the same definition of empathy.

In a study assessing how physician teachers attempt to convey empathy to medical students, the research found evidence that faculty had a clear idea of what empathy meant in clinical practice, but had varying ideas as to whether the empathy was a behavioural skill or attitude based (Shapiro, 2002). These results further suggest that limiting empathy to either category, restricts the overall use and practice of empathy in clinical training. As such, a well rounded and comprehensive knowledge and way of teaching should be provided that considers all aspects of empathy and how it can be expressed in order to provide quality health care. The CMA (2020) also addresses the barrier of the "hidden curriculum" which refers to performance culture that is often fostered in medical training that supports the norms of repressed emotional

expression and mental toughness. The CMA (2020) notes that these unspoken values need to be altered and directed to more healthy professional learning norms. Therefore, it appears that there are both internal and external factors and barriers within medical education that are impacting the development of empathy and influencing physician health. Even more so, teachers are not consistent in their methods of teaching which supports the need for better empathy education, while also addressing the constraints to learn it.

Finally, stigma associated with mental health within medical practice and training has been noted has a significant barrier to helping practicing physicians cope and perform in clinical practice. In the CMA survey (2017) seventy-six percent of physicians reported ‘feeling ashamed to seek help’ and had concerns that seeking help was a sign of weakness. Not only does this perception need to be addressed, but also ways to integrate and provide effective mental health support, in order for the well-being of both physicians and the work they do with their patients.

### ***Promoting Empathy***

Research suggests that there have been several attempts to address this issue regarding the decline of empathy within practicing physicians, as well as, suggestions as to how this could be promoted. Research conducted by Pedersen (2010), discusses the integration of humanities into the biomedical paradigm of education, as it will help to bridge the gap between these two ways of thinking into a more patient-centered approach. The study further discusses that by providing empathy training, physicians will be able to develop stronger clinical perceptions and judgement, and this will also help to prevent the stunting of empathy in physician care by viewing it as part of the core of medicine. Another study reported on suggestions made by students to address the decline by using better role models, integrating more empathy across all years of training, and assisting students more in navigating the pressures of school in order to provide well-rounded care (Tavakol, Dennick, Tavakol, 2012).

Aside from suggestions, other research has attempted to promote empathy by addressing certain factors that are impacting its decrease of use in school. Stepien and Baerstein (2006) conducted a systematic review of thirteen studies that explored interventions with the goal to promote empathy in medical school. The synthesis of data suggested several intervention strategies, however, the study showed that communication skill workshops addressing the behavioural skill of empathy had the largest impact on students. In another study conducted by Ohuabunwa, Perkins, Eskildsen, and Flacker (2017), the researchers assessed the implementation

of a curriculum aimed to promote clinical empathy and positive attitudes towards patients in transition of care. The curriculum took place over four weeks and used a multimodal approach integrating didactic, experiential and web-based practice. The study found that medical students increased their ability to provide empathetic insight which was related to patient experiential exposure and personal reflection. Another study by Riess et al. (2012) assessed a protocol of three 60-minute training sessions that focused on the neurobiology of emotions, recognition of facial expressions and non-verbal emotional cues, emotional self-awareness, and techniques to help cope with difficult patients or when delivering challenging news. The modules also included strategies for recognizing the impact of stress and burnout. Overall, this study concluded that this brief intervention was associated with improved physician empathy towards patients and recognition of patient emotions (Riess et al., 2012). Another approach to fostering empathy is seen within the exploration of using mindfulness training programs. Several studies have reported the significant impact mindfulness strategies have on fostering self-awareness, combating burnout and stress, and promoting more empathetic care (van Wietmarschen, Tjaden, vanVliet, Battjes-Fries, & Jong (2018); Amutio, Martinez-Taboada, Hermosilla, & Delgado, 2015). It is encouraging that there are efforts being made to help promote the use of empathetic skills, as well as decrease burnout rates. However, few studies assess the long-term affect and utilize an integrative training program to address both stressors and teaching the promotion of empathy.

### **Art Therapy**

According to the American Art therapy Association (2017), art therapy is a mental health profession in which clients are guided by an art therapist to explore thoughts, feelings and emotions through the creation and use of art making. Artwork can often facilitate discussion, provide personal insight, and allow clients to discover unconscious thoughts and feelings (Rubin, 2011). From exploring literature on the factors impacting the decrease of empathy in practicing physicians, it is evident that the solution must be well-rounded and include all aspects of stressors, education, and self-care. Art therapy may provide avenues to address this systemic issue, as will be demonstrated below.

### ***Impact on Empathy***

Art therapy, although a relatively new field, has great potential in addressing emotional challenges, as well as, providing a space for self-reflection and self-care. Studies have found that

simply viewing art can aid in promoting empathy and reflection in understanding how others may be feeling, particularly for clinical staff working with clients suffering from mental illness (Hurley, Linsely, Rowe, & Fontanella, 2014; Potash & Ho, 2011). Other interventions, such as showing fine art that illustrates suffering to family doctors, has also been shown to help physicians to see a patient's perspective through reflection and discussion (Karkabi, Wald, & Castel, 2014). Potash, Chen, Lam, & Chau (2014), have also conducted research and found a significant impact of art-making and poetry workshops on promoting empathy in medical students. The study also reported that art-making was related to an increase in understanding and reflecting on patients, the self, and pain and suffering. Other interventions in the creative arts therapies that have been associated with promoting empathy is puppetry. Puppetry is used to explore the extension of the self, one's environment, and provides a space to explore emotions and conflict resolution (Malhorta, 2019). Puppetry, more specifically, allows for individuals to take a step back and explore inter- and intrapersonal experiences and emotional responses. In a study conducted by Malhorta (2019), using puppetry was found to aid in promoting empathy in individuals with Autism Spectrum Disorder. It suggested that the use of symbolic puppets in art therapy helped individuals to cope with difficult emotions and explore solutions in different situations. It is possible that this type of intervention could be adapted to promote similar goals in practicing physicians by allowing distance, role play, and exploration of emotions to promote empathy as well. Another study explored the use of virtual reality technology and art therapy as a teaching mechanism to help students develop stronger empathetic skills when working with individuals with dementia (Shaw, et al., 2018). The virtual reality technology was used to teach students about dementia by experiencing a simulation of dementia cases and symptoms experiences. This allowed students to embody the experience and develop a greater understanding of the client, as well as foster a greater sense of empathy. Students reported that the experience helped to promote personal reflection and communicate the embodied experience more clearly which led to more effective work with the client (Shaw, et al., 2018). Using art therapy to promote empathy has also been suggested in a study that explored a five-week art therapy workshop focusing on empathy and awareness (Juarez Arteaga, 2016). The five weeks consisted of different art therapy interventions that were directed at increasing empathetic skills. Interventions included, creating a mandala and exploring personal emotions, acts of kindness drawing, and someone's shoes exploration, where participants were invited to think and create an

image about what it could be like to be in the shoes of another individual that was less fortunate than themselves. The workshop also included a journaling aspect that focused on emotional exploration of both the participants and others. The results suggested that there was significant impact on the promotion of empathy over the course of the five weeks. These studies suggest that art therapy not only has an impact on promoting empathy, but also self-awareness and relationships with others.

### ***Impact on stress, burnout and self-awareness***

Art therapy has the potential to also be used in a reflective way and as a strategy in dealing with burnout and in providing an avenue for self-care. Research conducted by Tjasink and Soosaipillai (2019) analyzed the impact of implementing an art therapy course that consisted of six art therapy sessions in oncology and palliative care doctors. The study found evidence that the sessions helped to reduce burnout and provide better patient care. Another study assessing the implementation of an art-therapy-based supervision group, found a significant reduction in exhaustion and an increase in emotional awareness in end-of-life clinical workers (Potash, Ho, Chan, Wang, & Cheng, 2014). Belfiore (1994) also discussed the use of group art therapy to help prevent burnout by exploring inner struggles through art and relating to others who are also experiencing similar feelings. Music-imagery for nurses (Brooks, Bradt, Eyre, Hunt, & Dileo, 2010) and social art therapy (Reim Ifrach & Miller, 2016) have seen a positive impact on participants in reducing burnout, rejuvenating, and re-focusing in their work. Psychodynamic-narrative group work and viewing and discussing art, has also been suggested to help combat burnout, promote communication, and improve resiliency (Atalia Mosek & Ben-Dori Gilboa, 2016). Alternative interventions, such as creating a 'healing quilt' (Nainis, 2005), clay mask making and symbolic imagery (Belfiore, 1994) have also suggested an impact on processing emotions, addressing burnout, and promoting a team community environment.

Another intervention which could be explored is through introducing the practice of response art. In art therapy, the practice of art response is a relatively new, but accepted practice in which art therapists use art making to understand therapeutic work as a method to process thoughts, feelings, emotions, and experiences that have occurred in sessions with clients (Fish, 2012). Overall, art has the potential to provide a third space that can be used to both promote the development of empathy, in addition, to providing a space to reflect and practice self-awareness. Poetry and creating songs about client sessions, has also been done to assist with the processing

and coping of patient-centered work (Moon, 1998). Others have expressed how doing response art has allowed for emotional release and can provide a space or containment of difficult thoughts, feelings, and emotions (Klorer, 2000). Moon (1998) further states that art images “brings the art therapist into a deeper understanding of the life of the [client] by intensifying empathy and providing another way for knowing a person” (p.57). This powerful form of expression and reflection may show similar effects on physicians if integrated into their practice to help promote empathy and cope with the challenges associated with patient-centered care.

#### **Chapter 4. Discussion**

It is clear and evident within the literature that the career and work of a physician is extremely demanding, not only mentally and physically but also emotionally. Research has shown that the complex and demanding process of medical education is met with many challenges, including both in education and personal development, which can ultimately impact the health care provided to patients. More specifically, the decline in empathy during medical school is quite evident, as shown in the literature, and the factors impacting it appears to be systemic and vast, which needs to be addressed. The *CMA Statement on Physician Health and Wellness* (2020) demonstrate that there is an awareness of the complex issues regarding the practice of empathy, as explored in this paper. The Statement mentions that:

Physician health and wellness is a critical issue for all physicians, their patients, and health systems. Physicians are at a higher risk of experiencing adverse health outcomes, including personal and professional dissatisfaction, burnout, depression, suicidal ideation and suicide. This has been shown to affect patient care and health systems performance. Addressing the factors that affect physician health and the challenges that physicians face in navigating their increasingly complex training and practice environments has become a policy and practice imperative (p.1).

However, generating effective solutions to recommendations to promote better education and self-care is now required. It is important to not only notice that the mental and physical health of physicians is suffering, but also looking at where the root of the issue begins and how to best address and develop effective preventative interventions or measures.

Based on the data collected, art therapy may provide an effective solution to the research question: can implementing art-based interventions promotes empathy skills in practicing resident physicians towards patients? And secondary questions: (1) can this practice help to



foster better self-care in physicians; (2) can this aid in reducing work-related stress in physicians; and (3) can this help in promoting better health care outcomes within patients? It appears that art therapy has the potential to be implemented within medical education and address several factors affecting this complex issue. Although there is limited literature on how art therapy can specifically help practicing physicians, the research explored suggests that it may be a promising solution to helping promote physician empathy while also addressing self-care needs. The vast application of art therapy means that it can be used to support and also teach these challenging but vital concepts. As previously stated, through the use of a variety of interventions, workshops, and courses, art therapy has been shown to be associated with bringing self-awareness to both individuals and others which may assist physicians in providing positive empathetic patient care (Atalia Mosek & Ben-Dori Gilboa, 2016; Belfiore, 1994; Brooks, Bradt, Eyre, Hunt, & Dileo, 2010; Fish, 2012; Hurley, Linsely, Rowe, & Fontanella, 2014; Juarez Arteaga, 2016; Karkabi, Wald, & Castel, 2014; Malhortra, 2019; Nainis, 2005; Potash & Ho, 2011; Potash, Chen, Lam, & Chau, 2014; Reim Ifrach & Miller, 2016; Shaw, et al., 2018; Tjasink & Soosaipillai, 2019).

Based on the research collected, empathy appears to be a pertinent skill to develop, obtain, and practice throughout the career and education of a physician. Proper and maintained empathy skills has been shown to be associated with effective care that not only is beneficial to positive health outcomes, but also in developing a physician-patient relationship (Hojat, 2007). Empathy is necessary in this relationship as it involves discussing, exploring and supporting sometimes challenging health issues. This is why this research is necessary as it will help to support physicians in their work, while also fostering skills that will aid in promoting better health outcomes for patients.

## **Themes**

It appears the most common factors influencing the decrease of empathy in physicians are related to three major themes: (1) what empathy means; (2) how it is being taught; and (3) lack of self-care and support during medical training. The following discussion will explore each theme in relation to how art therapy could either support or inhibit the development of empathy in practicing physicians.

### ***Empathy***

One of the main contributing factors impacting the decline of empathy is an unclear understanding of what the term truly means, and how it can be used. Art therapy can not only

help to promote empathetic skills, but also help to distinguish it from sympathetic skills and how it can be applied in patient care. As previously mentioned, art therapy interventions and workshops directed at enhancing empathy have been shown to help promote both self-awareness in one's self and also in others. This insight is a key element within empathy that can help physicians to see the perspective of their patients while also keeping in mind how oneself is also feeling. Art therapy can also be used to help teach the difference between empathy and sympathy by utilizing interventions that promote understanding alternative perspectives but also maintaining healthy distancing in order to not become too emotionally invested and harmful to patients in their experience. Interventions such as, viewing art that depicts suffering and client experiences, art-making, journaling, puppetry and workshops exploring empathy and self-care are a few examples that are related to the promotion of empathetic care. This is related to another area that indicates that art therapy may be a useful intervention, in that by promoting empathetic skills, the relationship between physician and client may also develop to provide more supportive and authentic care. In doing so this will help to foster better health outcomes and cooperation. Art therapy treatments including mindfulness interventions, fostering communication skills and exploring art that depicts suffering have all been found to be associated with promoting empathy. In learning more about awareness, use of language and perspectives, these strategies in art therapy may help to ultimately promote connections with patients by understanding their personal role and appreciating the challenges that are associated with health, illness, potential suffering, and difficult situations. By exploring personal emotions in addition to other's emotions through art therapy, this lived experience has the potential to help define what empathy truly means and the benefits of maintaining and developing this skill throughout the career of a physician.

### ***Education***

With regards to education, it is evident that this is an area that needs changing and has a significant impact on empathy in practicing physicians. Several studies noted the lack of education on empathetic care, and minimal focus throughout the course of medical school. The CMA (2020) recognizes the importance of empathetic care and a shift towards a psycho-social biomedical model. The psychoeducation component of art therapy can be utilized to address this element that appears to be neglected based on the literature. Many studies noted that students felt there was limited discussions, examples, and proper role models throughout medical school that

discussed empathy or even the humanistic elements of patient care. As a result, students often reported struggling with applying the concept and developing unhealthy coping mechanisms, such as cynicism, to deal with difficult and emotional situations. Art therapy interventions can be used to address these concerns by providing a space to expressively explore these challenges through art; this is what the field of art therapy often calls the witness function of art (Leclerc, 2011; McNiff, 2009; Moon, 2016). Role playing through the use of puppets could be used to explore scenarios which may help to teach awareness of one's self and client while also exploring appropriate solutions. Advancing technology in art therapy has also shown to help teach students about putting one's self in someone else's shoes. These interventions that provide the opportunity to embody and explore empathy in patient care, may be a positive solution to address the challenge of teaching empathy during medical school. By providing the opportunity to learn and explore empathy, students may also learn to develop healthier coping mechanisms that do not involve desensitizing or detaching one's self from a physician-patient relationship.

### *Self-care*

It has been reported that self-care, support, and coping strategies are critically impacted during medical school training. There are significant rates of burnout (poor communication and lack of empathy) and depression, and limited support offered to students who report having high pressure in school. The impact of medical school also has been shown to have influence on students' ability to manage difficult emotions, the intensity of the program, and deal with difficult patients. Due to the lack of focus on self-care and empathy training, students have also reported having a harder time dealing with difficult patients and challenging conversations regarding health. Art therapy has been used extensively to address burnout and provide strategies for self-care. As such, it may be a useful vehicle to explore self-reflection through artistic and emotional expression. Research has reported that by offering workshops or courses, individuals are able to develop a creative outlet to help combat burnout. This structure of art therapy, as a group program, may be a potential direction that art therapy can be implemented, as it is also associated with fostering team comradery and support. There is then a greater sense of not feeling alone and fostering communication and resiliency. A supervision group is another possible direction to further explore as well, as it was found to increase emotional awareness and assist in coping with burnout by providing self-care and exploration. More specifically, interventions such as social art, clay masks, or healing quilts could be integrated into a program

as they are associated with reducing burnout and fostering self-reflection. Another avenue that could help to address this issue is by introducing response art. This practice in art therapy has been used as a tool to explore emotional release, promote empathy, and provide a space for containment. This practice may allow physicians the space they need to cope with challenging situations and emotions, while also promoting empathy by directly reflecting on patients or patient experiences in relation to one's own personal thoughts and feelings.

### **Integrating Art therapy**

Art therapy appears to be an effective possibility that may help to address the potential root cause of the decline of empathy in practicing physicians. Implementing an art therapy group program that aligns its goals with promoting empathy, increasing self-care strategies, and promoting psychoeducational support, may be a useful strategy that allows physicians to expressively explore the emotional components of working with patients while also supporting themselves. Creating a group program may also be a useful structure to focus on, as it appears to be associated with physicians not feeling as alone, while also helping to combat burnout and foster communication within a medical team. Nevertheless, further research would need to be conducted on the type of program that could be implemented. However, integrating patient-care practices, such as response art, may be a useful direction to explore as it can address the factors impacting empathy and self-care and can be used throughout one's medical education and practice. Since this is a systemic issue and there are a vast number of factors to address, creating several art therapy programs throughout the course of medical education may be a more manageable way to teach students and promote more effective and positive health care strategies.

### **Limitations**

The importance of developing and maintaining empathy in physician practice appears to be a critical and necessary area that needs to be addressed. However, due to the complex, broad, and systemic nature of the issue discussed, there are limitations that need to be outlined within the constraints of this paper. As such, the research conducted within this theoretical project only captures a small portion of the literature available. This researcher attempted to collect a selection of data from across different fields to help gain a well-informed understanding of the issue at hand. However, more research is still needed to be reviewed in order to provide an exhaustive analysis of the topic presented. As this is a theoretical paper, this research is not suggesting a specific art therapy intervention, but a recommendation for future research and

further exploration on the topic. As such, the conclusions made in this paper are strictly at a level of hypothesis.

Additionally, this paper was conducted from a Westernized perspective and may not be universally applicable. The physician-patient relationship may vary across the world in terms of the role and skills required to be a good physician. More research, including looking more closely at geographical and cultural differences, and other medical models and educational programs, would need to be further explored to gain a more global understanding of the presented issue.

Finally, the last limitation is with regards to only having one primary researcher working on project. Even though biases were named and frequently reviewed, the researcher only provides one avenue to promote empathy and the data collected is only analyzed by one individual. Thus, further studies and research is suggested to help generate a well grounded and appropriate intervention for the future.

### **Implications, Recommendations, and Considerations**

As previously outlined, physician empathy appears to be significantly impacted during medical training and there are many factors affecting its decrease during school. The lack of educational teaching on empathy, the many stressors associated with the job, and the lack of space to process and explore the demands of the job, all seem to influence this decline. However, little research or programs are suggested regarding how this complex issue can be properly addressed. This paper suggests the use of art therapy to address the promotion of empathy, while also considering how to promote self-care strategies and explore additional stressors. This may be a useful approach to take, but more research would need to be conducted to develop an art therapy program and how it could be integrated into the educational system. Future research could also explore alternative stressors that may be impacting empathy, including time constraints and working conditions, and how they could be addressed. Additionally, future research could explore this topic in relation to other medical professionals, such as nurses and surgeons. Finally, another area to consider, would be applying art therapy interventions to teachers to help educate their role so that they may be prepared to teach and integrate practices and promote empathy in education more effectively.

## **Chapter 6. Conclusion**

In conclusion, physicians have an extremely demanding and complex job that requires a vast knowledge in medicine, while also working with patients directly. As such, it has been noted that there has been a decline in empathy within practicing physicians due to the high demands of education and focus on the biomedical model. There are also several other factors that contribute to this shift and impact the maintenance and use of empathy within practice. Nevertheless, there is significant research that indicates the benefits of providing empathetic care within practice that is both beneficial for patients and physicians and should be focused on. Several studies have attempted to promote the use of empathy within clinical care; however, few are designed to not only foster empathy, but also address the stressors associated with its lack of use. This paper, therefore, proposes that an art therapy program could be developed and integrated into physician training. The program would aim to focus on promoting empathy while also providing a space for self-expression and reflection. This may be an effective approach to take, as art therapy not only is associated with fostering empathy and developing better relationships but is also connected to reducing symptoms of burnout and promoting self-care. Therefore, future research is recommended to look at developing an art therapy intervention to explore this issue so that physicians may be supported and also provide effective and positive health care to patients.

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