

# Empathy vs. Sympathy vs. Compassion

Practitioners and staff will both benefit by understanding the differences.

BY LYNN HOMISAK, PRT

**To Our Readers:** *There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

## Re: Empathy, Sympathy, and a Little Kindness

Dear Lynn,

*We've never really thought to coach our doctors and staff on how to be more empathetic with our patients; however, as medical professionals, I feel this is an area that we can do better in our group practice. How does one teach the importance of having empathy in our everyday patient relations?*

Thank you for bringing this up. This is a great topic that doesn't often get attention and your awareness is step one in addressing it. Empathy is one of a caregiver's most essential patient communication skills. Essential not only to students but, as you pointed out, to existing practitioners and their staff.

You can start by defining what each is. Dr. Roy Schafer, a clinical psychologist and psychoanalyst explains, "Empathy involves the inner experience of sharing in and comprehending the momentary psychological

state of another person." Sympathy is defined as having feelings of pity and sorrow for someone else's misfortune. When you are sympathetic, you say, "I'm sorry that happened to YOU!" When you are empathetic, you say, "I understand how that makes you feel; I can relate." Compassion (kindness), the willingness to relieve the suffering of another, can be seen as an extension of both.

taining your daily running program? It's no wonder you're upset! I recognize how important these are to you and under the circumstances, how frustrating these restrictions must make you feel. Honestly, I would feel the very same way if I were personally experiencing what you are going through. Everything you are explaining to me makes perfect sense. Please continue.

**"Empathy is walking  
a mile in someone else's shoes, sympathy is being  
sorry their feet hurt!"**

"Empathy is walking a mile in someone else's shoes, sympathy is being sorry their feet hurt!" It's as if this John Steinbeck quote was created with podiatry in mind. Basically, he suggests that unless you can feel what it's like to be your patient, you are unable to connect with them emotionally, on an empathetic level. The following illustrates the difference between sympathy and empathy in a typical patient discussion:

**Empathy:** I understand you have been feeling pain in both your heels for about a month now (especially in the morning when you first step down). If I hear you correctly, the discomfort has caused you to miss work and prevented you from main-

**Sympathy:** I'd like you to know that you've come to the right place for help. There are several different approaches we can take today that will help relieve your discomfort. Together, we'll find the one that best fits your lifestyle. Here's what I recommend we do to get you back on your feet. (Present care plan). Is there anything else that we can help you with today?

It is very possible for an individual to improve patient relations just by expanding their current communication skillset. The following pointers might be helpful in this regard. Being more empathetic doesn't cost a dime. What it does do is create better

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patient connections, which in turn leads to increased patient compliance and more successful treatment out-

**obtain additional clarity.** Asking questions that start with “Did, Have, Can, Will, etc.” will only prompt a yes or no answer and likely give you less than satisfying responses. Try

**3) Don’t rush the interview.** Rather, make time to engage in a conversation. Giving your applicant an opening to comfortably speak about him- or herself without time restrictions usually results in getting personal, honest information to questions you are not legally allowed to ask, e.g., marital status, children, age, citizenship, etc.

**4) Administer appropriate tests, both skill and personality-oriented, to match the requirements of the position they are applying for.** For example, if you are looking for a re-

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comes. Hint: To make an even bigger impression, attach the word “sincerely” to each one.

**SINCERELY...**

- Spend the necessary time to hear your patients out;
- Ask questions—this allows for engagement and conversation;
- Listen intently and without judgment to learn underlying details;
- Be fully present, mindful, and understanding of the feelings they share;
- Make them feel valued;
- Make eye contact when communicating;
- Mentally put yourself in your patients’ shoes; and
- Offer help.

Finally, have your team develop some actual, real-life scenarios, and together script out positive, sensitive responses using these techniques. They will make a positive difference, sincerely!

### Re: Six Interview-Savvy Strategies

*Dear Lynn:*

*Can you share some new, “out-of-the-box” interview tips to help our hiring process moving forward?*

To be fair, not every hiring interview requires that you take a completely new, “out of the box” approach. There is still a lot to be said for tried and true methods that are very reliable when selecting new employees. With that in mind, here are some favorites: old and new.

**1) Ask the right questions, preferably open-ended questions, to**

rephrasing your questions to those beginning with “Who, What, When, Where and Why” if you want to get a more illuminating response.

As an example, “Did you like your previous job?” or “Tell me about your previous job; what did you enjoy about that position?”

**2) Applicants come prepared to say that they are capable of meeting your job expectations**

**based on your ad placement.** Their resume looks impressive and they’ve answered all your questions with confidence. Don’t be totally naïve. They are quick to talk about their accomplishments; however, without providing specific examples to support their declarations, these can amount to nothing more than well-rehearsed fluff. Dig deeper. “[Applicant name], give me an example of an idea you were excited to present to a previous employer that you felt would advance the company but was immediately rejected. What was your reaction and your state of mind moving forward?”

ceptionist, you may want to test their knowledge of computer software, typing, money handling, and please don’t forget phone skills! Also, do they have a communications background? All are beneficial in meeting this title description. P.S.—do yourself a favor and have a job description on hand during the interview.

**5) Role-play confrontational situations, e.g., YOU be the disgruntled patient who waited too long or presents with a statement they received that they feel is unfair.** Then,

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**If you are looking for a receptionist, you may want to test their knowledge of computer software, typing, money handling, and please don’t forget phone skills!**

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after creating the scenario, note how the applicant handles it, observing real-time body language, facial expressions, and choice of words. As the patient, do you feel their behavior would lead to a successful outcome? Are you calmed by how you were treated? Do you walk away a satisfied (or dissatisfied) patient?

**6) I know you've heard this one before, but I still consider it an "out of the box" approach since few hirers actually follow through.** That's a shame because it is probably one of the most eye-opening of all interview tactics. Once you've narrowed down your one or two best applicants, schedule a breakfast or luncheon with each of them separately. Applicants, unaware that their behavior and character are being judged, will generally act as they naturally do. This will seal the deal for you on whether or not they are the individual you want to hire. Now, here's an interesting twist (a secret from Walt Bettinger, Charles

*well, we realize that innovations may help to strengthen and grow our practice. Now is the time to take it to the next level. Where do we start?*

Good for you! As the saying goes, "Old habits die hard." Even though a new start can be extremely rewarding, it doesn't alter the fact that change is

make a positive difference in other areas of the practice as well.

**3) Set aside 5-10 minutes every morning to review the day's schedule.** This is NOT wasted time. Planning ahead gives you the necessary leverage to address the unexpected (Murphy's Law).

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not easy and even a bit scary. That's why New Year Resolutions are often tossed aside after only a few weeks; sometimes, after just a few days. Whether it is labeled a "New Year Resolution", or more fittingly, "a casual promise to myself that I am under no legal obligation to fulfill," you'll never know what good can become of your decision—unless you make it happen!

Without details of how your cur-

**4) Don't rush progress or expect change overnight.** Make a list of things you'd like to change (goals) and tackle them one at a time. Only after you complete one should you move on to the next.

**5) Reach out to your patients (satisfaction survey) to get their input on what changes they'd like to see.** If you tend to consistently run late; if your office needs a new face lift; if they have to wait too long for an appointment—rest assured—they will tell you. Exercising good customer service means making the effort to meet patients' needs. After all, patients matter! Without them, your office would be disconcertingly quiet.

You have recognized the need to move forward. At the end of the day, it's never too late to improve. Don't stay stuck. 2020 is your year to do better... so, do better! **PM**

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Schwab CEO): Arrive early and offer your server a generous tip to deliberately botch the order of your applicant. Then sit back and observe. How does this individual react to the apparent mix-up? Are they confrontational? Demanding? Or do they take things in stride? Their reaction is significant because you can expect they will interact with your patients similarly to how they interact with the servers, especially when things don't go just right.

## Re: 2020: A Fresh Start

Dear Lynn:

*Our entire team has come to the conclusion that it's time to make some changes in how we run our office. Our practice has been functioning the same way for going on 22 years and while mostly our methods have served us*

rent practice operates, it is difficult to offer specific fresh-start activities. After the obvious one--Make time to PROPERLY train your staff--here are five general game-changers that can help:

**1) Take your employee handbook/office manual down off the shelf,** brush off the dust, revise any outdated policies, and redistribute a new copy to staff, promising and providing time to discuss changes made.

**2) Arrange a group discussion (staff meeting) to review current scheduling habits.** Staff can input with firsthand knowledge and experience which strategies work and which don't. Listen to their ideas. In fact, listen to ALL their ideas on how to improve office procedures; they may surprise you with ones that will



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