

An Infusion of Empathy: A Path to Innovation and Change

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Part 1. Higher-Performing Organizations Mend Broken Bones

The following is the first article in a three-part series that looks in-depth at the power of empathy as a valuable asset to enable innovation and change in healthcare organizations.

The board receives its most recent monthly CEO update. Within the report is the news that a member of the senior leadership team has broken her femur. What is your emotional response?

- a) Pity
- b) Sympathy
- c) Empathy
- d) Compassion

Anthropologist Margaret Mead was asked by a student what she considered to be the first sign of civilization in a culture. No doubt, the inquisitive student expected the distinguished anthropologist to discuss clay pots, fish hooks, grinding stones, or religious artifacts. To the contrary, Mead indicated that the first evidence of civilization was a 15,000-year-old fractured femur found in an archaeological site. Mead explained that, in the animal kingdom, if you break your leg, you die. You cannot run from danger, get to the river for a drink, or hunt for food. You are meat for prowling beasts. No animal survives a broken leg long enough for the bone to heal. A broken femur that has healed is evidence that someone took time to

stay with the one who fell, bind the wound, carry the person to safety, and tend to the person through recovery. Helping someone else through difficulty is the point at which civilization starts. We are at our best when we serve others.¹

When providers take the time to make human connections that help end suffering, patient outcomes improve and medical costs decrease.

While Mead did not explicitly reference empathy or compassion, there can be little doubt it was in her consciousness. The vignette amplifies the role caring plays in healthcare delivery organizations and in our world at large. If stakeholders didn't care enough to make changes, nothing would ever be accomplished. We are reminded of Mead's arguably most ubiquitous quote: "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."² That capacity to feel for another has ensured the survival of our species over millennia. How might a 15,000-year-old human bone help boards and organizations through the Age of COVID and future crises?

The World Economic Forum has declared a reskilling emergency as the world faces more than one billion jobs transformed by technology.³ There is an expectation that we must continually refresh our skills. At the same time, employee mental health has declined sharply in response to the coronavirus pandemic. The pandemic is causing psychological trauma across

Key Board Takeaways

- Empathy is the ability to understand and share the feelings and experiences of another; in other words, imagining yourself in someone else's skin.
- Empathy represents deep caring and occupies a place of pride in both building and rebuilding trust.
- The primary job of leaders is to "seek to understand." Empathy provides a lens.
- If you put human needs first, the business aspects will follow.

a broad swath of the workforce. It is understandable that most organizations were overwhelmingly tactical, including being laser-focused on the balance sheet. During a crisis, it is highly likely that some of our stakeholders—as well as ourselves—have experienced trauma that they will carry with them into the workplace. Given the fears of exposure during the pandemic, the healthcare workplace itself has become a traumatizing environment for many workers, one they must return to day after day.

The clinical ROI of empathy and compassion are compelling. For example, when female breast cancer survivors received a 40-second message of empathy, kindness, and support in the form of an "enhanced compassion" video, their anxiety was measurably reduced. Women who watched the "standard" video without the enhancing depictions of caring, sensitivity, and compassion did not yield the same benefit.⁴ We see that compassion benefits not only the recipient, but also the person practicing it. When people spend time doing good for others, it actually increases their perception of the amount of time they have in their work day. This is particularly important given that 56 percent of physicians say they don't have the time to be empathic.⁵ Acting with compassion towards patients increases physician's perception of the amount of time they have in their work day, and also appears



1 Adapted from Ira Byock, *The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life*, Avery, 2013.

2 Institute for Intercultural Studies (www.interculturalstudies.org/faq.html).

3 Saadia Zahidi, "We need a global reskilling revolution – here's why," *World Economic Forum*, January 22, 2020, (<https://bit.ly/3jV2NYr>).

4 L. A. Fogarty, B. A. Curbow, J. R. Wingard, K. McDonnell, and M. R. Somerfield, "Can 40 seconds of compassion reduce patient anxiety?," *Journal of Clinical Oncology*, Vol. 17, No. 1, January 1999, pp. 371-379.

5 Helen Riess, et al., "Empathy Training for Resident Physicians: A Randomized Control Trial of a Neuroscience-Informed Curriculum," *Journal of General Internal Medicine*, Vol. 10, October 27, 2012, pp. 1280-1286.

to help prevent provider burnout. When providers take the time to make human connections that help end suffering, patient outcomes improve and medical costs decrease. Among other benefits, compassion reduces pain, improves healing, lowers blood pressure, and helps alleviate depression and anxiety.⁶

The will to mend femurs dissipates when people freeze up and lose trust and faith in one another, in leadership, and in boards. Conversely, when team members believe an organization and its leadership cares about their well-being and success, it serves as a lubricant to move forward.

Physician empathy is also an essential attribute of the patient-physician relationship and is associated with better outcomes, greater patient safety, fewer malpractice claims, and decreased medical costs. As such, empathy has long been mandated as a learning objective for medical school education.⁷ The role of boards in institutionalizing empathy is central, given that studies show a decline in empathy during medical education that persists beyond training.⁸ There are many possible explanations for this. For example, a decline in empathy may buffer medical residents from the psychological



distress of learning to perform painful procedures. Many physicians begin medical training with humanistic ideals, but empathy training is not specifically taught in most undergraduate or graduate medical programs. This may reflect a devaluation of relational aspects of medicine or a common belief that empathy is an inborn, immutable trait. Neuroscience has challenged these assumptions by showing specific brain circuits associated with empathic behaviors, and changes correlated with the decline in empathy during medical training.⁹

Nature & Nurture

The pro-social traits of empathy and compassion are innate in humans and lie at the very heart of our common humanity. While children as young as two are naturally empathetic, empathy is nevertheless a quality that needs to be cultivated and sustained. Indeed, as children grow up, empathy is often eroded.¹⁰ We see a similar erosion of empathy from medical students to seasoned M.D.s; from community activists to regularly reelected politicians.

Empathy has often been thought to be the characteristic that distinguishes humans from other animals. However, rats, like humans, have a natural propensity to help others. That behavior can change when they take cues from bystanders. Rats will enthusiastically work to free a rat caught in a trap. However, the urge to come to the rescue quickly disappears if a potential hero is surrounded by indifferent rats that make no move to assist the trapped rodent.¹¹ It turns out that rodents have a lot to teach us about empathy.

The will to mend femurs dissipates when people freeze up and lose trust and faith in one another, in leadership, and in boards. Conversely, when team members believe an organization and its leadership cares about their well-being and success, it serves as a lubricant to move forward. Higher-performing individuals and organizations demonstrate that they care during an emotional crisis by their actions and the organization's

response. They are physically and emotionally present and recognize that stakeholders are invariably at different stages in any grieving cycle.

Most organizations are designed to make money which, in healthcare, may come at the expense of taking care of their patients, employees, and customers. Regardless of whether it is a fractured femur or a fractured soul, if you put human needs first, the business aspect of things will follow. Empathy represents an inflection point for managers and boards and should be part of everyone's toolkit.

Change initiatives rarely fail because of the technology; they fail because of people. Healthcare is fundamentally a people business. Therefore, we need to take care of our people. If we don't, everything else is irrelevant. In some fundamental ways, little has changed in 15,000 years. People are people: carbon and water. We actively resist change and often attempt to sabotage it.¹²

Points of Distinction along the Spectrum of Caring

In his June 2020 keynote address to health system leaders, John Halamka, President of the Mayo Clinic Platform, discussed the technological stepping stones that will pave the road forward. "Imagine the healthcare system of the future is a series of experts creating a series of value-added algorithms that are able to connect to an ecosystem and then turn data received into high-quality, low-cost care."¹³ Without a healthy dose of caring, we may have a technologically competent workforce that is unable to most effectively collaborate to uncover innovative solutions to new problems. It is hard to imagine a curated list of core leadership practices that do not provide empathy and compassion with a place of pride. In the final analysis, a manager's greatest currency may be making themselves and their organization more human. This involves personal sacrifice and putting oneself at risk. At a time when many people are running on fumes, the virtue of caring is propelled to the frontlines.

6 L. A. Fogarty, et al., 1999.

7 Medical School Objectives Project, *Learning Objectives for Medical Education: Guidelines for Medical Schools*, Association of American Medical Colleges, 1998

8 M. Neumann, et al., "Empathy decline and its reasons: a systematic review of studies with medical students and residents," *Academic Medicine*, Vol. 86, No. 8, August 2011, pp. 996-1009.

9 J. Decety, et al., "Physicians down-regulate their pain empathy response: An event-related brain potential study," *NeuroImage*, Vol. 50, 2010, pp. 1676-1682.

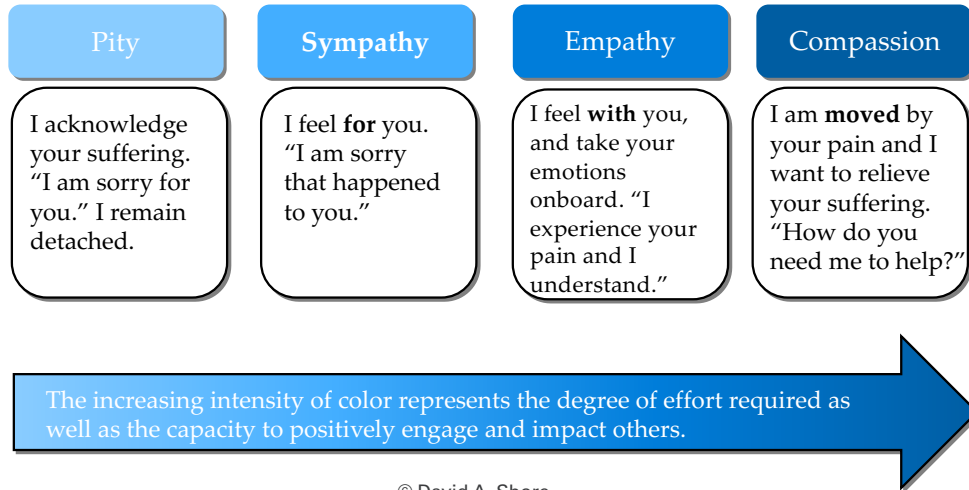
10 Roman Krznaric, *Empathy: Why It Matters, and How to Get It*, Perigee, 2014.

11 John L. Havlik, et al., "The bystander effect in rats," *Sciences Advances*, Vol 6, No. 28, July 8, 2020.

12 David A. Shore, et al., "How tackling the hard stuff can break down resistance to change," McKinsey & Company, July, 2019; and David A. Shore, et al., "People will resist change: Here's how to approach it," McKinsey & Company, July, 2019.

13 Mandy Roth, "6 Ways to build the healthcare system of the future," *HealthLeaders*, August 9, 2020.

Exhibit 1: The PSEC Spectrum of Caring



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Change initiatives rarely fail because of the technology; they fail because of people.

Empathy: Urgent Now; Important Always

It is less risky to display pity and sympathy because they do not require that we become vulnerable. It is also common to use the terms empathy and compassion interchangeably. However, there are central behavioral distinctions between all four as noted in **Exhibit 1**. For instance, empathy requires the capacity to put oneself in another's situation, which involves vicariously experiencing their perspective and emotions. Compassion, by comparison, includes all the components of empathy, with one additional distinctive ingredient.

Literally meaning "to suffer together," compassion goes one step beyond empathy and includes a willingness to take action to alleviate another's suffering. As such, compassion—"empathy in action"—may register physically as a decelerated heart rate; secretion of the bonding hormone, oxytocin; and involve regions of the brain associated with caregiving. Some would argue that pity, sympathy, and empathy without action are meaningless. With compassion, you

recognize another's distress and you act to alleviate it. Compassion needs to become a verb. However, there is a distinctive value-added benefit to empathy, and therefore empathy is the focus of this article series.

Empathy is the ability to understand and share the feelings and experiences of another. In other words, empathy is imagining yourself in someone else's skin: feeling what they feel and seeing yourself and the world from their point of view. As the character Atticus Finch says in Harper Lee's *To Kill a Mockingbird*, "You never really understand a person until you consider things from his point of view...until you climb into his skin and walk around in it."

Empathy represents deep caring and occupies a place of pride in both building and rebuilding trust.¹⁴ The ROI of empathy is substantial. It serves as catalyst to gaining influence, loyalty, and engagement. It creates better connections and relationships. Without empathy, one might assume that others' needs, boundaries, and experiences are the same as yours. Engaging with empathy will help you to better understand the people you are working with and to understand more about their thoughts, feelings, and actions. Empathy helps you avoid misunderstandings.

By contrast, empathy is *not*:

- Feeling sorry for someone (sympathy)
- Judging whether they are right or wrong
- Fixing it
- Trying to dissuade them from how they feel

Understanding what empathy is and is not is the first step in assessing organizational barriers to engaging with empathy and compassion. The following articles in this three-part series will provide boards and senior leaders with a framework of empathy-building activities to build a culture of empathy that enables innovation and change and leverages the ROI of empathy.

The Governance Institute thanks David A. Shore, Ph.D. for contributing this article. Dr. Shore is a former Associate Dean of Harvard University where he continues to teach and lead professional development programs. He is also the former Distinguished Professor of Innovation and Change at Tianjin University of Finance and Economics (China). He serves on various boards including McKinsey & Company and the Marshfield Clinic Health System. He is Senior Consultant on Innovation at the United Nations. He can be reached at dshore@fas.harvard.edu.

¹⁴ David A. Shore, *Launching and Leading Change Initiatives in Health Care Organizations: Managing Successful Projects*, Jossey-Bass, 2014.