Discover Education

Perspective

Cultivating harmony: addressing challenges and fostering positivity in the medical community

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Abstract
Empathy among doctors, other healthcare professionals and patients must be prioritized and regarded as a foundational element of clinical practice. Recognizing the limitations of traditional medical education, we developed a four-part model to cultivate a healthcare team culture rooted in empathy. This holistic approach emphasizes: motivation to adopt an empathetic stance, developing empathy skills, fostering an empathetic organizational culture and encouraging personal commitment. To implement these principles, we advocate for integrating humanistic values into medical education through educational material that promotes reflection and personal growth. Building on this vision, we designed an undergraduate course "*Humanistic Values and Modern Medicine*" at our university's School of Medicine, one of the first initiatives of its kind in our department. This course positions humanistic principles as core components of a healthcare team's culture and professional identity. We hope that our initiative inspires other departments and institutions to adopt similar models, fostering empathy through the integration of humanistic values into medical curricula and advancing a more compassionate and collaborative approach to medical education.

Keywords Collegiality · Medical community · Medical education · Arts · Humanistic values

1 Background

In recent years, rapid advancements across medical specialties have highlighted the importance of collaboration among healthcare professionals to deliver holistic, multifaceted and patient-centered care [1]. Despite this, healthcare environments are often hindered by disruptive behaviors, ranging from overt acts of bullying and harassment to subtler forms, such as insensitivity and aggressive communication [2–5]. These behaviors strain professional relationships, creating conflicts, territorial disputes and a pervasive lack of trust and respect [6–8]. Rivalries, negative stereotypes and authoritarian interactions frequently disrupt teamwork, undermining the foundations of effective, patient-centered care [1, 9, 10].

The roots of these challenges often lie in medical training, where hierarchical structures, competitive pressures and insufficient support systems create a hostile environment. Medical students are frequently subjected to verbal abuse, intimidation and exploitation, leading to burnout, depression and, in severe cases, suicidal ideation [11]. Longitudinal studies reveal a notable increase in depressive symptoms among medical students, which persist into their professional

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practice [12]. Importantly, this environment not only affects individual well-being, but also erodes a critical cornerstone of healthcare: empathy.

Empathy, from a medical perspective, involves understanding and connecting with patients'situations, perspectives and emotions. It enables healthcare professionals to communicate effectively, foster trust and deliver care collaboratively with the patient [13]. Alarmingly, however, empathy tends to diminish as medical students progress through their training, particularly during clinical years, when it is most needed [14]. This decline is linked to the demanding academic environment, a lack of positive role models and an overemphasis on technical competence at the expense of emotional connections [15, 16].

Another related issue is the rising prevalence of compassion fatigue. Compassion fatigue encompasses burnout—prolonged work-related stress that diminishes motivation—and secondary trauma, which arises from repeated exposure to the suffering of others [17]. Professionals experiencing compassion fatigue face emotional exhaustion, diminished empathy and reduced capacity to provide compassionate care [18]. Left unaddressed, these factors compromise patient outcomes, healthcare quality and the emotional resilience of healthcare professionals [19].

To address these challenges, medical education must prioritize the cultivation of empathy, professionalism and collegiality as foundational elements of healthcare [20]. Professionalism extends beyond technical expertise to encompass a humanistic perspective, including ideals such as responsibility, excellence and selflessness [10]. Core elements of professionalism—empathy, collegiality and teamwork—are essential for fostering trust and improving care quality.

Collegiality, in particular, involves treating peers with dignity and respect, sharing information for the patient's benefit and cultivating effective communication [21]. However, maintaining collegiality is not without challenges. Barriers such as personal biases, favoritism and resistance to change can disrupt harmonious collaboration and lead to professional dilemmas. These challenges are profoundly shaped by the emotional dynamics within healthcare settings. Emotions, as tools of social inquiry, circulate between individuals and collectives, reinforcing hierarchies and shaping professional relationships [22–24]. Generally, emotions such as fear, intimidation and anger are frequently tied to authority and power imbalances [25]. We acknowledge that these principles also apply to healthcare. These dynamics further entrench hierarchical disparities and affect how professionals interact with colleagues and patients.

Building upon the foundational understanding of professionalism, collegiality and empathy outlined above, addressing systemic challenges requires a paradigm shift in medical education. Recognizing the urgent need for reform, we propose a theoretical model for cultivating collaborative empathy in healthcare teams. This model integrates empathy-driven practices, providing a framework to build more cohesive, resilient and empathetic healthcare professionals. In the sections that follow, we present this model and discuss its application in medical education. We then explore the integration of humanities as a key strategy for developing the emotional and interpersonal competencies necessary for modern healthcare, culminating in the design and implementation of our undergraduate course "Humanistic Values and Modern Medicine".

2 A 4-part model for collaborative empathy

While current educational models emphasize academic excellence and technical proficiency, they often neglect the interpersonal and emotional dimensions of medical practice. Research on interprofessional collaboration has highlighted two key elements for successful teamwork: shared objectives and a sense of belonging [26]. While these elements are foundational, there remains a lack of practical frameworks to operationalize them within healthcare settings. To this end, we propose a four-part model for collaborative empathy, designed to equip healthcare professionals with the tools and mindset necessary to foster cohesive, empathic team cultures. This model centers on: (1) motivating collaborative empathy, (2) building empathy skills, (3) establishing an empathetic culture and (4) fostering personal commitment, as pillars of sustainable and impactful change (Fig. 1). In the sections that follow, we outline each component of this model, detailing its application and its potential to transform healthcare teams into empathetic, resilient and high-performing units.

2.1 Motivation to adopt an empathetic stance

Empathy should be regarded not only as a fundamental component of training for medical and healthcare professionals, but also as a defining aspect of excellence in healthcare practice. Therefore, a key question is how to effectively"nudge"healthcare teams to prioritize and strive for empathy in their professional relationships [27].

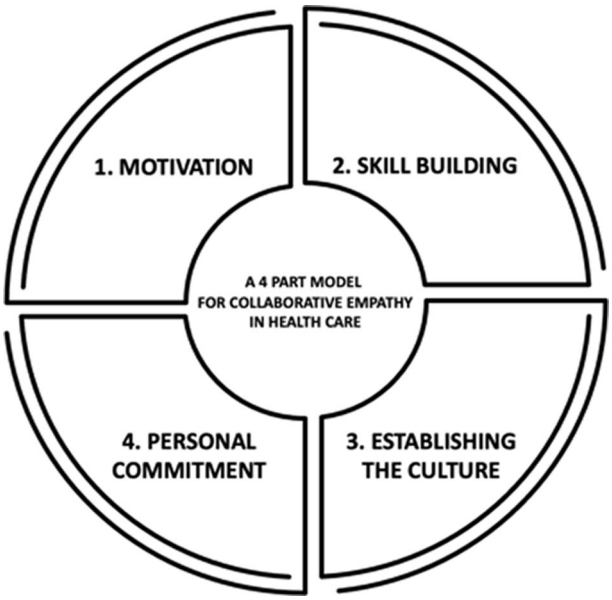

Fig. 1 A 4-part model for collaborative empathy

To achieve this, it is essential to highlight the benefits of empathetic collaboration, including, but not limited to, increased diagnostic accuracy, better patient outcomes, reduced burnout and enhanced professional fulfillment [28]. These"empathy payoffs"must be clearly defined and embedded in the routines and culture of healthcare teams. Practical initiatives to achieve this could involve empathy mentorship programs, peer-to-peer recognition systems, storytelling sessions that highlight empathetic successes, designated empathy-focused days and interactive workshops. Through these interventions, empathy can become a valued and habitual element of healthcare team dynamics, contributing to more effective, compassionate and satisfying professional environments.

2.2 Building empathy skills

To cultivate empathy, healthcare professionals must develop and practice specific skills. These include perspective-taking, which involves understanding and valuing others' viewpoints, and fostering inclusion through bonding behaviors that appreciate and navigate differences. Equally critical is the ability to identify and challenge professional stereotypes, as well as to manage conflict constructively, set boundaries and assert oneself appropriately. Furthermore, building an appreciation for the interdisciplinary team is essential to creating a cohesive and effective healthcare environment [29]. Viewing empathy as a core competency alongside technical skills equips healthcare professionals to foster trust, collaboration and mutual respect, ultimately transforming the quality of care and teamwork in clinical practice.

2.3 Establishing an empathetic culture

Translating the principles of empathy into institutional practice requires a cultural shift within healthcare settings. As previously discussed, rigid hierarchies in medical contexts often create imbalances in communication and collaboration, hindering the development of cohesive teams. To address this, it is crucial to transition from a hierarchical culture to one where inspiring leadership replaces rigidity and stereotypical power structures.

Achieving this shift requires several key strategies. Interdisciplinary training must be prioritized, bringing together staff from diverse fields to build strong, inclusive teams that value each member's unique contributions. Additionally, establishing measurable goals can help ensure that empathetic collaboration is not only encouraged, but also tracked. Medical staff should also be encouraged to engage in self-assessment processes, allowing them to evaluate their current levels of empathy and collaboration, while setting new milestones for personal and professional growth. By acknowledging these contributions, institutions can reinforce the importance of empathy as a core value, fostering a culture that supports both professional development and improved patient care. Finally, research into the significance and practice of empathy must extend beyond its impact on patient care to include its role in team dynamics. Ultimately, creating a healthcare environment that values empathy at every level—from individual practitioners to institutional policies—will

transform not only team dynamics but also the overall quality of care, positioning healthcare teams as cohesive, healing units that are greater than the sum of their parts.

2.4 Personal commitment to empathy

The personal commitment of healthcare professionals to empathy is critical for sustaining a compassionate and collaborative environment. Cultivating this commitment starts early in medical education, where students should be exposed to role models who exemplify empathetic collaboration. Moreover, educational environments should be designed to foster the development of soft skills, such as self-expression, effective communication, self-care and care for others. These skills, alongside a sense of belonging and shared team vision, form the foundation of empathy and are critical for sustaining a culture of compassionate collaboration within healthcare settings.

3 Humanities in medical education

Building on our four-part model for fostering collaborative empathy in healthcare, the next crucial step is to implement these principles towards actionable change in medical education. The medical curriculum has evolved significantly, shifting from a focus on disease to a broader understanding of health as a biological, social, and cultural process [30]. Under this contemporary approach to the definition of health, the integration of humanities into medical education is exceptionally promising for understanding the human condition in medical practice. This way, as Shapiro [31] noted:

> "*We will be able to use the humanities' intricate and sympathetic knowledge about the human condition (sophia) as well as its ability to examine particularistic, experiential knowledge (phronesis) to help ensure a morally sensitive, narratively sound, and deeply professional clinical practice (praxis).*"

This approach aligns with historical calls for a more balanced educational framework, such as those of Rudolf Virchow, who advocated for cultivating humanistic qualities as essential for well-rounded medical practitioners [32].

Shapiro [33] identified two primary influential models for incorporating humanities into medical education: the acquiescence model and the resistance model. The acquiescence model treats humanities as a complement to the biomedical curriculum, aimed at enhancing skills, such as empathy and communication. For instance, exposure to the arts, including poetry [34], reflective writing [35, 36], cultural studies, history [37], and visual arts, like photography and paintings [38, 39], has been shown to enhance self-awareness and observational skills—both crucial for clinicians. Arts-based workshops have demonstrated success in improving medical students' diagnostic accuracy by training them to observe details with greater precision [36]. Programs focusing on comics [40] have also been employed to explore nuanced aspects of doctor-patient interactions, offering a creative medium for understanding communication and emotional responses. Moreover, incorporating narrative medicine as a core component of the curriculum has been shown to improve students' reflective practice and empathy. As reported by Janssens et al. [41], courses that focus on patient narratives help students understand the lived experiences of patients, thereby enhancing their ability to provide compassionate care. There is also ample evidence that humanities directly address challenges such as burnout and compassion fatigue by fostering qualities like mindfulness, humility, and emotional resilience [42]. Additionally, stress management initiatives rooted in the humanities could further help build coping mechanisms, creating a safeguard against the high levels of psychological distress common in medical training and practice [43]. Collectively, these initiatives illustrate the potential of humanities to act as a bridge between the technical and interpersonal demands of medical practice. These practical applications of humanities-based approaches align with the principles of our four-part model for collaborative empathy. For example, activities like reflective writing support the"Building Empathy Skills"component of our model by encouraging students to consider diverse perspectives and explore their emotional responses. Visual arts and theater engage students in shared experiences that align with"Establishing an Empathetic Culture,"promoting dialogue and mutual understanding within teams. These practices also bolster the"Personal Commitment to Empathy"by fostering introspection and a deeper connection to humanistic values.

On the other hand, Shapiro's resistance model [33] challenges the foundational assumptions of medical practice by encouraging sustained reflection and critical thinking. This model emphasizes the role of humanities in questioning the status quo of medicine and fostering creative and emancipatory perspectives. This approach is focused on democratizing medical education and integrating humanities as a core discipline to reshape clinical thinking, practice, and imagination. Patterson et al. [44] have highlighted the role of humanities in shaping professional identity by providing medical

students with opportunities to reflect on their values, beliefs, and professional responsibilities. In line with this perspective, the inclusion of courses such as narrative medicine, medical ethics, and health psychology in Danish medical schools, as reported by Assing Hvidt et al. [45], promoted empathy and reflective practice, addressing the emotional and ethical complexities of patient care. Other studies have demonstrated that programs designed to enhance cultural competency and manage diversity provide students with the skills needed to navigate complex social dynamics in healthcare settings, improving their ability to collaborate effectively within diverse teams and with diverse patient populations [46]. This perspective underscores the value of humanities in enhancing the ability to communicate sensitively with patients and colleagues, grounded in moral reasoning and active listening.

However, the integration of humanities into medical education is not without challenges. As Quintero et al. [30] pointed out, most medical curricula are heavily oriented towards biomedical sciences, with limited emphasis on socio-humanistic perspectives. The dominant biomedical focus often marginalizes humanities courses, treating them as elective rather than core components. Similarly, Assing Hvidt et al. [45] found that many medical students perceive humanities courses as less relevant to clinical practice compared to traditional biomedical courses, partly due to the lack of strong institutional support and the low weighting of humanities in assessments. This perception highlights the need for a more substantial institutional commitment to the humanities and the development of outcome-based assessment tools that can objectively measure competencies in empathy, ethical reasoning, and communication skills.

To address these challenges, Quintero et al. [30] presented a model of an integrated medical curriculum that balances biomedical sciences with humanities and population health sciences. This model emphasizes the vertical integration of ethics, communication skills, and reflective practice across all years of medical education, ensuring that humanities are perceived as an essential part of medical training rather than as peripheral or optional. Transitioning humanities-based courses on ethics, communication, and reflective practice from elective to core curriculum status is essential for enhancing the role of humanities in medical education.

4 The course "Humanistic Values and Modern Medicine"

To integrate humanities into medical education effectively, we developed and implemented the course *"Humanistic Values and Modern Medicine"* at our university's School of Medicine. This course offers an innovative framework for cultivating empathy, cultural competency and professionalism through a structured, yet flexible, approach that blends learning with digital tools and experiential activities.

Importantly, this initiative underscores the value of an interdisciplinary approach, combining expertise from diverse fields to create a comprehensive and impactful educational experience. Medical professors, who are also practicing doctors, contribute their clinical perspectives, ensuring the course remains relevant for the future medical practitioners. Educational and philosophy experts play a crucial role in shaping the instructional design and curating appropriate materials, aligning the curriculum with effective teaching methodologies, while fostering intellectual engagement. Petrou et al. [47] has also emphasized the importance of involving humanities scholars in curriculum design and teaching to provide a broader perspective on health and illness. Psychological expertise provides critical insights into emotional intelligence, supporting the development of reflective exercises that nurture empathy and interpersonal skills. Occupational therapy expertise emphasizes the importance of experiential learning, through engaging, hands-on activities, to bridge theoretical knowledge with real-world applications. Together, this interdisciplinary team provides a robust foundation for fostering humanistic values, equipping medical students with the skills and perspectives necessary for compassionate and effective healthcare practice.

The course consists of thirteen two-hour interactive sessions held during the winter semester. Each session is designed to foster engagement with the humanistic dimensions of medicine through a combination of introspective prompts, reflective discussions and collaborative dialogue. Themes explored in the course include ancient and modern philosophy, ethics, poetry, theater, cinema, visual arts, photography and music. The sessions aim to encourage students to establish a personal connection with the material, allowing them to reflect deeply on their roles as empathetic practitioners. Rather than focusing on theoretical training in the humanities, the course emphasizes experiential and practical engagement, helping students to internalize humanistic values in the context of healthcare.

Each session begins with a carefully curated prompt provided to students in advance. These prompts are designed to provoke contemplation and introspection, setting the stage for open and productive discussions. After an introduction of the topic by the professor, students actively participate in dialogue, sharing insights, questions and interpretations.

To support continuous engagement, the course features a digital portfolio (Fig. 2) that serves as a dynamic repository for resources, tools and activities. Students are encouraged to explore these materials and share their reflections, enriching their learning experience. The course further incorporates a digital blog within its portfolio, offering an additional platform for collaborative learning. This blog allows students and professors to create and share ideas and personal experiences, extending the dialogue beyond the physical classroom.

Experiential learning is another core element of the course, providing students with opportunities to engage with the humanities in real-world contexts. For example, the course offers cinema visits to attend thought-provoking films, followed by guided discussions analyzing characters, narratives and emotions from medical and philosophical perspectives. Visits to museums and art exhibitions immerse students in visual arts, prompting reflection on how art captures the complexities of the human condition. Public lectures and cultural events featuring experts in philosophy, history and art introduce broader cultural perspectives, helping students draw connections between the humanities and their medical practice. Collaborations with local cultural organizations offer additional opportunities for students to engage with broader audiences, enhancing their communication skills and cultural awareness. These activities are designed not

Box

Exercise Prompt:

A vulnerable person is one who acknowledges their feelings and expresses them to others, despite the common fear of vulnerability. In acting, vulnerable characters often provide the most compelling performances. This exercise focuses on the "quiet heartbreak" of a character in Martin McDonagh's film "The Banshees of Inisherin".The film, set on a small Irish island in 1923 during the civil war, explores human co-existence against the backdrop of natural beauty and conflict. Dominic, played by Barry Keoghan, is the "village idiot", who endures abuse from his father, yet remains one of the most kind-hearted and transparent characters in the narrative. His aspirations for love and friendship resonate deeply, offering viewers a poignant glimpse into the human condition. Dominic's love for Siobhan, the sister of the main character, Padraic, highlights his vulnerability and courage. His rejection, though devastating, reflects a universal experience of self-doubt and resilience following setbacks. The character's journey invites audiences to empathize with those navigating difficult circumstances, emphasizing that no person is truly "average".

Reflection Question: *In cinema, there are films with a dominant visual dimension, where the actors are merely "parts of the frame" and there is also anthropocentric cinema, to which the above-mentioned film belongs. These films bring the viewer "face to face" with the protagonists or, rather, the anti-heroes.*

Fig. 2 Example of exercise in the course's e-class

Fig. 2 (continued)

What does this character personally convey to you? What can such anthropocentric films mean and offer to modern doctors and, more broadly, to modern day individuals?

Feedback Comment: *Spread your empathy to those around you!*

Example of student response:

Anthropocentric cinema, like the film in question, transcends the visual dimension by confronting us with raw, authentic portrayals of human nature. These films do not merely present characters but invite us to explore the depth of their struggles, joys, and contradictions. Characters like Dominic and Mary are not just protagonists or anti-heroes—they are mirrors, reflecting aspects of our own vulnerabilities and resilience.

For me, Dominic embodies the profound impact of prolonged adversity. His clumsy yet heartfelt efforts to find connection amidst the wounds of abuse and neglect reveal a human being striving to reconcile with his pain while navigating an indifferent world. He carries his trauma like an open wound, yet his attempts to reach out, however awkward, highlight an underlying hope. Similarly, Mary's journey reflects the torment of self-imposed masks, the yearning for acceptance, and the cyclical trap of seeking external validation to fill internal voids. Both characters evoke a deep empathy, challenging us to reconsider how we perceive others and ourselves.

For doctors, such anthropocentric films are invaluable. They remind us that every patient is not just a diagnosis but a person with an intricate story. By observing these characters, we cultivate a sense of empathy that goes beyond the clinical. We learn to listen more carefully, to look beyond the surface, and to respond not just with knowledge but with humanity. In a broader sense, these

only to deepen students' knowledge and appreciation of the humanities, but also to foster a sense of community and inclusivity.

Finally, the course's flexibility is another defining feature. Students are encouraged to attend at least seven in-person sessions or participate in a certain number of external activities, but they can remain engaged with the digital portfolio even if not formally enrolled in the course. Evaluation methods are equally adaptable, offering students the choice of a 1000-word written assignment, a 10-slide oral presentation or a specified set of reflective exercises. These assessment options

Fig. 2 (continued)

films encourage modern individuals to approach others with a sense of curiosity and compassion, understanding that everyone carries unseen battles.

Closing, I would like to share one of my favorite poems by Kiki Dimoula. It beautifully captures the transient nature of happiness and the fragility of the human condition—concepts central both to the film and to our lives as caregivers and fellow human beings:

Precautions

Kiki Dimoula

When it rains,

I don't take an umbrella.

I consider it cowardice to shield myself

from what is clear.

When it doesn't rain,

no matter how blissful the sky,

no matter how much I trust it,

I open my umbrella.

Happiness is not

a clear weather condition.

Films like these remind us of the humanity we share with both those we care for and those we encounter in life. They challenge us to carry our own umbrellas of understanding—not out of fear, but as tools to navigate the unpredictable weather of human existence.

are designed to align with the course's goals, enabling students to express their understanding of the material in ways that resonate with their personal and professional aspirations.

We now present an example of an exercise included in the course (Fig. 2).

This exercise exemplifies the course's aim to provide opportunities to reflect on human experiences, fostering a deeper understanding of vulnerability and its relevance to patient care and professional relationships.

5 Limitations

Our course initiative faces several limitations that must be addressed to enhance its impact and inclusivity. A notable challenge lies in the varying levels of student engagement. Evidently, the course tends to attract students who are already knowledgeable about and receptive to the connection between the humanities and medicine. These students, familiar with reflective practices and cultural engagement, are naturally inclined to benefit significantly. However, not all medical students approach their training with an interest in or appreciation for the humanities. Overcoming this skepticism requires sustained efforts to demonstrate the practical relevance of humanistic values to clinical practice and healthcare teamwork. Therefore, strategies to broaden participation and ensure the course's relevance and accessibility across diverse student populations are considered essential.

Another significant limitation is the lack of robust assessment frameworks to validate the impact of our course to medical students. Meakin [48] has emphasized the importance of moving beyond descriptive research to outcome-based studies that assess the influence of humanities on medical students'decision-making abilities and ethical practice. Without clearly defined and measurable educational outcomes, it becomes challenging to demonstrate the tangible benefits of humanities courses in enhancing clinical competence and patient outcomes. In the present study, our primary aim was to present the design and rationale of our course rather than to evaluate its impact. However, as we recognize the importance of assessing the course's effectiveness, we are planning future studies to evaluate our course's impact on medical students.

Moreover, the resource-intensive nature of the course's experiential components, such as museum visits and cultural events, presents another challenge. Coordinating these activities requires significant logistical planning, financial investment and collaboration with external organizations. Ensuring equal access for all students, particularly those facing financial or scheduling constraints, is an ongoing concern. Additionally, the course relies on faculty who are proficient not only in medical education, but also in the humanities. Identifying and training professors capable of bridging these domains effectively is particularly challenging in institutions with limited interdisciplinary resources. Lastly, while the course aims to instill empathy and cultural competency, measuring its long-term impact on professional behavior and patient outcomes remains an area requiring further research and development.

6 Conclusion

By addressing the systemic factors contributing to empathy decline and fostering collaborative practices, we can reshape healthcare into a more ethical, compassionate and resilient system. Implementing educational models that integrate humanities and emphasize empathy offers a transformative pathway to enhance the well-being and professionalism of future doctors. Our course "*Humanistic Values and Modern Medicine*" demonstrates how humanities-based education can serve as a cornerstone for cultivating empathy, cultural competency and collegiality among medical students. We encourage medical educators worldwide to consider adopting and adapting our model to suit their unique institutional and cultural contexts. The principles underlying our approach—reflection, collaboration and experiential learning—are universally applicable and can be tailored to diverse educational environments. By building their own humanistic and empathetic curricula, educators have the opportunity to cultivate the next generation of doctors who are not only technically skilled, but also deeply attuned to the human experience, ready to meet the complexities of modern healthcare with empathy and resilience. Together, these efforts can shape a future where humanistic values are embedded at the heart of medical practice, benefiting physicians, patients and society as a whole.

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