

# Communicating empathy in veterinary practice

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In human medicine, expression of empathy is associated with improved diagnostic accuracy, increased patient adherence to treatment recommendations, decreased malpractice risk, and enhanced patient and physician satisfaction.<sup>1-3</sup> In veterinary medicine, communication of empathy is associated with higher client and veterinarian satisfaction.<sup>2,4</sup> However, two studies reported that empathy statements were present in only in 7%<sup>1</sup> and 41%<sup>4</sup> of companion animal appointments. Veterinarians frequently miss empathic opportunities, failing to demonstrate empathy in response to clients' emotion or concern.<sup>1,4</sup> Failure to demonstrate empathy is one of the most common causes of formal complaints from veterinary clients.<sup>5</sup> Therefore, it has been recommended that veterinarians improve their ability to communicate empathy to clients.<sup>4</sup> This article will define clinical empathy, provide strategies to communicate empathy to veterinary clients, and discuss potential barriers to expressing empathy in clinical settings.

## DEFINITION OF CLINICAL EMPATHY

Empathy is commonly defined as the ability to recognise the emotions of another person while maintaining one's own perspective.<sup>6,7</sup> However, this definition of empathy is incomplete in a clinical context. There are three components of clinical empathy: (1) the ability to understand the client's perspective including their emotions, thoughts, beliefs, and circumstances; (2) the ability to communicate that understanding back to the client; (3) the ability to act on that understanding in ways that are helpful for the patient and/or client.<sup>2,8-11</sup>

This article will focus on the second component of clinical empathy (ie. skills to communicate empathy). However, emphasis on skills to communicate empathy should not overlook the importance of understanding the client's perspective and acting on that understanding in therapeutic ways.<sup>3,12</sup> Skills involved in understanding another person's perspective include attentiveness (observation of the other person's verbal and nonverbal messages), open-mindedness (receptivity to the other person's perspective without judgment or assumption), and imagination (creatively projecting oneself into the other person's world).<sup>6,13</sup> Other qualities that facilitate understanding another person's perspective include motivation to connect with others,<sup>12</sup> self-awareness of one's own emotional state,<sup>10</sup> and decreased preoccupation with one's own concerns and experience.<sup>10</sup> Clinicians must also act on their understanding of clients' perspectives. Empathy has been described as an "informer of appropriate action"<sup>14</sup>, which is particularly relevant in clinical settings. Veterinarians' understanding of clients' thoughts and feelings is a valuable source of information to guide

diagnostic and treatment decisions.

There are several misconceptions about empathy which should be addressed.

Empathy is not simply feeling what another person is feeling. Sympathy refers to an involuntary emotional response to another person's suffering and may involve feeling what the other person is feeling; empathy involves cognitive recognition of another person's emotional state without necessarily feeling the same way.<sup>10,15</sup> Sympathy can create difficulty in maintaining awareness of whose feelings belong to whom, whereas empathy involves understanding another person's experience without becoming immersed in their experience and retaining one's own perspective.<sup>4,10,15</sup>

Empathy should not be confused with sympathy.

Empathy is not simply kindness or compassion. The concept of empathy is strongly associated with affectionate and caring attitudes, but it is important to remember that empathy specifically involves understanding another person's perspective.<sup>10,14,16</sup>

Empathy is not an immediate, intuitive, and automatically accurate understanding of another person's perspective.<sup>13,1</sup>

Rather, empathy is an ongoing process of recognising cues about another person's feelings, interpreting the meaning of those cues, and verifying whether those interpretations are correct in order to build an accurate understanding of their perspective.<sup>13,17</sup>

Empathy does not require agreeing with another person or having shared similar experience.<sup>17</sup> In fact, focusing on clinician and client similarities or shared experiences may contribute to over-identification with client experiences and loss of objectivity.<sup>13,15</sup>

## SKILLS FOR COMMUNICATING EMPATHY

The process of communicating empathy is a five-step cycle: (1) client expresses a feeling; (2) clinician recognises this feeling; (3) clinician conveys recognition of the feeling to the client; (4) client receives this conveyance of recognition; (5) client provides feedback to the clinician that the recognition has been received.<sup>18</sup>

### STEP 1: CLIENT EXPRESSES A FEELING

Open-ended questions, attentive listening, and facilitative responses encourage client expression of feelings and concerns.<sup>12,15,17</sup> Open-ended questions invite clients to elaborate and cannot be answered in one or two words. For example, "Tell me more about your concerns..." or "What worries you about this plan?" are open-ended questions. "Do you agree with this plan?" is a closed-ended question because it can be answered with "yes" or "no". Attentive

listening means focusing on the client’s words and non-verbal cues without being pre-occupied by formulating a response, while using body language to demonstrate interest.<sup>17</sup> Eye contact conveys attentive listening and improves the likelihood of detecting emotional distress through observation of client non-verbal cues.<sup>19</sup> Facilitative responses encourage clients to continue speaking, including neutral statements such as “uh huh,” “I see”, and “go on”, as well as repeating or paraphrasing client’s statements. Silence can also be an effective facilitative response,<sup>17</sup> especially when accompanied by attentive body language. During the beginning of the interaction, silence and neutral facilitative phrases are less likely to cause interruption than repetition or paraphrasing.<sup>17</sup>

**STEP 2: CLINICIAN RECOGNISES THE FEELING**

Veterinarians often fail to recognise clients’ feelings or acknowledge empathic opportunities.<sup>14</sup> An empathic opportunity is a direct, explicit expression of feeling or concern by the client.<sup>8</sup> However, clients frequently express feelings indirectly through hints or nonverbal cues.<sup>8,16,17</sup> Noticing these indirect hints and cues provides

an opportunity for clinicians to further explore the client’s underlying feelings. However, simply noticing indirect emotional cues does not mean that those cues are correctly interpreted. Clinicians should avoid making assumptions, and should verify the accuracy of interpretations by verbally acknowledging cues and asking clients to clarify their thoughts and feelings.<sup>17</sup> When asking clients to clarify their perspective, questions phrased with “when,” “what,” or “where” can be helpful, but questions phrased with “why” should be avoided as they can imply judgment and provoke guilt or defensiveness from the client.<sup>20</sup> For example, asking, “What are some of the reasons that you stopped giving Jack his medication?” conveys less judgment about the client’s decision than asking, “Why did you stop giving Jack his medication?” Direct questions about feelings may be overwhelming or uncomfortable for some clients; an alternative approach to clarifying the client’s perspective involves using third person language to bring up potential concerns.<sup>21</sup> For example, if the veterinarian suspects that a client is uncomfortable sharing their concerns about spaying their dog, the veterinarian could say, “Many clients have concerns about spaying their puppy...” and then allow a brief

Level	Description	Example
Denial or disconfirmation	Clinician ignores the empathic opportunity or gives an invalidating response.	“Is Maggie eating and drinking normally?” (ignored)  “She seems fine. You shouldn’t worry about that.” (invalidated)
Perfunctory recognition	Clinician gives an automatic and superficial response that provides minimal recognition of the empathic opportunity.	Veterinarian says, “Okay...” with no eye contact while flipping through the medical record.
Implicit recognition	Clinician focuses on a peripheral aspect of the client statement and changes the topic, without explicit acknowledgement of the central issue.	“Is she still getting meloxicam?”
Acknowledgement	Clinician explicitly acknowledges the central issue but does not encourage further discussion about it.	“It sounds like you’re concerned about Maggie’s arthritis.”
Pursuit	Clinician explicitly acknowledges the central issue and pursues the topic by asking questions, offering advice, or elaborating on the issue.	“It sounds like you’re concerned about Maggie’s arthritis. What have you noticed that makes you think it’s getting worse?” or “You’re worried you won’t be able to provide the support she needs at home. Tell me more about your concerns.”
Confirmation	Clinician makes statements that legitimise and validate the client’s emotion or concern.	“Providing physical support to big dogs with arthritis can be a real challenge. It’s understandable to be worried about that.”
Shared feeling or experience	Clinician self-disclosure with an explicit statement that they share the client’s emotion or have had a similar experience.	“I share your concern.” (shared feeling)  “My German Shepherd is partially paralysed in the hind legs and it can be hard to help him get around the house. So, I can imagine how difficult it would be for you to help Maggie on the stairs.” (similar experience)

**Table 1: Empathic Communication Coding System (ECCS), adapted from Bylund and Makoul (2005)<sup>9</sup> for veterinary medicine. An empathic opportunity is a direct expression of feeling or concern by the client. Examples of each type of empathy statement represent the veterinarian’s response following the client’s comment, “I think Maggie’s arthritis is getting worse. She’s such a big dog, and it’s getting harder for me to help her up the stairs these days.”**

silence to invite the owner to share their concern. If the client remains reluctant to address the issue, the veterinarian can then follow up with more specific third-person statements such as, "Some people worry about complications from the surgery..." Phrasing statements this way allows the owner to 'save face' and elaborate on their concerns without having to bring it up themselves.

### STEP 3: CLINICIAN CONVEYS RECOGNITION OF THIS FEELING TO THE CLIENT

Recognition of client feelings can be conveyed through empathy statements as well as non-verbal behaviour.

#### (I) EMPATHY STATEMENTS

Empathy statements demonstrate the clinician's awareness and understanding of the client's experience, linking the 'I' of the clinician to the 'you' of the client.<sup>17</sup> However, the words 'I' and 'you' are not necessarily required to convey empathy. Empathy statements are most effective when they are concise (fewer than two to three sentences) and unambiguous.<sup>6</sup>

The ECCS<sup>9,22</sup> describes several types of empathy statements (see Table 1).

Physicians' empathy statements to patients most commonly involve acknowledgement, pursuit, and confirmation; these types of statements are sufficient to meet patient expectations of empathy.<sup>9</sup> Physician self-disclosure of shared feelings or shared experience is rare and is not necessary for effective communication of empathy.<sup>9</sup> Empathy statements conveying shared feeling/experience should be used with caution, because these statements can draw attention away from the client's concerns<sup>23</sup> and may seem inauthentic if clinicians do not genuinely share the client's feelings or have

not had a similar experience. Although the ECCS has not been applied in veterinary settings, literature from human medicine suggests that empathy statements involving acknowledgement, pursuit, and confirmation may be most effective in conveying understanding to veterinary clients. Empathy statements can also be conceptualised as varying from basic to complex in three general areas: the degree of certainty, the degree of intimacy, and the degree of interpretation (see Table 2).<sup>6</sup> There is considerable overlap between these areas. Basic empathy statements demonstrate attentive listening and concern, but suggest more superficial understanding. Complex empathy statements are usually more effective in conveying understanding and sensitivity, but risk causing disengagement from the client if the veterinarian's interpretations of client cues are inaccurate or if clients are uncomfortable with implied intimacy.<sup>6</sup> Not all empathy statements are equally effective with all clients,<sup>6</sup> so veterinarians should be flexible in their ability to use different types OF empathy statements.

#### (II) NON-VERBAL STRATEGIES TO REINFORCE EMPATHY

In addition to empathy statements, non-verbal behaviour is an important aspect of communicating empathy.<sup>16,17,21</sup> Effective non-verbal communication enhances clients' perception of veterinarians' warmth and interactivity.<sup>4</sup> Eye contact is one of the most important non-verbal skills for expressing empathy.<sup>17,24</sup> Physicians who make more eye contact are perceived as more empathetic by patients.<sup>17</sup> Gaze withdrawal is particularly disruptive when clients are expressing emotion or concern, so note-taking should be avoided when clients are sharing their feelings.<sup>17</sup> In a

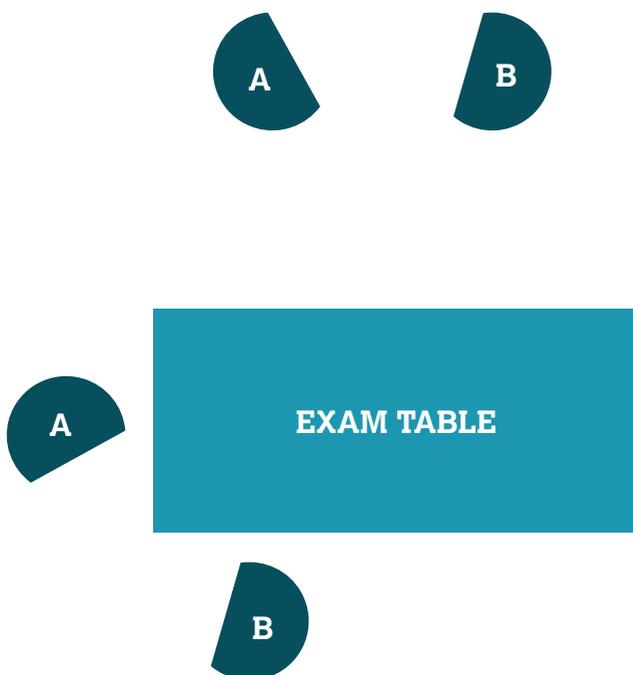
Area	Description	Example
Degree of certainty	Extent to which the veterinarian expresses certainty or confidence about what the client is feeling. Basic statements convey considerable uncertainty. Complex statements suggest a high degree of certainty and confidence.	Basic: " <u>It sounds like you might be feeling guilt about what happened.</u> "
		Complex: " <u>You are feeling guilt about what happened.</u> "
Degree of intimacy	Extent to which the veterinarian conveys a sense of emotional intimacy or implies a shared perspective. Basic statements imply greater distinction between veterinarian and client perspectives (less intimacy). Complex statements convey greater intimacy; third person impersonal phrases (such as "it is" or "there are" or "it does") can be used to reinforce the impression of a shared perspective.	Basic: " <u>To me, it seems that you are feeling guilt about what happened.</u> "
		Complex: " <u>This is a very difficult situation. Feeling guilt is a common response.</u> "
Degree of interpretation	Extent to which the clinician has interpreted the client's verbal and nonverbal cues. Basic statements involve minimal interpretation, repeating back what the client said using similar words. Complex statements involve rephrasing and expanding on the client's comments to describe their perspective in a way that is accurate but more extensive than what the client explicitly stated.	Basic: " <u>I can see that you feel bad about losing your grip on the leash.</u> " Complex: " <u>I hear you blaming yourself for what happened, which probably makes this situation feel even more overwhelming. Guilt might also be creating a sense of urgency to visit Jasper in the back, even though he's still unstable, because you want to apologise and let him know you're here.</u> "

**Table 2:** Basic and complex empathy statements, adapted from Shea (1998)<sup>6</sup>, for veterinary medicine. Examples of each type of statement represent the veterinarian's response to a client whose dog was hit by a vehicle and presents in unstable condition; the client has just said, "If only I hadn't answered my phone, I wouldn't have lost my grip on the leash, and then he wouldn't have run out into the street, and this never would have happened!"

two-person interaction, the majority of people feel most comfortable sitting or standing approximately 1.2-1.5m apart with their bodies turned at a 5-10 ° angle from the horizontal line between them.<sup>6</sup> This positioning can also be established around the corner of a desk or an exam table. (see Figure 1). This positioning creates a sense of shared perspective and reinforces a feeling of collaboration, and also allows eye contact to be broken and re-established naturally without change in posture.<sup>6,21</sup> The veterinarian’s eye level should be at, or slightly below, the client’s to minimise feelings of powerlessness or vulnerability in the client.<sup>21,24</sup> Sitting on the floor can be a powerful way for veterinarians to help clients and animals feel more at ease.<sup>21</sup> Touch can be used to convey empathy. The safest places to touch are the shoulder, upper or lower arms, and the top of the hand.<sup>25</sup> If veterinarians or clients are uncomfortable with physical contact, touching the animal while speaking to clients can also demonstrate empathy.<sup>24</sup> Other ways to facilitate expression of empathy using body language include leaning towards the client and mirroring clients’ body language and facial expression.<sup>17,21</sup> Physicians’ tone of voice is one of the non-verbal behaviours most often noticed by patients.<sup>4</sup> Emotional expressivity in vocal tone can reinforce the impact of empathy statements by conveying concern on behalf of the client. When clients are angry or confrontational, maintain a calm and neutral tone while mirroring them by increasing the volume of one’s voice.<sup>21</sup> Talk slowly and allow brief periods of silence after speaking to increase the impact of empathy statements.<sup>17</sup>

There are additional considerations when expressing empathy in certain clinical situations, such as financial discussions, euthanasias, and life-threatening emergencies. Empathy should be conveyed prior to conversations about costs, to ensure that a trusting relationship has already been established.<sup>16</sup> Empathy statements that focus specifically on legitimizing and validating clients’ feelings are especially important during euthanasias or end-of-life discussions.<sup>26</sup> If veterinarians feel unable to find the right words when faced with clients’ grief during euthanasias, silence can be very effective in providing comfort and emotional support.<sup>20</sup> In emergency settings, some clients may be overwhelmed with distress due to the sudden and unexpected nature of emergencies,<sup>25</sup> which can make it difficult for them to recognize the veterinarian’s attempts to convey empathy. Therefore, empathy statements in emergency situations should be simple and direct, and should focus on acknowledging the client’s distress rather than encouraging elaboration. Empathy statements in emergency situations should also be immediately followed by a plan of action. For example, an emergency veterinarian could say, “I can see that you are very upset. I know this is difficult, but right now, we need to...” Some clients may feel frustrated when the veterinarian tries to connect with them in emergency situations, because they believe that their animal needs the veterinarian’s attention more than they do<sup>25</sup> or because they view empathy as a waste of time when urgent decisions need to be made. If emergency clients are not receptive to empathy for these reasons, veterinarians should avoid further attempts to express empathy at that moment and instead try a different approach. One approach is to shift the focus of the conversation toward making treatment decisions, and later resume expressing empathy only after the client seems satisfied that their animal is receiving adequate care. Another approach is to have a second staff member (ie. technician, intern, or resident) remain with the client while the veterinarian leaves the room to manage initial treatment; clients often become more receptive to empathy conveyed by the second person when they know that the veterinarian is stabilising their animal.

**(III) OTHER CONSIDERATIONS FOR CLINICAL EMPATHY**



**Figure 1: Preferred sitting/standing arrangements for a two-person interaction in open space (top) and around an exam table (bottom). A distance of 1.2-1.5m between participants is generally considered most comfortable. A: client. B: veterinarian.**

**STEP 4: CLIENT RECEIVES THIS CONVEYANCE OF RECOGNITION AND STEP 5: CLIENT PROVIDES FEEDBACK THAT THE RECOGNITION HAS BEEN RECEIVED**

The last two steps in the empathy cycle emphasise the subjective nature of empathy: no matter how accurately the clinician believes they have understood the client’s perspective, and no matter how effectively they believe they have communicated this understanding, empathy is incomplete if the client does not feel understood.<sup>18</sup> Clients may provide direct feedback stating that they feel understood, but this feedback is often less obvious. Veterinarians should look for key non-verbal indicators of agreement suggesting that empathy has been received by the client, including head nodding, muscle relaxation, open posture, increased eye contact, and increased readiness to speak.<sup>6,21</sup> Skills used to express empathy should be adjusted

over the course of the interaction if they are not recognised or not well-received by the client.

### EMPATHY PITFALLS

Attempts to convey empathy can sometimes backfire. Empathy pitfalls include inauthentic empathy, excessive empathy, premature empathy, and reassurance. These pitfalls damage rapport by provoking discomfort and distrust from clients. Evidence that the veterinarian's expression of empathy was poorly received by the client include direct statements of disagreement, abrupt changes of topic, hesitation, irritation, physical withdrawal (ie. leaning away, crossing arms, breaking eye contact), and more frequent or more overt non-verbal cues of distress.<sup>6</sup> If these signs are noticed, veterinarians should consider whether empathy pitfalls have occurred and then modify their approach to communicate empathy in ways that the client may be more receptive to.

Non-verbal messages usually override verbal messages if the two are contradictory.<sup>7,21</sup> Veterinarians' empathy statements may therefore be perceived as inauthentic if accompanied by non-verbal behaviour conveying disinterest, distraction, or frustration. Inauthentic empathy can lead to distrust, dissatisfaction, and even hostility from clients.<sup>15,21</sup> Expressing inauthentic empathy may be more damaging to rapport than not expressing empathy at all. Eye contact, neutral facilitative phrases, and attentive silence are more appropriate than forced empathy statements if the veterinarian does not feel genuine empathy for the client at that moment.

On average, companion animal veterinarians make fewer than one empathy statement per appointment.<sup>4</sup> Physicians who are perceived as warm and empathetic typically make multiple empathy statements during a clinical interaction, approximately one empathy statement every five to 20 minutes.<sup>6</sup> Veterinarians should attempt to express empathy at least once during appointments, using empathy statements and/or empathetic non-verbal behaviour. However, overuse of empathy statements can make the clinician seem superficial or condescending.<sup>6</sup> Excessive focus on conveying empathy, particularly when delivering bad news, may also give clients the impression that the situation is worse than it really is.<sup>25</sup>

Clients' first impressions of clinicians are formed within the first few minutes, so empathy should be expressed relatively early during an interaction.<sup>6</sup> However, premature empathy statements can act as interruptions and reduce the amount of information ultimately shared by clients.<sup>8</sup> An effective strategy for communicating empathy without risking premature disruption is the lasso effect.<sup>8</sup> The lasso effect involves withholding empathy statements until the client's initial story is complete, and then responding to a series of empathic opportunities with a single summarising empathic response. For example, the veterinarian could use neutral facilitative responses while a client shares several concerns about her geriatric cat and then respond by saying, "I can hear that you're worried about Pepper's weight loss and you're afraid that her kidney disease might be getting worse. It sounds like you also feel some guilt about leaving her with your daughter

while you were away, and you're angry at your daughter for changing her food."

Shaw et al, reported that veterinarians offered reassurance statements in over 60% of appointments, while empathy statements were present in only 7% of appointments.<sup>1</sup> It is important to remember that reassurance is not the same as empathy. Empathy statements communicate understanding of client perspectives, while reassurance statements emphasise positive outcomes or minimise the severity of problems. For example, if a client says they believe that the swelling on their cat's paw is cancer, an empathy statement could be, "It sounds like you're afraid that this swelling might be something serious," while reassurance statements include, "It's going to be okay," or, "It's just a little inflammation, that's all." Reassurance does not necessarily convey understanding of client concerns and can come across as dismissive or trivializing, especially when reassurance is offered before clients have fully verbalised their concerns or when it seems unrealistic.<sup>4,17</sup> Reassurance should not be used as an empathy statement.

### BARRIERS TO EXPRESSING EMPATHY

Many clinicians assume it is not possible to communicate empathy in time-limited circumstances.<sup>16</sup> However, empathy does not need to be prolonged to be effective. One study reported that the sequence of patient-expressed empathic opportunity followed by physician empathic response had a mean duration of 26 seconds and the mean number of empathic responses per interaction was 2.5 so expressing empathy for patients added an average of only 64 seconds to consultations.<sup>9</sup>

Gender can also influence expression of empathy. Female physicians tend to convey more empathy, even though the number of empathic opportunities created by patients is independent of the gender of the patient and physician.<sup>22</sup> Patient satisfaction is higher when physicians display stereotypical gender non-verbal behaviour; dominant behaviour in female physicians is viewed more negatively than in male physicians.<sup>11</sup> Female veterinarians make more positive and facilitative statements, spend more time building rapport, and are perceived by clients as more friendly and less rushed than male veterinarians.<sup>11</sup> Veterinarians should be aware of how gender dynamics may influence their communication style as well as clients' perceptions. For example, male veterinarians could practice an unhurried demeanour and express empathy more explicitly to counteract client tendency to perceive them as more rushed and less friendly.

Clinicians may fear that expressing empathy will provoke strong emotional reactions from the client.<sup>4,20</sup> Attending to clients' intense emotion can be one of the most anxiety-provoking aspects of clinical communication.<sup>25</sup> Veterinarians' discomfort with client emotion can result in directing empathy statements towards the animal rather than the client. One study reported that 73% of empathy statements made by companion animal veterinarians were directed at the pet.<sup>4</sup> In that study, client satisfaction did not differ between interactions where empathy was directed at the

animal or at the client;<sup>4</sup> however, a different study reported that client satisfaction is more strongly correlated with how the veterinarian treats the client than their animal.<sup>27</sup> Despite these equivocal findings, it has been recommended that veterinarians should express empathy directly to clients rather than solely to the animal.<sup>4</sup> Veterinarians' discomfort with client emotion can also lead to labelling certain clients as 'difficult' and making judgments about their emotional responses.<sup>25</sup> Clients that are perceived to be overprotective, demanding, hostile, peculiar, or nervous are more likely to be viewed as difficult by veterinarians.<sup>2</sup> However, labeling clients as difficult and exchanging 'war stories' with colleagues about frustrating client interactions should be avoided, as this behaviour reinforces judgmental attitudes and interferes with the ability to empathise.<sup>25</sup>

Finally, veterinarians may be concerned that expressing empathy will require intense emotional engagement with clients. This concern can result in clinicians limiting their expression of empathy.<sup>12,21</sup> However, it should be emphasised that effective and authentic clinical empathy does not require intense emotional involvement. Empathy involves understanding the client's perspective; empathy is not simply feeling what the client is feeling, and empathy is not

simply demonstrating caring. It is important to avoid these misconceptions about empathy, because veterinarians who believe that empathy requires sharing clients' feelings and demonstrating kindness are more likely to feel drained by constant emotional involvement with clients.<sup>10,12,21</sup> In fact, excessive identification with client emotions should be avoided because it can contribute to burnout and compassion fatigue.<sup>10,12,28</sup> On the other hand, attempting to create emotional distance from clients by avoiding expression of empathy can have negative consequences, including client perception of the veterinarian as judgmental or disinterested and decreased client and veterinarian satisfaction.<sup>3,6,28</sup> To reduce the risk of compassion fatigue and improve clinical outcomes, veterinarians should maintain appropriate emotional distance from clients while remaining receptive to client feelings and concerns. Clinicians who view empathy as understanding client perspectives, rather than as sharing client feelings or demonstrating kindness, may be less vulnerable to compassion fatigue and better able to respond effectively to empathic opportunities.<sup>12</sup> When expressing empathy, remember: most people are not searching for someone who feels as they do, they are searching for someone who is trying to understand what they feel.<sup>6</sup>

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## READER QUESTIONS AND ANSWERS

### 1. IN ADDITION TO COMMUNICATING EMPATHY TO CLIENTS, WHAT ARE THE OTHER TWO COMPONENTS OF CLINICAL EMPATHY?

- A Kindness and compassion
- B Emotional engagement with clients and sharing their distress
- C Understanding the client's perspective and using that understanding to guide therapeutic decisions
- D Making intuitive assumptions about client feelings and providing advice based on those assumptions
- E Agreeing with all client requests and encouraging collaborative decision-making

### 2. WHAT STRATEGIES ARE RECOMMENDED REGARDING EMPATHY STATEMENTS IN EMERGENCY SITUATIONS?

- A Empathy statements should encourage clients to elaborate on their feelings
- B Empathy statements should involve veterinarian self-disclosure of shared experience
- C Empathy statements should be made before discussing treatment decisions
- D Empathy statements should be simple, direct, and focused on acknowledging client distress
- E Empathy statements should never be attempted during emergency situations

### 3. WHAT NON-VERBAL BEHAVIOURS INDICATE THAT A CLIENT FEELS UNDERSTOOD AFTER THE VETERINARIAN EXPRESSES EMPATHY?

- A Silence, crossed arms, touching their animal
- B Head nodding, eye contact, readiness to speak
- C Open posture, louder voice, gaze withdrawal
- D Fidgeting, smiling, hesitation
- E Muscle relaxation, flushed face, faster breathing

### 4. WHAT ARE APPROPRIATE RESPONSES TO A DISTRESSED CLIENT IF THE VETERINARIAN DOES NOT FEEL GENUINE EMPATHY AT THAT MOMENT?

- A Reviewing medical records and focusing exclusively on medical issues
- B Forced or perfunctory empathy statements
- C Hugging the client and touching their animal
- D Reassurance statements, sympathy, implicit recognition of concerns
- E Eye contact, neutral facilitative statements, attentive silence

### 5. WHICH EMPATHY PITFALL DOES THE LASSO EFFECT HELP AVOID?

- A Premature empathy
- B Inauthentic empathy
- C Excessive empathy
- D Insufficient empathy
- E Reassurance

ANSWERS: 1: C; 2: D; 3: B; 4: E; 5: A