

Empathy Literature Review
Jessica Cheng
University of Southern California

Abstract

In this literature review, there is a discussion of empathy in the connection of improving communication between the elder and the caregiver. It has been found that mental and physical impairments that an elder has may increase the sense of caregiving burden as well as increase the probability of miscommunication. Therefore, the incidence of elder abuse has elevated rates in elder who may be physically or mentally impaired, demonstrating how the derailment of communication is directly linked to the possible increase of elder abuse. Another facet of elder abuse is also explored, in addressing how the persecution of duty or the perceived responsibility towards the elder may affect the attitude towards caregiving. The relationship between the caregiver and the elder is greatly affected by ease of communication which is often conflicted by the lack of understanding between physical and mental impairments. Yet, the dyad's relationship may also be derailed by the attitude in which both perceive their role. If the caregiver perceives caregiving as a burden or has been unexpectedly given the responsibility of caregiving, then they are less receptive of the elder. At the same time, the response of the caregiver and the ability to express the differences in communication also prove to be another factor in communication. There are many aspects that affects effective communication but more importantly there is a clear correlation between productive communication to prevent the misunderstandings that can cause elder abuse.

Health Care Empathy:

Medical students have shown a decline of empathy throughout the years of undergraduate medical education. There is a steadily decrease in empathy in specifically the third year (Hojat et al., 2009). This has been measured from the Jefferson Scale of Physician Empathy Medical Student Version (JSPE-MS) scores (Rosenthal et al., 2011). Empathy loss is shown to correlate with the increasing levels of exhaustion felt as schooling continues (Kinman & Grant, 2011). Specifically, exhaustion can be coupled with the high levels of stress and "burnout" feelings as found in social work. This then goes on to affect their ability to manage stress and promote well-being in their clients as well as themselves in a social care context ((Kinman & Grant, 2011). To combat the affects that exhaustion has upon empathy it is important to keep a level of resilience to promote a positive emotional health that allows one to more readily give empathy (Kinman & Grant, 2011). Other methods such as empathy-enhancing educational interventions help to improve empathy in undergraduate med education (Batt-Rawden , Chisolm, Anton, & Flickinger, 2013).

Empathy loss can even have an even more heightened possibility with medicals students who work with mental patients. These medical students find working with mentally ill patients to be unappealing (Cutler et al., 2009). Diseases such as dementia are mental diseases that medical students may not want to treat. There is a stigma, stereotyping, and stigmatization of psychiatric patients and empathy that can affect how physicians treat the patients (Cutler et al., 2009). Medical students are not only uncomfortable working with dementia patients, but there is also a notion that working with mentally ill patients will also make them unsettled (Cutler et al., 2009). Therefore, these medical students show less empathy in patient care but rather display hesitance and wariness when approaching the patient. Then, there is a level of stress that

accompanies empathy because of the expectations and stereotypes of how physicians should affect the patient's (Cutler et al., 2009).

Dementia:

Those suffering from dementia have impaired cognitive ability such as functions like memory, language, as well as executive functions with planning, organizing, and prioritizing tasks. With these impairments, those with dementia often have difficulties interacting in physical and social environments. For instance, they may experience confusion and difficulties when recognizing familiar environments or people. Because they struggle with interacting in their environments, this affects how they can communicate with their caregivers (Sörenson & Conwell, 2011).

Caregivers can be affected by the external factors that include their work and family burdens. Externally, the socioeconomic level, gender, and the degree of outside support given can affect the perception of the caregiving burden (Sörenson & Conwell, 2011). The Stress Process Model and the Appraisal Model were used to evaluate how the caregivers can respond to their duties. These models found that those of lower socioeconomic groups appear to suffer from psychosocial and physical health effects because they felt a great caregiving burden (Sörenson & Conwell, 2011). There have also been cultural differences shown between the perceived idea of burden in the caregivers. In this representation, there is a negative correlation to the external pressures affecting the caregiving abilities. Cultural differences can also influence different attitudes towards caregiving. African Americans and Hispanics seem to experience more perceived uplifts of caregiving than Whites (Sörenson & Conwell, 2022). While Americans and Latinos do not differ in their perceived burdens they have been diagnosed with more symptoms for depression (Sörenson & Conwell, 2011). Chinese American dementia family caregivers seem

Empathy Literature Review

to have cultural values such as filial piety and family harmony so will approach caregiving with great responsibility (Sun et al., 2012). Cultural differences demonstrate that different perspectives of families can allow for a different approach and attitude towards caregiving.

The caregiver can also be affected by the elders' health conditions and how the elder can communicate effectively with the caregiver. Caregivers of dementia patients experience a greater burden because the caregiving intensity is higher in comparison to caregivers of non-demented patients (Sörenson & Conwell, 2011). These caregivers experience less perceivable benefits and feel like they go through more difficulties (Sörenson & Conwell, 2011). In a study done with 176 primary family caregivers of patients with dementia, it was found that with less communication conflicts then there is less strain on work roles for the caregiver (Wang, Shyu, Tsai, Yang, & Yao, 2013). However, when the elder is unable to adequately communicate with the caregiver because of a disease such as dementia then there is communication conflict. Coupled with the communication conflicts are perceptions of greater difficulties (Wang et al., 2013). The perception of role strain is a great influence in the attitude of caregiving. When there is a decreased role strain then there is a maintained mental health in the caregiver (Wang et al., 2013). If the caregiver is more mentally healthy then they can approach the caregiving with less of a strained attitude.

Caregiver's Empathy

Caregiving empathy can be both affected by levels of exhaustion and the perception in which they view their caregiving duties. Caregiving empathy is like that of health care empathy in which their levels of exhaustion relates to how they perceive their caregiving burden (Gordon et al., 2011). Therefore, when more support is given to the caregiver then they perceive less of a caregiving burden (Gordon et al., 2011). The perception of their caregiving burden is determined

Empathy Literature Review

by how they accept their responsibilities. For example, the adult often embraces the caregiving duties towards their child with greater understanding (Igarashi et al., 2013). Yet, this same attitude does not carry over to their aging parents but they experience more "ambivalence" towards taking on the caretaking duties for elders (Igrashi et al., 2013). Therefore, the caregiver perceives a greater burden than when caring for their children. The parents have already prepared themselves to take on the caregiving duties for children but when they are approaching the caregiving of elders they do not know what to expect and come with trepidation (Igarashi et al. 2011).

The perception and the idea of how the view of how great the burden of caregiving can affect how the caregiving then can deliver the care. These associations between the caregiver benefit and burdens are key factors into the caregiving experience that was measured by the Pearson's correlations findings. As the relationship quality between the caregiver and the elder increases then there is a positive correlation to how the caregiver feels benefit while taking care of the elder thus feeling less of a caregiving burden in perceiving his or her tasks as tortuous (Lum et al., 2014). In contrast to other research, the Adult Career Quality of Life (Ac-QoL) Questionnaire and the Chi-Squared Fisher's Exact Test found that there are no significant differences in which the caregiver's quality of life is affected by the variable age, gender, ethnicity, and the hours spent caring (Long, 2014). In conclusion, internal beliefs have more of an effect on the caregiving burden than that found in the external influences.

Sense Impairments:

Hearing loss is a common disability that derails the mental and physical condition of elders (Boi et al., 2012). Particularly age-related hearing loss (ARHL) is known as presbycusis. This disease is qualified by the progressive deterioration of auditory sensitivity, loss of auditory sensory cells, and the slowing of central processing associated with the aging (Li-Korotky et al.,

2015). The physical impairment can negatively impact their mental state as those who suffer from hearing loss is positively correlated with a depressive mood. (Boi et al., 2012). Their comorbidity can be measured by Cumulative Illness Rating Scale and their functional ability by the Activities of Daily Living Scale and the Lawton Instrumental Activities (Boi et al., 2012). Hearing loss thus proves to be a problem that is affecting the daily living of elders. This can also affect the caregivers as the hearing loss affects their communication skills. Communication skills can be lacking when patients are in a depressive mood and those suffering from hearing loss is positively correlated to a depressive mood by the psychological status of the Center for Epidemiological Studies Depression scale and the quality of life by the Short Form (36) Health Survey (Boi et al., 2012).

Due to such they are unable to communicate in a conducive manner to their caregivers. Because of this negatively impacts communication and the relationship between the elder and the caregiver, this can lead to tension and an unharmonious relationship. In relation to their lack of harmony, it has been found in a study done on 1523 nursing home residents that those with severe vision and hearing ailments are more likely to suffer from abusive behaviors (Yamada et al., 2015). In regards to the intimate relationship with their caregivers they suffer from communication problems with their caregivers as well (Kamil et al., 2015). Miscommunication is positively correlated to the elder abuse (Yamada et al., 2015). To remedy the issue of abuse it is necessary to resolve the problems of communication that can arise because of the physical impairments of the elders.

For instance, treating hearing loss is possible through hearing aids and a greater understanding of aging hearing loss. Also, due to low self-efficacy they may not benefit from hearing aids as the majority may expect it would. (Oberg, 2015). Therefore, there is a need to

Empathy Literature Review

teach elders and caregivers to use hearing-aids to help optimize elders' participation in daily activities. (Smith et al., 2015). It is important to keep this open communication and understanding between the caregiver, elder, and healthcare personally. Sometimes the open communication can be lacking because the caregiver does not understand they have a physical impairment because of the expectation that they should have hearing loss with aging (Oberg, 2015). It was found that 848 men and women between the ages 75 to 90 reported difficulty in hearing in the Mini-Mental State Examination (MMSE) (Tuija et al., 2014). It is important to keep do physical checkups on these elders and be aware that their perception of their sensory abilities can be skewed.

Virtual Games:

Technology and specifically virtual reality games have been used to help improve cognitive function and communication skills in dementia patients. Health care workers, as shown by prior research, often do not feel comfortable with mentally impaired patients and that includes those with dementia (Cutler et al., 2009). To remedy this the Delta State University placed the Virtual Dementia Tour in the Bachelor of Social Work students' curriculum to increase these students' knowledge about aging so that with greater understanding they can improve their empathy towards older adults (Donahoe et al., 2014). Other methods of virtual realities can be used as a cognitive assessment in patients with brain injuries and disabilities (Koeing et al., 2012). Virtual realities with the use of an 8-week support group was used as a form of treatment in dementia patients (O'Connor et al., 2014). These interactions are proposed to reduce stress from the caring so there is relief from the caregiver. This is also a tool used to improve the mood of the those with dementia so they have lower levels of depression and perceived stress. In relation with an uplifted mood they can communicate more effectively.

Empathy Literature Review

Besides using virtual realities to develop greater understandings towards dementia, technology can also be used directly to improve the quality of life for dementia patients. For example, Internet usage can help increase their social interactions. By reducing social isolation, the elders' health's improve, but only a minority of elders is using Internet to connect with others (Jones et al., 2015). Internet usage must be more widespread to help stimulate their mental health. [JC20] With reduced loneliness and greater liveliness and connection to the world, it makes it easier for the caregivers to communicate effectively with the elders. Technology has been used as a manner to improve the ease of life and quality of life for those with dementia to decrease the work of the caregivers (Linda Garcia et al., 2012).

Works Cited:

- Batt-Rawden, S.A., Chisolm, M. S., Anton, B., & Flickinger, T. E. (2013). Teaching empathy to medical students. *Academic Medicine*, 88(8), 1171–1177.
<http://dx.doi.org/10.1097/ACM.0b013e318299f3e3>
- Boi, R., Racca, L., Cavallero, A., Carpaneto, V., Racca, M., Dall' Acqua, F., ... Odetti, P. (2012). Hearing loss and depressive symptoms in elderly patients. *Geriatrics & Gerontology International*, 12(3), 440–445. <http://dx.doi.org/10.1111/j.1447-0594.2011.00789.x>
- Cutler, J. L., Harding, K. J., Mozian, S. a., Wright, L. L., Pica, A. G., Masters, S. R., & Graham, M. J. (2009). Discrediting the notion “working with ‘crazies’ will make you ‘crazy’”: Addressing stigma and enhancing empathy in medical student education. *Advances in Health Sciences Education*, 14(4), 487–502. <http://dx.doi.org/10.1007/s10459-008-9132-4>
- Donahoe, J., Moon, L., & VanCleave, K. (2014). Increasing student empathy toward older adults using the virtual dementia tour. *Journal of Baccalaureate Social Work*, 19(1), 23–40.
<http://doi.org/10.5555/basw.19.1.fv3222u1026517q3>
- Gordon, J. R., Pruchno, R. A., Wilson-Genderson, M., Murphy, W. M., & Rose, M. (2011). Balancing caregiving and work: Role conflict and role strain dynamics. *Journal of Family Issues*, 33(5), 662–689. <http://dx.doi.org/10.1177/0192513X11425322>
- Hojat, M., Vergare, M. J., Maxwell, K., Brainard, G., Herrine, S. K., Isenberg, G. a, ... Gonnella, J. S. (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. <http://doi.org/10.1097/ACM.0b013e3181b17e55>

Empathy Literature Review

- Hooker, C. (2015). Understanding empathy: Why phenomenology and hermeneutics can help medical education and practice. *Medicine, Health Care and Philosophy*, 2015(1), 1-12. <http://dx.doi.org/10.1007/s11019-015-9631-z>
- Jones, R. B., Ashurst, E. J., Atkey, J., & Duffy, B. (2015). Older people going online: Its value and before-after evaluation of volunteer support. *Journal of Medical Internet Research*, 17(5), e122. <http://doi.org/10.2196/jmir.3943>
- Kamil, R., Lin, J., & Frank, R. (2015). The effects of hearing impairment in older adults on Communication Partners: A systematic review. *American Academy of Audiology*, 26(2), 155–182. <http://doi.org/http://dx.doi.org.libproxy.usc.edu/10.3766/jaaa.26.2.6>
- Kate, N., Grover, S., Kulhara, P., & Nehra, R. (2013). Relationship of caregiver burden with coping strategies, social support, psychological morbidity, and quality of life in the caregivers of schizophrenia. *Asian Journal of Psychiatry*, 6(5), 380–388. <http://dx.doi.org/10.1016/j.ajp.2013.03.014>
- Kinman, G., & Grant, L. (2011). Exploring stress resilience in trainee social workers: The role of emotional and social competencies. *British Journal of Social Work*, 41(2), 261–275. <http://dx.doi.org/10.1093/bjsw/bcq088>
- Koenig, S. T., D. Krch, N. Chiaravalloti, J. Lengenfelder, O. Nickelshpur, B. S. Lange, J. DeLuc, Rizzo, A. A. (2012). User-centered development of a virtual reality cognitive assessment. *In International Conference Series on Virtual Reality and Associated Technologies*.
- Li-Korotky, H.-S. (2012). Age-related hearing loss: Quality of care for quality of life. *The Gerontologist*, 52(2), 265–71. <http://dx.doi.org/10.1093/geront/gnr159>
- Linda Garcia, A. K. and E. M.-C. (2012). A discussion of the use of virtual reality in dementia. *InTech*, 124–136. <http://doi.org/http://dx.doi.org/10.5772/46412>

Empathy Literature Review

- Long, S. (2014). Variations in the quality of life of caregivers of children with speech impairments by age, gender, ethnicity, and number of hours spent caring.
- Lum, H. D., Lo, D., Hooker, S., & Bekelman, D. B. (2014). Caregiving in heart failure: Relationship quality is associated with caregiver benefit finding and caregiver burden. *Heart and Lung: Journal of Acute and Critical Care*, 43(4), 306–310.
<http://dx.doi.org/10.1016/j.hrtlng.2014.05.002>
- Igarashi, H., Hooker, K., Coehlo, D. P., & Manoogian, M. M. (2013). “My nest is full:” intergenerational relationships at midlife. *Journal of Aging Studies*, 27(2), 102–12.
<http://dx.doi.org/10.1016/j.jaging.2012.12.004>
- Oberg, M. (2015). Hearing care for older adults: Beyond the audiology clinic. *American Journal of Audiology*. http://doi.org/10.1044/2015_AJA-14-0077
- O’Connor, M.-F., Arizmendi, B. J., & Kaszniak, A. W. (2014). Virtually supportive: A feasibility pilot study of an online support group for dementia caregivers in a 3D virtual environment. *Journal of Aging Studies*, 30(0), 87–93.
<http://doi.org/http://dx.doi.org/10.1016/j.jaging.2014.03.001>
- Rosenthal, S., Howard, B., Schlusel, Y. R., Herrigel, D., Smolarz, B. G., Gable, B., ... Kaufman, M. (2011). Humanism at heart: Preserving empathy in third-year medical students. *Academic Medicine : Journal of the Association of American Medical Colleges*, 86(3), 350–358. <http://dx.doi.org/10.1097/ACM.0b013e318209897f>
- Smith, A. K., Jain, N., & Walhagen, M. L. (2015). Hearing loss in palliative care. *Journal of Palliative Medicine*, 18(6), 559–562. <http://dx.doi.org/10.1089/jpm.2014.0367>
- Sörensen, S., & Conwell, Y. (2011). Issues in dementia caregiving: Effects on mental and physical health, intervention strategies, and research needs. *The American Journal of*

Geriatric Psychiatry : Official Journal of the American Association for Geriatric Psychiatry. 19(5), 491-496. <http://dx.doi.org/10.1097/JGP.0b013e31821c0e6e>

Sun, F., Ong, R., & Burnette, D. (2012). The influence of ethnicity and culture on dementia caregiving: A review of empirical studies on chinese americans. *American Journal of Alzheimer's Disease and Other Dementias*. 27(1), 13-22.
<http://dx.doi.org/10.1177/1533317512438224>

Tuija, M. M., Portegiis, E., Rantakokko, M., Gagne, J.-P., Rantanen, T., & Viljanen, A. (2014). Association of self-reported hearing difficulty to objective and perceived participation outside the home in older community-dwelling adults. *Journal of Aging and Health*, 27(1), 103–122. <http://dx.doi.org/10.1177/0898264314538662>

Wang, Y. N., Shyu, Y. I. L., Tsai, W. C., Yang, P. S., & Yao, G. (2013). Exploring conflict between caregiving and work for caregivers of elders with dementia: A cross-sectional, correlational study. *Journal of Advanced Nursing*, 69(5), 1051–1062.
<http://dx.doi.org/10.1111/j.1365-2648.2012.06092.x>

Yamada, Y., Denkinger, M. D., Onder, G., Finne-Soveri, H., van der Roest, H., Vlachova, M., ... Topinkova, E. (2015). Impact of dual sensory impairment on onset of behavioral symptoms in European nursing homes: Results from the services and health for elderly in long-term care study. *Journal of the American Medical Directors Association*, 16(4), 329–33.
<http://dx.doi.org/10.1016/j.jamda.2014.11.006>