

When Empathy Works: Towards Finding Effective Ways of Sustaining Empathy Flow

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Abstract

The need for developing empathy skills in the workplace continues to challenge organizations today. Findings from earlier research highlighted the need for developing these empathy skills. Interviews were undertaken in early 2017 with a mix of empathy trainers and managers of organizations where empathy is signalled as a key skill. The purpose of the inquiry was to explore their perspectives of empathy so as to discover emerging themes that increase our understanding of empathy in the workplace, elucidate optimal ways for developing one's empathy and for reducing or mitigating empathy burnout. Challenges that emerged from the findings were: maintaining empathy across professional and personal environments; generally, participants found they had the energy for one of other, not both; caring too much; having time to empathize; managing expectations; professional boundaries; empathy equality i.e. to victim and offender; communicating empathy, and desensitisation. This paper explores these challenges. Four themes emerged from the findings: interpretations of empathy, context; including the theory of mind, empathy burnout, and strategies for developing empathy. These themes informed the development of a Flow Model of Empathy.

Keywords

Empathy; training; emotional intelligence; theory of mind; empathy burnout

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Introduction

There is no doubt that empathetic employees are vital to all organizations, and particularly to customer service and caring professions. However, high levels of empathy can be hard to maintain (Hojat, et al., 2009). Empathy burnout is “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind” (Maslach & Jackson, 1981, p. 99). This view is reinforced by Johnson (2013) who believes that trying to deal empathetically with people all the time leads to the empathizer being worn out and likely to suffer from burnout.

Empathy burnout, sometimes referred to as compassion fatigue, is an issue for organizations whose employees are dealing with high-stress situations, or are dealing with difficult people or people with high needs. The cost of compassion fatigue in the caring industry is a worrying both financially and the human cost to employees and their families (Slatten, Carson, & Carson, 2011). particularly in customer service and caring The cost appears to be growing in the 21st century, particularly in customer service and the caring industries (Smart, et al., 2014). Some organizations are responding to this cost by investing in empathy training for employees.

Interest was sparked to identify how empathy can be maintained in the workplace, and indeed, how empathy training and development could mitigate the effects of empathy burnout. To explore this notion further, interviews were undertaken in early 2017 with a mix of empathy trainers and managers of organizations where empathy is signaled as a key skill. The

purpose of the inquiry was to mine the perspectives of empathy trainers and organizational representatives so as to deepen our understanding of empathy in the workplace, to identify strategies for teaching empathy-related skills and for developing models that guide those involved in designing programs aimed at developing empathy.

Initial questioning sought people’s viewpoint of what empathy is and why it is important personally and in the workplace. Our findings uncovered some of the challenges that trainers and managers experience in relation to empathy in the workplace.

We begin by presenting the research method, background and early findings on which this present research was premised. This paper presents a theoretical perspective of empathy, in tandem with exploring the rich discourse of empathy descriptions that participants articulated. We then present four of the emerging themes: findings related to interpretations of empathy, context, empathy burnout, and strategies for developing empathy.

The paper is organized so as to offer a background in the context of this new research and findings. Literature is presented with the findings across four themes. We begin by describing the research method.

Research Method

Many studies of emotional intelligence are quantitative in nature. Research that aims to build theory by incorporating a fresh perspective into existing models calls for exploratory, qualitative processes that produce rich data

(Neutens & Rubinson, 2002) that needs to be understood in a particular context in order to establish a credible interpretation (Tuckett, 2005). In an effort to explore the perspective of EI trainers and organizational practitioners who benefit from this training, a qualitative approach is appropriate.

The research used semi-structured interviews of five managers who worked in helping professions and five empathy trainers. Semi-structured interviews are appropriate for mining the perspectives of people's experience while providing a guideline for maintaining consistency (Dey, 1996). The organizations we contacted spanned hospital, police, correctional facility, social service agency, and hospice. Ethics approval was gained from Otago Polytechnic. We conducted semi-structured interviews based around seven primary questions:

1. In your view, what is empathy?
2. Why is empathy training important to you?
3. Why is empathy important in the workplace?
4. What activities/exercises do you employ in your training programme to help people increase their empathy?
5. What are some of the challenges you have experienced in your:
6. [Empathy training programmes? – Trainers] OR
7. [organization? Managers]
8. What have you implemented to address the challenges (at 5)
9. Something else?

Interviews took 30-45 minutes, were audio recorded, transcribed and analyzed to identify emerging themes. The

findings have been organized around four key themes: (1) What empathy is; (2) Empathy context; (3) Empathy burnout; and (4) Empathy development.

We began with the full transcript of the interviews and highlighted key phrases or words on the originals that offered a perspective on empathy. Several of the researchers met together to analyze these 'highlighted' comments. This process resulted in four themes emerging. Although there is a direct link between interpretations of empathy and the first question (what is empathy?), reference to describing 'empathy' was also found throughout the interviews, adding richness to our understanding of empathy and justifying 'interpretations of empathy' as an emerging theme. The four themes we discuss in this paper demonstrate a progressive element of empathy knowledge-building. Next, we present the background and description of the earlier research that informs this study.

Background

To begin, the concept of empathy describes a person's ability to "understand the feelings transmitted through verbal and nonverbal messages, to provide emotional support to people when needed, and to understand the links between others' emotions and behavior" (Polychroniou, 2009, p. 345). Salovey and Mayer (1990, pp. 194-195) define empathy as the ability to comprehend another's feelings and to re-experience them oneself; a core concept of emotionally intelligent behavior. Empathy refers to the ability to reach into another person's situation to appreciate what they may be thinking and feeling

(Baron-Cohen & Wheelwright, 2004; Mayer & Salovey, 1997; Singer, et al., 2004).

As part of an earlier study, 21 Emotional Intelligence trainers were asked about how they developed empathy in their trainees. One way that emerged was in showing empathy to people suggesting that people who hadn't experienced (received) empathy, struggled to empathize with others. Others said telling personal stories that people could relate to, developed empathy. Another way was showing kindness to themselves and others. Learning, listening and questioning techniques was also highlighted as a training strategy for developing empathy, for example by asking, "How do you think the people felt in that situation?"

In 2016, one of the researchers organized the 3rd Emotional Intelligence Symposium which focused on exploring empathy in the workplace. Using the World Café method (Brown, 2002; Brown, Isaacs, & Margulies, 1997) participants were asked to write about, "How do we design sustainable empathy?" In this context, "sustainable" referred to people maintaining empathic responses while experiencing their own and others' trauma or crises over time. Delegates identified, "*needing to allow time for reflection*" suggesting a gentle recovery time was needed. Another suggested they could imagine they are in a helicopter thus flying above the situation to gain a greater perspective. Building and maintaining meaningful

relationships were also identified as helping to sustain one's empathy, as "*relationships make empathy outward-looking*", and, "*so that people don't get overwhelmed*". Many people commented that for empathy to be sustainable, people needed to "*recognize personal boundaries*". Another element of sustaining empathy related to differentiating between professional empathy and personal empathy. Others pointed to the need for having 'fun things' happening such as "*an enjoyable habit*" that maintained some life equilibrium.

Self-kindness emerged again as delegates mentioned the importance of deliberate self-care so as to, "*recognize when we don't have the capacity to help someone*", and another stated, "*People need to start with how they keep their own wells full*". Yet others pointed to evaluating work systems. People are becoming more overwhelmed by the demands placed on them, and less able to respond with empathy to new demands, as workloads increased.

In summary, people's responses appear to be based on a "stock" (or a well) of empathy, thus people need to learn how to manage the flow of energy in and the flow of energy/empathy out. Here is the basic model that literature and findings seem to be outlining. We can do things that help people learn to manage the 'stock' of emotional energy available: either by increasing the amount of flow in or decreasing the flow out.

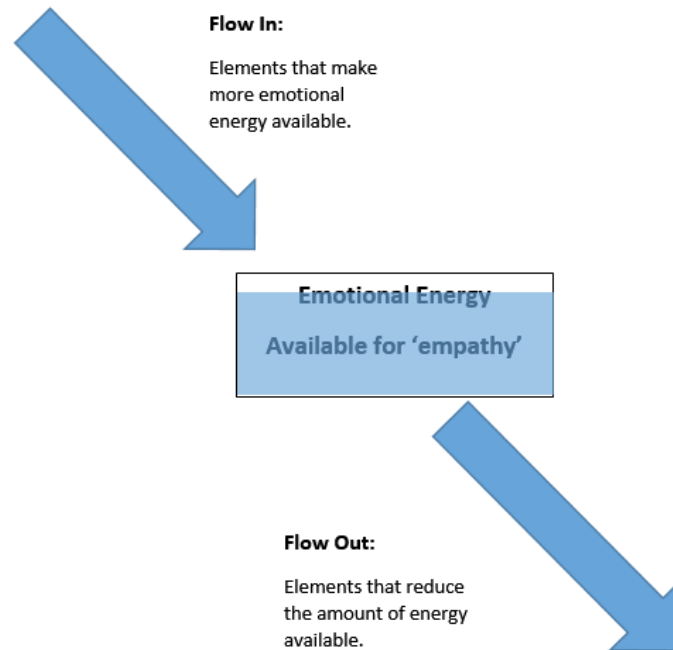


Figure 1. Empathy Flow of Energy (Maintained) Model

The Energy Flow of Empathy model (Figure 1) shows how an empathic person uses the ‘store’ of empathy. However, this raises the question as to how to maintain an equilibrium between flow-out and flow-in. We turn our attention to the findings from this current research to inform this question.

Findings

Each of the interviews was analyzed for notions that might inform potential themes related to empathy, for the purpose of adding to the field of knowledge and for model building. This paper focuses on the following our themes: (1) Interpretations; (2) Context; (3) Burnout and (4) Development (See Figure 2).

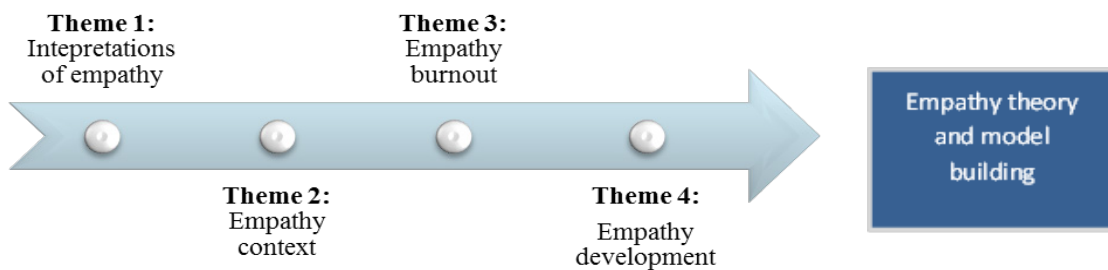


Figure 2. Empathy Themes

In the case of each theme, relevant literature is presented, alongside participants' comments. A brief discussion then draws out further understanding of each theme.

Interpretations of Empathy

Salovey and Mayer (1990, pp. 194-195) define empathy as the ability "to comprehend another's feelings and to re-experience them oneself; a core concept of emotionally intelligent behavior". According to Sadri (2012, p. 22), empathy is the ability "to put oneself in another person's shoes and understand his or her thoughts and feelings, to view and experience the world as the other person views and experiences the world."

Comments that participants made are:

The ability to understand why someone feels a certain way [and] why it's important in their world.

It is that capacity to pick up how other people are feeling, and have some I guess connection with that so that you're able to put yourself in the other person's shoes.

A person's ability to understand and relate to somebody else's situation.

Empathy describes "a capacity to recognize or understand another's state of mind or emotion" (Hill, Hill, & Richardson, 2012, p. 95).

Empathy is seeing something from another's perspective... understanding another person's reality from a non-egocentric point of view.

Empathy is essential in connecting us to other people, to understand others'

feelings and situations. It enables us to make predictions and behaviors and respond in appropriate ways (Allison, Baron-Cohen, Wheelwright, Stone, & Muncer, 2011).

It's not looking through their eyes (as some say); it's looking through my eyes to recognize it from my point of view but being very perceptive of the other person. You have your eyes and they have their eyes.

Participants' interpretations of empathy align with the theoretical definitions presented above. The findings point to a relational component to empathy, and which relies on the empathizer's ability to communicate that empathy. By default, there is a need for self-awareness, a perceptive element of the need to offer empathy in a given situation. Gill (2015) found that emotional intelligence trainers used their empathy to identify with the learner's story; in this way, training is focussed on the learner, not the trainer. Additionally, learners who experienced empathy from the trainer were better equipped to empathize with others.

Additionally, the person the empathy is focussed towards must comprehend the empathy being offered them, as the following comment denotes:

Empathy is more about the receiver's perception of receiving empathy, than the person who is giving it.

Emotional intelligence literature explicitly includes empathy as an important element of EI (Bar-On, 1997; Goleman, 1999; McEnrue, Groves, & Shen, 2009; Salovey, Brackett, & Mayer, 2007). Cherniss and Goleman

(2001) add that empathy derives from one of the two foundations of social effectiveness - the other one being self-management - both of which are essential for successful relationship management. Singh (2014) says that empathy is an essential emotional intelligence quality that teachers must openly include in their instructional strategies. Cooper (2004) links the degree of empathy that teachers display is directly related to the degree of empathy students demonstrate. Within counseling and social work professionals, a high degree of empathic understanding was needed with clients (Clark & Simpson, 2013; Gerdes & Segal, 2011) resulting in improved outcomes.

I think most people associate emotional intelligence with the empathy piece.

According to Mehrabin and Eptein (1972, p. 525) empathy has value in service industries where caring is a key focus, perceived as a “visceral emotional reaction and interest [that] focuses on topics such as helping behavior”. Empathy is a recognized quality that individual need in service industries, and in particular, caring and helping professions (Herbek & Yammarino, 1990) such as first responders, teachers, counselors, and social workers. Nurses who demonstrate empathy have a positive effect on the treatment and recovery times of patients (Williams, Boyle, & Howard, 2016). Our ‘organization’ participants also commented on the role of empathy as targeted helping behavior in the interests of the receiver:

Sympathy is when you jump in the hole with the person. You really are not helping the person, because you are in

there with them. Empathy would be on the side, throwing the rope down, saying I’ll pull you out.

[Empathy is] acting in the other person’s best interest.

Empathy is also regarded as a vital element that successful managers and leaders need (Gentry, Weber, & Sadri, 2007), particularly in service industries. Khan and Butt (2013) note that the financial performance of banks is improved when managers are empathic.

Harsolekar and Tatuskar (2014) found that bank employees must also be empathic so as to form positive relationships with their customers and which improves the bottom line. Their research found that empathy was the second most important factor next to reliability in the Opportunity Score, a matrix designed to reveal the factors that customers consider important to enhance the level of satisfaction of banking services.

A study of call center workers by Varca (2009) reported that in order for front-line employees to engage with their customers, they must form a relational connection, and that empathy was ‘key’. One participant focused on what happens when there is a deficit:

Sadly, people who are not good at [empathy], devalue its currency; there is value in dealing with the emotional component of interactions.

In summarising, participant perspectives build on our theoretical understanding of empathy in the workplace. These interpretations might help explain why Varca (2009) found that employees

who had higher levels of empathy than their colleagues were more likely to suffer from stress and burnout caused by their interactions with their customers; particularly from people who care about empathy expressing it in a context where it is not valued by those in power.

Empathy Context

The particular context that empathy is demonstrated (or expected to be demonstrated) might further clarify people's ability to empathize. According to Head (2016), there is a politics of empathy, where the capacity of one's empathy and the ability to show empathy towards others, varies depending on the situation and context. For example, the empathy one shows towards a colleague in a workplace setting, differs from the level of empathy shown towards a loved one at home

I guess I'm talking about family and stuff like that, where I'm maybe not as [empathic]. If I was dealing with someone from work, a victim at work that said the same thing, I'd probably be more empathetic towards the person at work.

There is a range of meanings that are attributed to empathy, that differs depending on the current conditions. A study conducted by Melloni, Lopez, and Ibanez (2014) revealed there are socio-political conditions where the position and stature of an individual, may block the ability to empathize with someone at a different or lower level. Furthermore, Kennedy and Adolphs (2012) suggest the regional context for an individual also plays an important role in emotional expression and empathy towards others.

In social situations, people use common social edict derived from previous experiences, to assess the situation and conduct themselves accordingly. Similar to the use of empathy, the capacity to give and receive is based on previous experiences (Melloni, et al., 2014). Clarke (2006) suggested one's capacity for empathy varies between organizations in different industries, such as people working in services sectors, where they must show empathy as part of their role, and people in administrative roles where empathy is not at the forefront of their day-to-day operations. However, Bernhardt and Singer (2012) state that individuals should tread with caution when entering social situations with pre-conceived notions of the interaction. Each interaction may be different and yield vastly different outcomes compared to previous experiences. One unique interaction does not necessarily reflect how other situations may evolve. Therefore, it is not always certain how one will receive empathy.

Coulter and Coulter (2002) discussed the correlation between the length of service an individual has contributed to their organization, and their capacity to be empathic. Depending on the industry, a longer service record may result in an increase or decrease in empathy. Similarly, Parra (2013) stated that a particular context may differ in the eyes of someone with a different level of experience, due to their experiences lending them a different point of view. For example, someone working in a public service role may experience a wide range of situations where they must be empathic towards their clients for 8-10 hours a day. As a result, they

may become clinical in their advice and recommendations, and more cynical when discussing situations with their colleagues. Luchner and Tantleff-Dunn (2016) suggest this is an example of how people use a higher level of cognitive empathy while demonstrating little emotional empathy. One participant described this scenario:

Sometimes, if staff has been here a long time, they slip into their [task] role, rather than genuinely caring.

Compassion or emotional fatigue might describe an individual's high level of cognitive empathy to understand the emotions and mental states of others but lacks the capacity to address these observations with emotion (Kinnick, Krugman, & Cameron, 1996). Employees with a long service record (though not exclusively) are likely to experience compassion fatigue, particularly those working in helping industries. Employees conveying a high level of empathy are also liable to experience emotional fatigue, as they are putting more emphasis on other's emotions and mental state, and becoming less mindful of one's emotions and self-preservation (Kinnick, et al., 1996; Miller, Considine, & Garner, 2007). As well as considering the situations of others, it is important to be mindful of one's own personal context and avoiding falling into the trap that is compassion fatigue.

...for example, my sisters a nurse, and we always laugh, and sort of joke about the fact that she thinks I'm a bit harsh, and I think she's a bit emotional, and that might be because of what our different roles encompass.

So I think the stereotypes, the black humor, the cynicism, we do find that if you've worked with us for a long time, it's easy to fall into that kind of trap [...] and become experienced and deal with things a little more clinically.

A study conducted by Martinovski, Traum, and Marsella (2007) found that employees are predisposed to a certain work ethic based on their previous experiences and context. Personal context has a strong ability to affect how an individual engages with their colleagues, as well as their ability to interpret empathy. Like any other communicative act, empathy can be given and received, but it is subject to the perceptions of both parties and may be accepted or rejected. Employees that are experienced in their role may become clinical as a result. They may be more inclined to reject empathy towards them or show lower levels of empathy towards others (Martinovski, et al., 2007; Parra, 2013).

Theory of Mind

Declerck and Bogaert (2008) describe the theory of mind (ToM) as the ability to take on another person's perspective and attribute mental states to others, as well as oneself. An individual with this ability is enabled to understand and perceive someone's intentions, beliefs or desires. Gick and Gick (2001) further explain that ToM is the acknowledgment and acceptance that others may understand, and grasp concepts in a way that is better than you. ToM operates as a mechanism that is widely used in social situations. It fuels interactive emotions such as empathy and rapport, which enables the user to accurately

interpret a social situation, and allows an individual to understand how people view the world, as this often varies from our own (Gick & Gick, 2001; Martinovski, et al., 2007). According to Luchner and Tantleff-Dunn (2016), ToM is also referred to as cognitive empathy and “has been associated with the ability to take someone else’s perspective and understand what they are experiencing intellectually without appreciating their particular emotional state” (p.599). The use of ToM is crucial in the development of the human brain, as the inability to consider another’s point of view, is characterized as egocentric, which often blocks empathy (Gick & Gick, 2001).

Declerck and Bogaert (2008) argue that ToM is a precursor for empathy as it operates as a strong social skill related to empathic and cognitive perspective taking. Empathy and ToM rely on neural pathways associated with making inferences and assumptions on the mental states of others. Therefore, are closely related in the context of perceiving another person’s worldview, and how they engage with others (Vollm, et al., 2006). Martinovski (2014) stated that empathy may be a general cognitive capacity that is necessary for human interaction and is often learned in the early stages of infancy. However, complex cognitive-emotional processes are sometimes not learned at this crucial age, nor emphasized by a child’s parents (Declerck & Bogaert, 2008). This creates an inability to relate and interact with others and negatively affects team cohesion, negotiation and decision making later in life.

Participants were not directly asked questions about the theory of mind,

however, a few responses referenced cognitive empathy.

...need to cognitively understand how you think, and think about your thinking in order to be properly empathic towards the people who you’re helping.

I don’t know what it’s like to be like that, but you just know that some people are and that’s how they engage with the world.

Freedberg (2007) examined the relationship between empathy in the workplace and professional boundaries. It was found that empathy allows for more flexible boundaries in the relationships between employees, as well as the relationships formed with an organization’s customers. Empathy in the workplace aids in building trust for teams and customers, by sharing a level of empathy towards others. However, Benton (2005) argued the risk of breaching professional boundaries has the potential to cause serious harm to a relationship, and ultimately affect team cohesion. Sharing a level of intimacy by way of empathy is important for building trust, but must be done in such a way that professional boundaries are not breached.

Understanding others situations and how they engage with the world, is crucial in building relationships in the workplace and developing trust in teams. Cognitive and emotional empathy enables individuals with the capacity to engage with people on different levels and gives individuals the capacity to engage with and increase their knowledge of how other’s around them work. However, a balance of cognitive and emotional empathy is preferred, as some may react

differently to others. Becoming mindful of different contexts in which people operate, and one's own context based on experiences is of great importance to empathize with others. Two participants commented on the importance of maintaining professional boundaries.

I'm quite clear on my boundaries. It's not like you get a kick out of finding out everybody's personal business, because I've got plenty of exciting things to be doing in life, and fill it up with. I don't have to go mining. But it's just when it becomes an issue – in the workplace, or in your friends or something like that.

There is a politics of empathy, those with little power, are typically expected to sense the feeling of those who hold power, while those in power feel less obligation to be sensitive in return.

In summary, participant responses confirm the theoretical understanding of empathy in various contexts as previously described by Martinovski, et al. (2007) and Melloni, et al. (2014). Empathy operates in different ways depending on the context of the setting, and individual positions and experiences. It is important to note, that there is no perfect way to engage with each situation. Becoming mindful of and accepting that everyone is different, and the way in which they engage the world varies, enables individuals to approach interactions in an open way.

Empathy Burnout

Empathy burnout also referred to as 'compassion fatigue' describes the emotional exhaustion of someone who is relied on to constantly show empathy without the opportunity or resources to

refuel one's own emotional tank. There is no doubt that empathetic employees are vital to all organizations, and not just to the traditional caring professions. However, high levels of empathy can be hard to maintain (Hojat, 2009) and researchers have explored the subject of empathy burnout, or compassion fatigue, and have found that this is an issue for organizations whose employees are dealing with high-stress situations or are dealing with difficult people or people with high needs. Figley (1995) described it as when we...

...have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor, and hope. We tire. We aren't sick, but we aren't ourselves (p.13).

According to Maslach and Jackson (1981), the definition of burnout is "a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind" (p.99). This view is reinforced by Johnson (2013) who believes that trying to deal empathetically with people all the time leads to the empathizer being worn out and likely to suffer from burnout. As one participant said:

I needed a break from the [work] environment – I'm still on that break – over a year now – in a less demanding department.

Remen (1996) aptly points out that “the expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk on water without getting wet. This sort of denial is no small matter” (p. 52).

Dealing with the general public constantly means, to a certain extent you get a bit desensitized to it, or maybe compartmentalize the investigations (i.e. sexual assaults). I think [the situations] take a toll on staff...you get to a point where you 'hit the wall'.

The type of work that we do develops our empathy – constantly sharing in people’s bad situations, in itself, creates an empathic response; however, that can be tiring too.

Helping (or caring) professions are filled with people who are emotionally burned out (Johnson, 2013). The medical profession has been the subject of much research on burnout as both students and qualified doctors learn to deal with situations and people that require a high level of empathy. Mother Teresa was familiar with compassion fatigue when working in particularly demanding circumstances, stipulating her nuns must take a full year off after 4-5 years of service (Newmeyer, et al., 2014).

Our work...weighs people down after a while; it's the cumulative effect of that. And then tomorrow there's another murder...

We get to see what family violence looks like from a child's perspective, but we still have to translate it into what can we do for this individual, the perpetrator – to get them to stop. So we are translating empathy into something else all the time.

Research carried out by Hojat (2009) showed that although empathy levels remained constant through the first two years of their subjects’ medical training, by the third year their empathy levels had declined significantly. The reasons for this decline were varied and complex and included time pressure, a lack of role models, a high volume of materials to learn, and patient and environmental factors. Neumann, et al. (2011) found that empathy levels in medical students declined as they progressed through their studies, and they believed the decline was due to the distress experienced by the students. In this case, distress included factors such as depression, diminished quality of life, burnout, and a low sense of well-being. Newton, Barber, Clardy, Cleveland, and O’Sullivan (2008) also noted the decline in medical students’ empathy as they progressed through medical school. In particular, there was a noticeable decline once students entered their first clinical year (year 3). This decline in empathy might be seen as a coping mechanism although it was of concern, given the importance of a patient’s need for an empathetic caregiver. In contrast, Quince, et al. (2016) found in their study of four English and one New Zealand medical schools that there was *no* decline in empathy levels at the end of the undergraduates’ study, though they wondered how empathy could best be supported through the pressures of starting out in medical practice. We suggest that empathy should be constantly reinforced through students’ education. Paro, et al. (2014) noted that burnout and a low perception of quality of life seemed to be a factor in lower levels of empathy in medical students.

These factors appear to have initiated students to reflect and look inwards, and not outwards to others. It is important for medical schools to support measures that improve students' well-being, especially at critical times such as initial clinical training (Paro, et al., 2010). Their focus is on their studies and situation, i.e., self-absorbed and so a focus on others, such as empathy requires, did not occur.

If people are too caught up in their own world there's not a capacity to connect with others.

When you do become emotionally involved, you build defenses to protect yourself. And that stops empathy running its proper course.

In contrast, a study of fifty-two Australian Bachelor of Midwifery students (McKenna, et al., 2011) found that students' empathy rose consistently and substantially with each year of their undergraduate program which they attributed to the notion that midwifery is different to other medical professions in that childbirth is usually a happy time for families. Though they acknowledge that midwives face the same difficulties and challenges as other health professionals, the authors make the observation that midwives are working with healthy women rather than 'sick' women.

While compassion fatigue might be considered the 'cost of caring' (Figley, 1995) it should not be assumed that empathy burnout is acceptable outcome employees and volunteers in caring/helping, first responder or counseling organizations.

It's very hard to potentially train someone about how to deal with going

around to a family to tell them a loved one has died. The experience teaches empathy.

Another participant pointed out the need to manage one's empathy:

There is empathy, and then there are people who become the fireman (sic) or the superhero and do everything as well.

Some people stated they saved their "best empathy for work" because they were paid to be empathic, but felt their 'empathy tank' was drained, so when they got home, they were less empathic.

I felt like I lacked empathy at home; I could give it at work, but I couldn't give it at home. I needed a break from the [work] environment – I'm still on that break – over a year now – in a less demanding department.

Some of the strategies that people used to sustain their empathy was taking a break, black humor, and talking to each other (as they experienced similar events on the job).

While we don't train specifically in empathy, we do focus a lot on wellness. They can just take a long weekend; we say, 'you need a block of time; take it off'. We do a lot of resilience work.

Sometimes we vent; sometimes we use black humor...and sometimes it helps keep people sane. It's a coping mechanism.

Get past responding to people always with an answer and a perspective. Learn to slow down the conversation and ask questions [which] shows a level of 'I'm interested in your point of view; I'm open to hearing another perspective'.

People having access to more of a diverse workplace (their stories across genders) increases empathy in our workplace.

In summary, comments from the participants have added richness to the model. The revised diagram (see Figure

3) offers a model that can guide those designing empathy training. Burnout occurs when the empathy 'stock' gets critically low and people lose the ability to re-stock as shown in Figure 1.

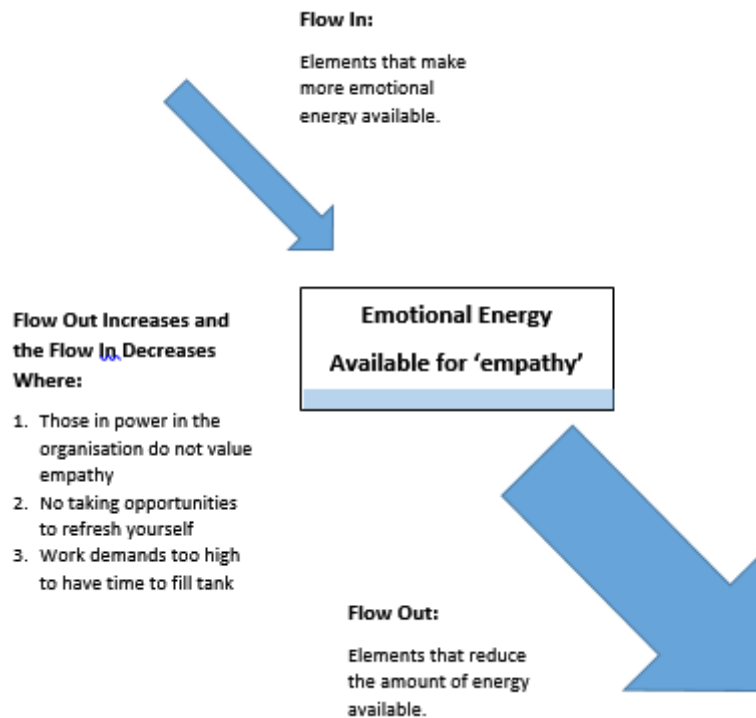


Figure 3. Critical Levels of Empathy Depletion using the Empathy Flow Model

This criticality of empathy depletion (as shown in Figure 3) of the Empathy Flow Model signals the need for intervention, such as empathy training, which equips people with strategies which acts to 'prime the pump' externally (by the trainer) so as to help people to go on to 'fill their own tank' and to maintain a healthy balance of 'in' and 'out' flow, as well as to recognize the signs the tank is getting low, *before* it becomes critical.

Empathy Development

The notion of empathy training has undergone considerable debate with Lonie, Alemam, Dhing, and Mihm (2005) identifying divergent views regarding the plasticity of empathy with some arguing it is predominantly a personality trait i.e., nature (Davis, 1990) versus those who perceive it as a trainable skill, i.e., nurture argument (La Monica, Wolf, Madea, & Oberst, 1987; Oz, 2001). Konrath, et al. (2015) claim

that many scholars perceived empathy as a relatively stable disposition that is not amenable to change. Others view empathy as malleable, or plastic, which can be developed through training (Baillie, 1996; Goleman, 1999; McEnrue, et al., 2009; Reynolds & Scott, 1999). According to Shapiro (2002) empathy can be learned, thus managers (and workers) can enhance their empathy skills through developmental opportunities and initiatives, coaching, and training. However, there is a sense that some have more empathy than others, suggesting it is part of the personality as well as being able to be enhanced through empathic skill development. Singh (2014) emphasizes that empathy is so important that it should be taught at school; a comment that implicitly acknowledges that empathy has plasticity.

Hojat (2009) regards empathy training as vital to healthcare workers so as to champion empathetic engagement between healthcare workers and their customers. Brunero, Lamont, and Coates (2010) make a link between experiential learning processes and increased empathy amongst healthcare students. Interviews with medical students in a study by Austin, Evans, Magnus, and O'Hanlon (2007) showed that female medical students' empathy declined after the first year, whereas male medical students' empathy rose and leveled out in subsequent years. While the study did not provide a conclusive explanation, one reason offered was that those who rated highly may have learned to moderate their behavior so as to act effectively around a patient's distress, while low scorers learned to pay more

attention to a patient's perspective than previously. They concluded that the way empathy was positioned in the training design could result in trainee doctors increasingly demonstrating empathy in practice.

In the business world, empathy training programmes are considered vital to relationships and social skills development at all levels in the workplace. Sensitivity to others is critical for exceptional job performance when the focus is on interactions with other people, and this sensitivity can only come from well-developed empathy (Cherniss & Goleman, 2001). Empathy requires a high level of self-awareness; if people are aware of their own feelings they are more likely to be aware of others' feelings and concerns. Empathy is also a vital element of communication in the business world and people with high empathy are better able to communicate in a manner that makes other people prefer to deal with them. Because empathy is so important to business success (and profits) there is a renewed focus on empathy training (Cherniss & Goleman, 2001). Concepts aligned with developing empathy include listening, self-awareness, digital empathy, and role modeling.

Parks (2015) argues that both listening and empathy skills are vital components of successful organizational contexts and culture. Davis (1990) states that the best counselors are the ones who are good listeners and who can accurately respond to both words and underlying feelings, arguing that training programmes have been set up to teach counselors empathy skills by offering experiences that develop their listening skills. Parks

(2015) states that “Neither empathy nor listening is givens; both are skills and competencies that organizations can develop within their individual members and organizational cultures” (p 18). Gentry, et al. (2007) argues active listening enables managers to be more empathic which in turn improves their effectiveness and performance.

Strategies for dealing with and/or preventing empathy burnout include assigning shorter stints where high demands are made on one’s empathy, in “recognition of their heightened potential for burn-out or compassion fatigue” (Adams, 2007, p. 6). Work-life balance, education, work interventions (support groups and interventions) spiritual support and self-care and self-efficacious opportunities are some of the ways that people who are experiencing empathy burnout can be restored.

Webb (2014) found that the creation of a “Spiritual Formation Group” for hospice workers was similar to groups described in research undertaken by Running, Tolle, and Girard (2018) and (Castle & Phillips, 2003). The purpose of these groups was to give hospice care professionals a platform to express their grief toward the loss of their patients and to provide mutual support (Webb, 2014). These hospice workers articulated that participating in this group helped to decrease the risk of compassion fatigue and burnout. Debriefing sessions were also valuable for disaster relief volunteers (Adams, 2007).

Conclusion

With compassion fatigue now categorized as an occupational hazard, organizations would be wise to manage

people’s exposure to high stress inducing and empathy-draining events and provide respite through organizational strategies and self-care opportunities. The implementation of strategies mentioned earlier would be most effective before symptoms of empathy fatigue are experienced.

Empathy is a very sought-after human quality that needs to be applied in such measure so that the giver and the receiver are fulfilled. However, attention must be paid to maintain a balance between flow-in and flow-out. The Empathy Flow Model provides a useful paradigm for appreciating the need to make time to re-fill a person’s empathy reserves by increasing elements that boost emotional energy, while also paying attention to elements that deplete one’s emotional energy. Given that these elements are likely to be individualized, the role of empathy training solutions has also been considered. The Empathy Flow Model and empathy development ideas offer pathways that make emotional energy available so as to offer empathy to others on an ongoing basis, while still maintaining one’s emotional equilibrium.

Notes on Contributors

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References

- Adams, P. (2007). Caring overload - compassion fatigue affects disaster relief volunteers mentally and physically. *Journal Star*, 6.
- Allison, C., Baron-Cohen, S., Wheelwright, S. J., Stone, M. H., & Muncer, S. J. (2011). Psychometric analysis of the Empathy Quotient (EQ). *Personality and Individual Differences*, 51(7), 829-835.
- Austin, E. J., Evans, P., Magnus, B., & O'Hanlon, K. (2007). A preliminary study of empathy, emotional intelligence and examination performance in MBChB students. *Medical Education*, 41(7), 684-689.
- Baillie, L. (1996). A phenomenological study of the nature of empathy. *Journal Of Advanced Nursing*, 24(6), 1300-1308.
- Bar-On, R. (1997). *The Bar-On Emotional Quotient Inventory (EQ-i): A Test of Emotional Intelligence*. Toronto: Multi-Health Systems.
- Baron-Cohen, S., & Wheelwright, S. (2004). The Empathy Quotient: An investigation of adults with Asperger Syndrome or High Functioning Autism, and normal sex differences. *Journal of Autism and Developmental Disorders*, 34(2), 163-175.
- Benton, R. J. (2005). Empathy, intimacy, and the psychoanalytic space: Empathy and intimate strangers. *Psychoanalytic Review*, 92(4), 637-648.
- Bernhardt, B. C., & Singer, T. (2012). The neural basis of empathy. *Annual Review of Neuroscience*, 35(1), 1-23.
- Brown, J. (2002). A resource guide for hosting conversations that matter at World Cafe Retrieved 29 June, 2012, pages 1-20 from http://www.inscena.ch/fileadmin/user_upload/inscena/pdf/worldcafe.pdf
- Brown, J., Isaacs, D., & Margulies, N. (1997). The World Cafe: Creating the future, one conversation at a time Retrieved 8 August, 2012, pages 1-9, from <http://www.theworldcafe.com/articles/TWC.pdf>

- Brunero, S., Lamont, S., & Coates, M. (2010). A review of empathy education in nursing. *Nursing Inquiry, 17*, 65-74.
- Castle, J., & Phillips, W. (2003). Grief rituals: Aspects that facilitate adjustment to bereavement. *Journal of Loss and Trauma, 8*(1), 41-71.
- Cherniss, C., & Goleman, D. (2001). *The emotionally intelligent workplace: How to select for, measure, and improve emotional intelligence in individuals, groups, and organizations*. San Francisco: Jossey-Bass.
- Clark, A. J., & Simpson, T. M. (2013). Imagination: An essential dimension of a counselor's empathy. *The Journal of Humanistic Counselling, 52*(2), 164-176.
- Clarke, N. (2006). Emotional Intelligence: A case of caveat emptor. *Human Resource Development Review, 5*(4), 422-441.
- Cooper, B. (2004). Empathy, interaction and caring: Teachers' roles in a constrained environment *Pastoral Care in Education, 22*(3), 12-21.
- Coulter, K. S., & Coulter, R. A. (2002). Determinants of trust in a service provider: The moderating role of length of relationship. *The Journal of Services Marketing, 16*(1), 35-50.
- Davis, C. (1990). What is empathy and can empathy be taught? *Physical Therapy, 70*(11), 707-715.
- Declerck, C. H., & Bogaert, S. (2008). Social value orientation: Related to empathy and the ability to read the mind in the eyes. *The Journal of Social Psychology, 148*(6), 711-726.
- Dey, I. (1996). *Qualitative Data Analysis: A User-friendly guide for social scientist*. London: Routledge.
- Figley, C.R. (1995). *Compassion fatigue: Toward a new understanding of the costs of caring*. Lutherville, MD: Sidran.
- Freedberg, S. (2007). Re-examining empathy: A relational-feminist point of view. *Social Work, 52*(3), 251-259.
- Gentry, W., Weber, T., & Sadri, G. (2007). *Empathy in the workplace - A tool for effective leadership* Paper presented at the The Society of Industrial Organizational Psychology Conference.
- Gerdes, K. E., & Segal, E. (2011). Importance of empathy for social work practice. *Integrating new science. Social Work, 56*(2), 141-148.
- Gick, E., & Gick, W. (2001). F.A. Hayek's theory of mind and theory of cultural evolution revisited: Toward and integrated perspective. *Mind & Society, 2*(1), 149-162.
- Gill, L. J. (2015). *Exploring trainer perspectives of emotional intelligence training design*. Massey University, Palmerston North.
- Goleman, D. (1999). *Working with Emotional Intelligence*. London: Bloomsbury.
- Harsolekar, D., & Tatuskar, S. (2014).

- An empirical analysis of customer satisfaction of Indian public sector banks. *Drishtikon : A Management Journal*, 5(2), 56-70.
- Head, N. (2016). A politics of empathy: Encounters with empathy in Israel and Palestine. *Review of International Studies*, 42(1), 95-113.
- Herbek, T. A., & Yammarino, F. J. (1990). Empathy training for hospital staff nurses. *Group & Organization Studies (1986-1998)*, 15(3), 279-295.
- Hill, D., Hill, A., & Richardson, S. (2012). *Dealing with the Tough Stuff: How to achieve results from crucial conversations*. Milton, Queensland: Jossey-Bass.
- Hojat, M. (2009). Ten approaches for enhancing empathy in health and human services cultures. *Journal of Health and Human Services Administration*, 31(4), 412-450.
- Hojat, M., Vergare, M., Maxwell, K., Brainard, G., Herrine, S., Isenberg, G., et al. (2009). The devil is in the third year: A longitudinal study of erosion of empathy in medical school. *Academic Medicine: Journal of the Association of American Medical Colleges*, 84(9), 1182-1191.
- Johnson, D. (2013). Empathy can be exhausting. *ISHN*, 47(9), 10.
- John M. Lonie, Rola Alemam, Conrad Dhing, and David Mihm (2005). Assessing Pharmacy Student Self-Reported Empathic Tendencies. *American Journal of Pharmaceutical Education*: Volume 69, Issue 2, Article 29.
- <https://doi.org/10.5688/aj690229>
- Kennedy, D. P., & Adolphs, R. (2012). The social brain in psychiatric and neurological disorder. *Trends in Cognitive Science*, 16(11), 559-572.
- Khan, Z., & Butt, S. (2013). Emotional intelligent managers are required. *International Journal of Information, Business and Management*, 5(1), 242-270.
- Kinnick, K. N., Krugman, D. M., & Cameron, G. T. (1996). Compassion fatigue: Communication and burnout toward social problems. *Journalism and Mass Communication Quarterly*, 73(3), 687-707.
- Konrath, S., Falk, E., Fuhrel-Forbis, A., Liu, M., Swain, J., Tolman, R., et al. (2015). Can text messages increase empathy and prosocial behavior? The development and initial validation of text to connect. *PLoS One*, 10(9), 1-27.
- LaMonica E, R Wolf, A Madea and M Oberst. (1987). Empathy and nursing care outcomes. *Scholarly Inquiry for Nursing Practice 1*: 197-213.
- Luchner, A. F., & Tantleff-Dunn, S. (2016). Dysfunctional empathy in vulnerable narcissism. *North American Journal of Psychology*, 18(3), 597-610.
- Martinovski, B., Traum, D., & Marsella, S. (2007). Rejection of empathy in negotiation. *Group Decision and Negotiation*, 16(1), 61-76.
- Maslach, C., & Jackson, S. (1981). The measurement of experienced burnout. *Journal of organizational behavior*, 2(2), 99-113.

- Mayer, J. D., & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D. Sluyter (Eds.), *Emotional Development and Emotional Intelligence: Implications for Educators*. New York: Basic Books.
- McEnrue, M. P., Groves, K. S., & Shen, W. (2009). Emotional intelligence development: Leveraging individual characteristics. *Journal of Management Development*, 28(2), 150-174.
- McKenna, L., Boyle, M., Brown, T., Williams, B., Molloy, A., Lewis, B., & Molloy, L. (2011). Levels of empathy in undergraduate midwifery students: An Australian cross-sectional study. *Women and Birth*, 24(2), 80-84.
- Melloni, M., Lopez, V., & Ibanez, A. (2014). Empathy and contextual social cognition. *Cognitive, Affective, & Behavioral Neuroscience*, 14(1), 407-425.
- Mehrabian, A., & Epstein, N. (1972). A measure of emotional empathy. *Journal of Personality*, 40(4), 525-543. <http://dx.doi.org/10.1111/j.1467-6494.1972.tb00078.x>
- Miller, K., Considine, J., & Garner, J. (2007). "Let me tell you about my job": Exploring the terrain of emotion in the workplace. *Management Communication Quarterly*, 20(13), 231-260.
- Neumann, M., Edelhäuser, F., Tauschel, D., Fischer, M. R., Wirtz, M., Woopen, C., et al. (2011). Empathy decline and its reasons: a systematic review of studies with medical students and residents. *Academic Medicine: Journal of the Association of American Medical Colleges*, 86(8), 996-1009.
- Newmeyer, M., Keyes, B., Gregory, S., Palmer, K., Buford, D., Mondt, P., et al. (2014). The Mother Teresa Effect: The modulation of spirituality in using the CISM model with mental health service providers. *International Journal of Emergency Mental Health*, 16(1), 251-258.
- Newton, B. W., Barber, L., Clardy, J., Cleveland, E., & O'Sullivan, P. (2008). Is there hardening of the heart during medical school? *Academic Medicine: Journal of the Association of American Medical Colleges*, 83(3), 244-249.
- Neutens & Rubinson, (2002) *Research Techniques for the Health Sciences, 3th Edition*. London: Bloomsbury.
- Parks, E. (2015). Listening with empathy in organizational communication. *Organization Development Journal*, 33(3), 9-22.
- Paro, H. B., Morales, N. M., Silva, C. H., Rezende, C. H., Pinto, R., Morales, R. R., et al. (2010). Health-related quality of life of medical students. *Medical education*, 44(3), 227-235.
- Paro, H. B., Silveira, P. S., Perotta, B., Gannam, S., Enns, S. C., Giaxa, R. R., et al. (2014). Empathy among medical students: is there a relation with quality of life and burnout? *PloS one*, 9(4), 1-10.
- Parra, A. (2013). Cognitive and emotional empathy in relation to five paranormal/anomalous

- experiences *North American Journal of Psychology*, 15(3), 405-412.
- Polychroniou, P. V. (2009). Relationship between emotional intelligence and transformational leadership of supervisors: The impact on team effectiveness. *Team Performance Management*, 15(7/8), 343-356.
- Quince, T. A., Kinnersley, P., Hales, J., da Silva, A., Moriarty, H., Thiemann, P., et al. (2016). Empathy among undergraduate medical students: A multi-centre cross-sectional comparison of students beginning and approaching the end of their course. *BMC Medical Education*, 16(92), 1-10.
- Remen, N. R. (1996). *Kitchen table wisdom: Stories that heal*. New York, NY: Riverhead Books.
- Reynolds, W. J., & Scott, B. (1999). Empathy: A crucial component of the helping relationship. *Journal of Psychiatric and Mental Health Nursing*, 20(6), 363-370.
- Running, A., Tolle, L., & Girard, D. (2018). Ritual: The final expression of care. *International Journal of Nursing Practice*, 14(1), 303-307.
- Sadri, G. (2012). Emotional intelligence and leadership development. *Public Personnel Management*, 41(3), 535-548.
- Salovey, P., Brackett, M. A., & Mayer, J. D. (Eds.). (2007). *Emotional intelligence: Key readings on the Mayer and Salovey model*. Port Chester, NY: Dude Publishing.
- Salovey, P., & Mayer, J. D. (1990). Emotional Intelligence. *Imagination, Cognition and Personality*, 9, 185 - 211.
- Shapiro, J. (2002). How do physicians teach empathy in the primary care setting? *Academic medicine: Journal of the Association of American Medical Colleges*, 77(4), 323-328.
- Singer, T., Seymour, B., O'Doherty, J., Kaube, H., Dolan, R. J., & Frith, C. D. (2004). Empathy for Pain Involves the Affective but not Sensory Components of Pain. from Science: <http://web.ebscohost.com.ezproxy.massey.ac.nz/ehost/detail?sid=bb98a5c6-05e5-40f3-bd8e-425f0e47a1aa%40sessionmgr11&vid=1&hid=7&bdata=JkF1dGhUeXBIPWlwLGNvb2tpZSx1cmwsdWlkJnNpdGU9ZWwhvc3QtbGl2ZQ%3d%3d#db=iih&AN=12390782>
- Singh, P. (2014). Employees' use of empathy to improve their job behavior. *The International Business & Economics Research Journal*, 13(3), 599-610.
- Slatten, L., Carson, K., & Carson, P. (2011). Compassion fatigue and burnout: what managers should know. *The Health Care Manager*, 30(4), 325-333.
- Smart, D., English, A., James, J., Wilson, M., Daratha, K., Childers, B., et al. (2014). Compassion fatigue and satisfaction: a cross-sectional survey among US healthcare workers. *Nursing & Health Science*, 16(1), 3-10.
- Tuckett, (2005). Applying Thematic Analysis Theory to Practice: a researcher's experience. Moral distress in nursing: *contributing . factors, outcomes and interventions*. *Nursing Ethics*,

- 20 (3).
- Varca, P. E. (2009). Emotional empathy and front line employees: Does it make sense to care about the customer? *The Journal of Services Marketing*, 23(1), 51-56.
- Vollm, B. A., Taylor, A. N. W., Richardson, P., Corcoran, R., Stirling, J., McKie, S., et al. (2006). Neuronal correlates of theory of mind and empathy: A functional magnetic resonance imaging study in a nonverbal task. *NeuroImage*, 29(1), 90-98.
- Webb, S. (2014). *An action research study pertaining to compassion fatigue and hospice clinical staff workers* Capella University.
- Williams, B., Boyle, M., & Howard, S. (2016). Empathy levels in undergraduate paramedic students: A three-year longitudinal study. *Nurse Education in Practice*, 16(1), 86-90.