
Empathic Memory in Healthcare: Design Challenges for Supporting Sentimental Work and Emotional Labor

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Abstract

The role of empathy in healthcare is complex and often contested. While empathy has been positively linked to improved outcomes in patient health [4], there are also well-documented negative effects for clinicians over the long-term [5]. Using sentimental work [6] and emotional labor [1], we examine current healthcare circumstances which require long-term empathic engagement. We suggest the concept of empathic memory helps describe the strategies healthcare providers develop over time to sustain empathy.

Author Keywords

empathy; community health; nurses; diabetes; children; long-term

Introduction

Empathy has been broadly conceptualized as a cognitive and affective process of “walking in another shoes” [1][2] and been featured in several studies in HCI as a design goal (e.g. [3][4]). The role of empathy in healthcare, however, is complex and often contested. While empathy has been positively linked to improved outcomes in patient health [5], there are also well-documented negative effects for clinicians over the long-term, such as compassion fatigue [6].

In our work, we've studied "empathic providers," healthcare professionals for whom empathy is an expected and integral part of their day-to-day work. In this paper, we explore the long-term nature of empathy through detailing the ways in which clinicians—school nurses and diabetes educators—routinely engage with patients. We outline several challenges in supporting empathy and suggest that healthcare professionals develop "empathetic memory" over time through past clinical encounters and shared experiences.

Theoretical Framework: Work Practices and Empathy

Our discussion of empathy draws upon the theoretical concepts of "sentimental work" and "emotional labor." Strauss discusses the concept of "sentimental work" in healthcare as a type of micro-interactional activity that is performed in relation to other living beings, and includes such activities as establishing trust and gathering biographical information [7][8]. Sentimental work can be guided by both affective impulses and pragmatic considerations; it enables and is often intertwined with other technical and cognitive forms of work. A nurse who talks a patient through the collection of a blood sample, for example, helps reduce anxiety and also facilitates the clinical diagnostic process.

The broader organizational forces that shape empathic relations create a dynamic known as "emotional labor." Emotional labor is "the act of expressing organizationally desired emotions during service transactions with a client [1]." In healthcare settings, the emotional autonomy of the clinician is reduced to better satisfy the expectations of the patient, thus improving health outcomes [5]. However, this labor places a substantial burden on the provider, especially

when considering the long-term institutional expectation of empathy [6].

Applying the concept of sentimental work and the lens of emotional labor to our work with community health providers, we examine current healthcare circumstances that require long-term empathic engagement and the strategies used to sustain empathy in these contexts. We suggest the concept of "empathetic memory" helps describe the long-term strategies healthcare providers develop over time through past clinical encounters and the shared experiences to handle the burden of sustained sentimental work and emotional labor.

Our Work: Reflections on Community Health

This paper draws on findings from two ongoing, independent studies involving empathic providers.

This first study examined local health information needs in Flint, Michigan from the experiences of people living with diabetes, hypertension, and kidney disease [9]. Our participants were diabetes educators (e.g. nurses and dietitians) in Flint. Working primarily with patients from low-income, urban neighborhoods, our participants emphasize the importance of a holistic understanding of the patient and their daily life. Along with addressing the personal distress related to the management of chronic illness, diabetes educators in Flint are routinely called upon to deal with complex psychosocial issues such as poverty, mental health conditions, experiences of traumatic violence, and substance abuse during their consultations and classes. As an informational resource and emotional "lifeline" for many patients in their care, diabetes educators adopt

personal and organizational strategies to help engage empathetically with patients.

The second study investigated of the role of school-based nurses in underserved communities. In these communities, nurses find themselves juggling their responsibilities as public health professionals with the individual case management of desperate families caring for children with an array of acute, chronic, and life-threatening health conditions. In these high-needs, high demand environments, school nurses operate daily as open door, on-demand providers, expected to provide consistent compassionate care to every student.

In the following section, we give two examples from our studies of long-term challenges for healthcare providers: developing empathic expertise and compassion fatigue. We are interested in how these examples speak to the long-term implications for technology designs aimed at supporting empathy in patient-clinician interactions.

Supporting empathy over the long-term

1. How do clinicians learn to empathically respond to situations for which they have little or no experience?

Diabetes educators routinely perform patient assessments, with their goal being “trying to understand from their [the patient] point of view.” They gather information about the patient’s health history, social situation, and emotional well-being. Assessment questions include queries such as, “So who have you known with diabetes?” and “When you first heard that word, what went through your mind?”

Understanding and responding to the often-silent subtext of patient responses to these questions, however, often calls for a kind of empathetic expertise. Experienced diabetes educators note that the clinician needs to “read through the lines” to get at what is the patient’s immediate need or pressing concern.

You can get a person on the phone. They’re calling us to read their blood sugars. And then you see a lot of elevations. You wonder is it high because you went out for dinner and had two pieces of cake that night? Or is it high because you forgot your medicine that day? Or is it high because you are coming down with a bad cold and then your grandmother died and you had a funeral? Is it all of that? You have to pick it apart.

In this example, empathic experience was needed to “pick apart” and discern not only how the stress of a funeral can elevate blood sugar, but also how to respond with care and sensitivity to a grieving patient. This empathetic expertise was gained over time through repeated clinical encounters, but also shared collectively in the clinic through collaboration on cases and mentorship among the diabetes educators.

2. How do clinicians engage empathically with hundreds of patients without developing compassion fatigue?

School nurses regularly see anywhere from 10 up to 20 children in a single day, sometimes many more. In interviews, our participants describe frequently dealing with emotionally taxing situations like child abuse and caring for medical fragile, even dying, children, while in the next hour trying to discern if a child with a stomach ache is getting enough food at home. Despite the

constant emotional burden, these nurses maintain an empathic atmosphere.

Our findings suggest that this atmosphere is created by common time-tested interaction routines. Children are actively welcomed into the office with actions like greeting the child by name and acknowledging their right to be there (i.e. asking "What can I do for you?" vs. "Why are you here?"). With this routine, even new nurses are able to quickly create the trust relationships required deliver care to vulnerable children.

Nurses also draw on past experience to respond empathically to the needs of a child when they cannot engage with them in the moment. For example from observation, a pre-schooler entered the nurse's office and announced that she had a loose tooth. The office, however, was already filled with children from a recent altercation during recess. The nurse had no attention to spare for the little girl, but she did have a wealth of past experience to draw on to decide how to handle the situation. She put her hand on her shoulder to calm her, sat her down close to her desk so she wouldn't feel ignored, and a few minutes later, sent her away content with a little baggie of ice cubes, a guaranteed therapy for children non-medical complaints.

Future Directions

We suggest the term empathic memory might serve as a helpful framing device to explore long-term sentimental work and emotional labor in this design space. Empathetic memory, for instance, references how sentimental work and emotional labor are performed through routines and organizational structures. Further, it highlights how empathy develops over time in relation to recognizable communication

patterns, local knowledge, and learned skills. Research questions we plan to consider include: How do clinicians respond empathetically, when their own personal experiences evokes a different response? What might be the consequences or cost of supporting empathy over the long term? What might collective empathetic memories in communities' health contexts look like?

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