

Empathy Training in Nursing Education: A Review of Experiential Approaches and Outcomes in the Asian Context

Samir p Sahoo 

Department of General Medicine, IMS and SUM Hospital, Siksha 'O' Anusandhan, Bhubaneswar, India

Abstract

Article history:

Received: 18 Aug 2025
Accepted: 20 Nov 2025
Available online: 25 Nov 2025

Keywords:

Empathy training
Nursing education
Experiential learning
Healthcare communication
Asian nursing
Competency development
Simulation
Literature review

Background: Empathy is a fundamental component of quality nursing care, influencing patient satisfaction, adherence to treatment, and clinician well-being. With the increasing technologicalization of healthcare, there is a pressing need to systematically cultivate empathy in nursing students, particularly through innovative educational strategies.

Objective: This review aims to synthesize and critically evaluate the current literature on experiential empathy training programs for nursing students, focusing on their implementation, efficacy, and methodological approaches, with specific attention to studies within the Asian context.

Methods: A narrative synthesis of the literature was conducted. Studies were included that investigated structured empathy interventions for nursing students, utilizing methodologies such as simulation, role-playing, and flipped classrooms. Outcomes of interest included changes in self-reported empathy, observed empathic behavior, and skill retention.

Findings: The evidence consistently demonstrates that well-designed, experiential training programs lead to statistically significant improvements in nursing students' empathy levels. These gains are documented using validated tools like the Jefferson Scale of Empathy (JSE) and the Consultation and Relational Empathy (CARE) Measure. Key effective pedagogical components include simulated patient interactions, reflective practice, and blended learning models. However, the field is limited by a predominance of quasi-experimental designs, small sample sizes, and a lack of long-term follow-up data.

Conclusion: Experiential empathy training is a highly effective and necessary component of undergraduate nursing education. To advance the field, future work should prioritize longitudinal studies, the development of culturally adapted interventions for diverse Asian populations, and more rigorous randomized controlled trials to strengthen the evidence base and ensure the sustained integration of empathy into clinical practice.

Cite this article as: Sahoo SP. Empathy Training in Nursing Education: A Review of Experiential Approaches and Outcomes in the Asian Context. 2025;1(1):24. <https://doi.org/10.22034/hssr.2025.561974.1026>

Introduction

The imperative for empathy in nursing is unequivocal. As a powerful therapeutic tool, empathy facilitates the development of a strong therapeutic alliance, improves patient satisfaction and adherence, and reduces burnout among healthcare providers [1,2].

In an era of rapid technological advancement in healthcare, the human dimension of care, embodied by empathy, has never been more critical [3]. Consequently, nursing education faces the ongoing challenge of not only imparting clinical knowledge but also systematically fostering the interpersonal skills

Correspondence:

Samir p Sahoo

E-mail: Drspshoo2025@yahoo.com



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) which allows users to read, copy, distribute and make derivative works for non-commercial purposes from the material, as long as the author of the original work is cited properly.

required for compassionate and effective patient care [4].

This challenge is particularly salient in the culturally diverse landscape of Asia, where healthcare dynamics are influenced by a unique interplay of social, linguistic, and socioeconomic factors [5]. The need for nursing graduates who possess both clinical proficiency and profound cultural and empathic competence is a growing priority within the region's evolving healthcare systems [6].

In response, nursing education has seen a shift towards experiential learning pedagogies designed to enhance empathy. These approaches, which include flipped classrooms, behavior evaluation, role-playing, and simulated patient interactions, actively engage students in the learning process [7]. While these initiatives have a solid theoretical grounding, empirical evidence of their efficacy, especially within the distinct cultural environment of Asia, requires consolidation. This review aims to synthesize existing research on experiential empathy training for nursing students, critically evaluate its outcomes and methodologies, and identify gaps to guide future educational practices and research in this vital area.

Methodological Approaches to Empathy Training

A key theme in the literature is the structure and delivery of empathy training programs. Effective interventions are typically multifaceted, moving beyond traditional lectures to incorporate interactive, hands-on experiences.

1. Program Duration and Structure: Interventions vary in length, but many successful programs involve intensive, short-term modules. For instance, one quasi-experimental investigation implemented a comprehensive 20-hour training program over a single semester, comprising ten two-hour sessions [8]. This structure allows for sustained engagement with the material without overwhelming the standard curriculum.

2. Core Experiential Components:

- **Simulation and Role-Playing:** This is a cornerstone of experiential empathy training. Students engage in simulated clinical interactions with trained actors or standardized patients, allowing them to practice empathic responses in a safe, controlled environment. Kim and Park [9] highlighted that role-playing specifically enhances students' ability to perceive patient emotions and respond appropriately. The use of simulated patients who provide immediate feedback is especially powerful for behavior modification [16].
- **The Flipped Classroom Model:** This approach assigns foundational knowledge (e.g., empathy theories,

communication models) as pre-session work, freeing up in-class time for active learning exercises. Ho and Ng [10] found that this model effectively prepared nursing students for deeper engagement in skill-building activities during training sessions.

- **Reflective Writing:** Encouraging students to reflect on their experiences during simulations and clinical practice helps to internalize learning and develop self-awareness, a critical component of empathy [11]. This practice aligns with the concept of transformative learning, where critical reflection leads to a change in perspective [17].

Measuring the Impact of Training

Assessing the effectiveness of empathy training requires a multi-method approach to triangulate data and mitigate the limitations of any single measure.

1. Self-Report Measures: The most common tools are self-assessment scales. The Reynolds Empathy Scale (RES) and the widely used Jefferson Scale of Empathy (JSE) are frequently employed to gauge students' self-perceived empathic abilities before and after an intervention [12, 18]. Studies consistently show statistically significant improvements in these scores post-training, indicating a positive shift in students' self-awareness and confidence in their empathic skills [8].

2. Observer-Rated and Patient-Reported Measures: To provide a more objective assessment, studies often employ external observers. The Carkhuff Scale is used by trained raters (e.g., experienced nurses not involved in the training) to evaluate the level of empathy demonstrated in student-patient interactions [13]. The use of tools like the Consultation and Relational Empathy Measure (CREM), which can be completed by simulated patients, offers a valuable perspective on the received empathy, directly reflecting the patient's experience [14]. The combination of self-report, external observation, and patient feedback strengthens the validity of the findings, as demonstrated in a study by Huang and Wang [13], where positive changes were noted across all assessment types.

3. Long-Term Retention: A critical but less common measurement is the follow-up assessment. A limited number of studies, such as a follow-up by Chen and Lee [15], have conducted evaluations one month post-intervention, finding that learned empathy competencies can be retained. However, there is a significant gap in the literature regarding long-term retention beyond a few months, which is essential to determine the lasting impact on clinical practice [19].

Outcomes and Efficacy

The collective evidence strongly supports the efficacy of experiential empathy training. The majority

of reviewed studies report significant gains in mean scores on both self-reported and observed empathy measures post-intervention [8, 9, 13, 20]. For example, one investigation noted not only score improvements but also that students provided positive evaluations of their educational experience, suggesting that the training was both effective and well-received [8]. This is crucial for fostering a lasting commitment to empathic practice.

Furthermore, the integration of these skills appears to be robust. The findings confirm the value of experiential learning in enhancing nursing students' capacity for empathy, with encouraging signs that these learned skills can be maintained, at least in the short term [15]. This retention is vital for preparing students for the high-demand realities of the nursing profession. A meta-analysis by Levett-Jones et al. [20] concluded that clinical empathy is a teachable skill and that targeted educational interventions can have a measurable, positive effect.

Discussion

The synthesized evidence strongly suggests that experiential empathy training is a valuable and effective component of modern nursing education. The consistent finding of significant improvements across multiple assessment tools—from self-reported scales like the JSE to observer-rated measures like the Carkhuff Scale and patient-perspective tools like the CREM—indicates that these interventions foster a multifaceted form of empathy [8, 13, 18]. This triangulation of data is a key strength, as it demonstrates that training not only changes how students view themselves but also tangibly improves their observable, patient-facing behavior.

The success of these programs can be attributed to their alignment with contemporary learning theories. Experiential methods like simulation and role-playing create a "psychologically safe" environment where students can practice, fail, and refine their skills without the high stakes of a real clinical encounter [9, 16]. This active engagement is crucial for translating abstract concepts of empathy into concrete communication behaviors. Furthermore, the flipped classroom model acknowledges the cognitive foundation of empathy; by front-loading theoretical knowledge, it allows in-class time to be dedicated to the affective and behavioral domains where empathy is truly manifested [10]. The positive student feedback reported in several studies is not merely a measure of satisfaction but likely reflects this deeper engagement and the perceived relevance of the skills being taught [8].

However, the enthusiasm for these findings must be tempered by a critical appraisal of the methodological landscape. The near-exclusive reliance on quasi-

experimental designs remains the most significant limitation. While often ethically justifiable, the lack of randomized control groups makes it difficult to rule out confounding variables, such as general maturation or the simultaneous influence of other coursework and clinical placements. The field must innovate in its research design, perhaps through cluster-randomized trials at the university level or delayed-intervention models, to establish more robust causal evidence [21].

Another critical discussion point is the question of "performance" versus "internalized" empathy. The improvements noted in simulated environments, while encouraging, may partly reflect students' improved ability to demonstrate empathic behaviors they know are being assessed. The true measure of success is whether these behaviors become internalized and spontaneously applied in the complex, stressful, and often under-resourced reality of clinical practice [19]. The scarcity of long-term follow-up data means this crucial transition from learned skill to ingrained professional habit is not well understood [15].

Finally, the cultural dimension of empathy in the Asian context warrants deeper exploration. While this review highlights successful implementations in Asia, empathy is expressed and perceived through a cultural lens. Communication styles that are highly empathic in one culture may be perceived as overly familiar or intrusive in another [4, 5]. Most studies apply Western-developed scales and training models. Future work should investigate whether indigenous concepts of empathy and compassion, such as the Japanese concept of *omoiyari*, could be integrated to create even more culturally resonant and effective training programs for specific populations within Asia [22].

Conclusion and Future Directions

In conclusion, the literature robustly indicates that empathy, despite its complexity, can be effectively nurtured in nursing students through carefully designed, experiential interventions. The integration of role-playing, simulation, flipped classrooms, and reflective practice provides a powerful multimodal approach to developing this critical competency.

Based on this review, the following future directions are recommended:

- 1. Employ More Rigorous Designs:** Researchers should develop ethical methodologies for RCTs, such as wait-list control or cluster-randomized designs, to strengthen causal claims [21].

- 2. Conduct Longitudinal Studies:** Research must track the retention of empathy skills over extended periods (e.g., 6 months to a year post-graduation) to determine the long-term impact of training on clinical practice [19].

3. Explore Cultural Nuances: Further investigation is needed into how cultural factors specific to different Asian societies influence the expression and perception of empathy, leading to the development of culturally tailored training modules [5, 22].

4. Standardize Measurement: The field would benefit from a consensus on a core set of validated tools (combining self-report, observer, and patient

perspectives) to allow for better cross-study comparison and meta-analysis [20].

Ultimately, the evidence strongly supports the mandatory inclusion of structured, experiential empathy training in nursing curricula. Doing so is fundamental to preparing a generation of healthcare professionals who are not only clinically skilled but also profoundly compassionate and effective communicators.

References

1. Ward D. The role of empathy in experiencing fictional events: a review of published research. *Psychol Aesthet Creat Arts*. 2018;12(2):155-70.
2. Taylor R, Thomas G, Sage D, Brown K. The role of empathy in the healthcare profession: a contemporary review. *J Med Ethics*. 2021;47 (3):174-82.
3. Williams B, Bailey J, Woodby L. Empathy as a factor in the test of ethical decision-making in health care professionals. *Psychol Rep*. 2020;123(2):419-34.
4. Chen L, Lee M. Cultural considerations in empathy training for nursing students in Asia. *J Nurs Educ*. 2019;30(4):87-102.
5. Wong S, Tan K. The impact of experiential learning on nursing students' empathic performance. *J Asian Med Educ*. 2020;15(2):73-88.
6. Smith J. Empathy in healthcare education: A review. *Asian J Nurs*. 2018;12(3):45-62.
7. Halpern J. *From detached concern to empathy: Humanizing medical practice*. Oxford: Oxford University Press; 2018.
8. Smith P, Garcia A, Lee K. Assessing the effectiveness of experiential empathy training in healthcare education. *J Med Educ*. 2023;45(2):89-102.
9. Kim E, Park H. Enhancing empathy in Asian nursing students through role-playing and behavior assessment. *J Healthc Educ*. 2021;25(1):32-45.
10. Ho S, Ng L. The impact of flipped classrooms on empathy training for nursing students in Asia. *J Nurs Res*. 2023;40(2):112-28.
11. Halpern J. *From detached concern to empathy: Humanizing medical practice*. Oxford: Oxford University Press; 2018.
12. Martin GN, Charlesworth JD, Timm J. Empathy and its measurement: Construct and predictive validity of the Empathy Assessment Index. *Psychol Rep*. 2019;127(1):97-116.
13. Huang L, Wang X. The role of external observers in assessing empathy in Asian nursing students. *J Health Prof Educ*. 2023;17(4):56-70.
14. Liu Y, Chang C. Measuring empathy in Asian healthcare education: The Consultation and Relational Empathy Measure. *Asia Pac J Med Educ*. 2023;17(1):21-38.
15. Chen Q, Lee H. Retention of empathy competencies in Asian nursing students: A follow-up study. *J Empir Healthc*. 2023;21(2):34-49.
16. Bearman M, Greenhill J, Nestel D. The power of simulation: a large-scale narrative analysis of learners' experiences. *Med Educ*. 2019;53(4):369-79.
17. Kumagai AK. A conceptual framework for the use of illness narratives in medical education. *Acad Med*. 2008;83(7):653-8.
18. Hojat M, Gonnella JS. Eleven years of data on the Jefferson Scale of Empathy-Medical Student version (JSE-S): proxy norm data and tentative cutoff scores. *Med Princ Pract*. 2015;24(4):344-50.
19. Batt-Rawden SA, Chisolm MS, Anton B, Flickinger TE. Teaching empathy to medical students: an updated, systematic review. *Acad Med*. 2013;88(8) :1171-7.
20. Levett-Jones T, Cant R, Lapkin S. A systematic review of the effectiveness of empathy education for undergraduate nursing students. *Nurse Educ Today*. 2019;75:80-94.
21. Campbell M, Katikireddi SV, Hoffmann T, Armstrong R, Waters E, Craig P. TIDieR-PHP: a reporting guide for population health and policy interventions. *BMJ*. 2018;361:k1079.
22. Naito M, Matsui Y. The concept of Omoiyari (altruistic sensitivity) in Japanese relational communication. *Intercult Commun Stud*. 2004;13 (1):27-46.