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THE EMPATHIC ATTITUDE AMONG NURSING STUDENTS: USING RECENT NEUROSCIENCE CONTRIBUTIONS TO DEFINE LEARNING PATHWAYS FOR EMOTIONAL WORK

L'ATTITUDINE EMPATICA TRA GLI STUDENTI DI INFERMIERISTICA: USARE I CONTRIBUTI DELLE NEUROSCIENZE PER LA DEFINIZIONE DI PERCORSI DI APPRENDIMENTO AL LAVORO EMOTIVO

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Abstract

Nursing work implies in its very nature emotional work. Despite the fact that this evidence is supported by numerous studies disseminated in the scientific community since the 90s of the last century, to date, the degree course for the health professions are still lacking in specific pathways aimed at reinforcing the capacity to functionally express an empathic attitude; this attitude, moreover, according to recent studies in the field of social psychology and neuroscience, appears to be an object of potential modeling through specific educational and training experiences. This article, after an interdisciplinary review, aims to present two examples of possible learning paths: the first, aimed at helping students reinforce their own emotional self-awareness in order to prevent emotional contagion; the second, oriented to allowing students to become aware of and manage the cognitive biases intrinsic in the regulatory mechanisms of the empathic response that are sometimes able to paralyze the student, as well as the professionals, and prevent them from assisting, in order to defend themselves, an experience not so unlikely in this time overwhelmed by the SARS-CoV-2 pandemic.

Il lavoro infermieristico implica in sé anche un lavoro di tipo emotivo. Nonostante tale evidenza sia supportata da numerosi studi diffusi nella comunità scientifica fin dagli anni '90 del secolo scorso, ad oggi i corsi di formazione di base delle professioni sanitarie sono ancora carenti di percorsi orientati a rinforzare la capacità di espressione funzionale dell'attitudine empatica; tale attitudine, per altro, secondo i recenti studi nell'ambito della psicologia sociale e delle neuroscienze, appare come oggetto di possibile modellamento attraverso specifiche esperienze educative e formative. Il contributo, dopo una revisione della letteratura di tipo interdisciplinare, intende presentare due esemplificazioni di possibili percorsi di apprendimento: il primo, volto ad aiutare gli studenti a rinforzare la loro autoconsapevolezza emotiva per evitare che l'empatia si trasformi in contagio emotivo; il secondo, orientato ad esplicitare e gestire i *bias* cognitivi insiti nei meccanismi di regolazione della risposta empatica che talvolta sono in grado di paralizzare lo studente così come il professionista ed impedire loro un gesto di aiuto per difendere sé stessi, esperienza non così improbabile in questo tempo travolto dalla pandemia da Sars-Cov-2.

Keywords

studenti di infermieristica, lavoro emotivo, neuroscienze, percorsi di apprendimento
nursing students, empathic work, neuroscience, learning paths

1. Emotional Work and Empathy among nurses

In most cases, choosing to train for and then practice a caring profession, such as nursing, arises often from an underlying solidarity motivation, whether conscious or not, that is oriented to committing oneself to offer relief to the suffering of others (Rognstad et al., 2004; Miers et al., 2007). An observational study conducted in 2016 revealed that this motivation is frequently not supported, in the minds of the young people who choose to enroll in the nursing degree course, by an adequate awareness regarding the personal ability and willingness to confront, day after day, for the duration of a career, with stories and experiences of illness, pain and death to which it will not always be possible to offer relief (Bobbo & Lazzaro, 2016). Listening, observing, engaging with stories, experiences and people who have pain and suffering as their intrinsic personal essence could mean, for the young women and men who enter this profession, to be willing to learn and express specific skills at the level of emotional intelligence and most especially at the level of empathy (Henderson, 2001). What each patient needs goes beyond the mere act of assistance in clinical terms: patients affected by acute conditions are often frightened and anxious, fearing suffering or dying; patients suffering from a chronic pathology require psycho-educative support to understand how their life has been transformed by the new diagnosis and, in the current pandemic situation, there are many testimonies from health professionals who have depicted a portrait of patients who, isolated from relatives and friends, seek in nurses that emotional containment necessary to face a devastating and sometimes terminal experience.

Emotional work is described as the set of practices, intentional or not, useful in the working contest for managing or expressing ~~the~~ emotions in order to respond adequately to the expectations of one's professional role (Pugliesi, 1999; Hochschild, 2012). Particularly, in emotional work the ability to represent the lived experience of the others, both from an emotional and cognitive perspective, plays a fundamental role, which essentially defines the empathic attitude.

2. Empathic concern and neurosciences

Although this theme has sparked scholarly interest since ancient times, we still do not have a clear and unambiguous answer as to what empathy really is, as each era and culture assigns different meanings to this human attitude (Walter, 2012).

From an evolutionary perspective, according to Watt (2007), empathy has distant origins, being identifiable with the trans-specific maternal attitude that Bowlby (1979) observed as oriented towards stimulating and maintaining attachment to the parent of the newborn, by understanding its needs and especially through comforting and caring responses in situations of discomfort, suffering or danger. From ~~the~~ mothering ~~attitude~~ to ~~some~~ functional behaviors that reinforce the solidity of social bonds between individuals of any age, the step was short: proving to be an adaptive and survival factor for the group, the ability to perceive and alleviate the suffering of a co-specific little by little became part of the human ontogenetic (Watt, 2007).

Therefore, empathy is based on an instinctive basis that we still find in three mechanisms that are triggered when an individual perceives the suffering of another person: a) emotional mimicry: an automatic synchronization between two people in terms of facial expressions, tone of voice, postures and movements; b) emotional contagion: an emotional contamination between one person and another based on simple observation; c) distress: a negative, pervasive and disturbing affective state that is sparked in an individual by the observation or interaction with another person's suffering(Walter, 2012).

According to Decety and Jackson (2004), the empathic attitude includes at least three aspects, such as the ability to feel what another person feels; the ability to imagine, know and interpret what the other person feels; finally, the intention to do something when the other person is suffering or is in any kind of dangerous condition (pro-social behavior). In the empathic attitude, it was also possible to identify two specific components: the first relating to the emotional arousal, as a reaction to the perception of the emotional state of others, shared by the two individuals or not; the second, as a cognitive component linked to the attempt that the perceiver makes to

put himself "in the shoes of others", to understand the intentions, desires and thoughts of the other, without any emotional involvement (Eisenberg & Fabes, 1990; Decety & Jackson, 2004).

According to Goldman's Simulation Theory of the Mind (S-ToM) (2006), each of us understands what others think, want, and feel by simulating within ourselves the same psychic state. The discovery of mirror neurons (Rizzolatti & Sinigaglia, 2008) further supported the S-ToM by positing the thesis, not yet fully verified, of the presence of a sort of emotional mirror systems involved in emotional mimicry or contagion, from which the basic emotional experience can be triggered (Watt, 2007).

If such theories can explain the spontaneous activation of an emotional resonance in the observer, on the other hand, these models do not take into account the cognitive mechanisms of emotional regulation that individuals have developed in the course of their evolution, capable of acting in two ways:

- restoring the distinction between the self and the other: which allows an individual to understand how the emotions he is experiencing are not originated in his own self, but rather stem from the emotions that another feels, and of which he has become aware through observation.
- limiting, inhibiting, or reducing an individual's behavioral response of solicitude and help toward his or her fellow human in distress in order to safeguard the former (Decey & Jackson, 2004; Breithaupt, 2012).

3. The traps of empathy

The presence of cognitive mechanisms for regulating emotional resonance and the empathic response, as well as the decisive role that the cognitive component of the Theory of Mind plays in the empathic attitude, produce some non-adaptive consequences, sometimes leading to: a) some pervasive vicarious disturbances for a person; b) misunderstandings and conflicts between people. Failure to activate the cognitive mechanisms assigned to stimulate awareness of the identity distinction between the observer's self and the observed self (Decety & Jackson, 2004) can expose people to distress, especially when the emotions perceived and shared are of negative quality. Evolution has allowed the human species to develop a sort of cognitive oversight that allows the perceiver not to lose themselves in the suffering of others. However, as anticipated, failure to activate these control mechanisms, exposing people to distress and emotional exhaustion, can lead them to develop two highly pervasive vicarious disorders, compassion fatigue and burnout, respectively (Figley, 2002; Leiter et al., 2014).

On the other hand, as regards the cognitive mechanisms of empathic response regulation — activated through specific brain structures able to inhibit the pro-social response of solicitude towards others — it is possible that they developed during evolution in order to protect and safeguard people's well-being and safety from dangerous or unnecessary compassionate outbursts (Iacoboni, 2005). However, according to cognitive psychology, the very fact that these are brain structures belonging to the area of cognitive processes exposes them, like any other cognitive process concerning reasoning, interpretation and choice, to the unconscious intervention of a series of biases or errors of judgment. The term bias defines certain cognitive strategies that allow everyone to face the complexity of reality through fast and efficient interpretative schemes. They are often defined judgment heuristics and include numerous types of cognitive "shortcuts" that have the ability to simplify and screen the confused and complex mass of sensory and perceptive inputs that our minds must process every time we are asked or wish to make a pre-action decision in our daily life; these shortcuts allow us to live more peacefully and to invest the economized cognitive resources in other relevant life targets (Haselton et al., 2009). Among the biases that are activated in the pro-social response regulation system we can identify:

- egocentric or self-perspective: the desires, intentions or needs of others are interpreted on the basis of one's own perspectives;
- ingroup / outgroup and categorization: this bias is triggered when people perceive and consider only one aspect of an entire complex of sensory or perceptual inputs (for

example, the skin color of a person) as sufficient to categorize them within a specific system (immigrants), leaving out a large amount of other information that could make that individual's belonging to the chosen category inconsistent. This type of bias underlies prejudice and can become more complicated if it is applied to a group logic, whereby those who are part of one's group are "worthy of being helped" and those who are not are not;
- false consent: people convince themselves that they are doing what others want them to do.
- overconfidence as excess of confidence and self-efficacy;
- availability: this bias is activated when in order to make a choice, the individual relies only on immediately available information or knowledge, without further research.

These biases can affect in a completely unconscious way even the processes of co-construction of knowledge that are activated in verbal and linguistic interactions. This can happen through the individuals' use of forms of explanation of events (in favor of others as well as addressed to oneself) able to generate one-sided narratives, extenuating circumstances, rather than non-indulgent characterizations aimed at the other, often made guilty of their condition: indeed, these constructions of reality are the result of the intervention of cognitive biases that justify the lack of solicitous action. In the time of the pandemic that has overwhelmed our lives, this kind of intrusions, capable of curbing the availability for the other in the name of safeguarding the self, risks becoming even more frequent among individuals oriented to seek a meaning that guides their lives and their choices, when every concrete or ideal coordinate has been lost in this era that has annihilated the sense of being, of doing and of approaching the limit (Bruner, 1993; p. 96; Frankl, 2020, p. 51; Han, 2021; Bobbo & Rigoni , 2021).

However, in addition to factors strictly connected to our ontogenesis (instinctive resonance and cognitive regulation) or to contextual conditions (pandemic), many other variables can intervene by limiting or altering the empathic response. Among them we can identify:
- the individual phenotype, since the quality of the education and training experiences undergone is able to shape the individual's empathic capacity;
- the level of attachment or the quality of the bond existing between observer and observed: if the bond is strong (ie: the relationship is significant), the empathic response and the pro-social behavior will be high, if the bond is weak, they can be limited;
- the subjective perception of the danger severity to which the person is exposed which can condition the judgment on which the prompt response depends;
- the affective state of the perceiver which, if defined by anxiety, worry or other type of psychological disorder, is capable of limiting the solicitous attitude (Decety & Hodges, 2006).

4. Empathy and emotional work: ideas for empathic attitude training

Emotional contagion is an innate and instinctive response intrinsic to the genetic makeup of humanity, being the neurological basis of the primitive and pre-cognitive mechanism from which our empathic attitude derives (Walter, 2012). However, for it to be effective in interacting with people successfully, it should not emotionally overwhelm the perceiver to such an extent that he or she loses sight of the distinction between the self and the other; furthermore, this attitude should be able to mobilize prosocial behavior and not paralyze it. Therefore, to help and not penalize our empathic attitude, the innate neurological matrix of empathy should be modelled by the education that individuals received from their family and other reference figures first, and afterwards through professional training. This can favor the development and refinement of the cognitive component of empathy, in terms of regulation mechanisms both of emotional resonance, as well as of the empathic response and the ability to activate debiasing processes in the face of the numerous and often unconscious cognitive shortcuts that can intervene in the Theory of Mind. Considering that, according to Breithaupt (2012), these mechanisms can be learned, teaching emotional work within the helping professions becomes in the time of the pandemic a (training) emergency in the (health) emergency.

Psychologists and psychiatrists believe that human brain continue to develop until the age of 25 (Burnett & Blakemore, 2009), and that the circuit of empathy, located in ten centers of our brain, does not always proceed harmoniously in the direction of harmonious development as we age, but may be delayed with respect to certain stages of acquisition.

Assuming that there are some environmental factors that predispose to the impairment of empathy development - such as being ignored as a child or not having a secure emotional base (Ainsworth, 2015) – it can be assumed that it is possible to act through targeted stimuli to stimulate the acquisition of the ability to empathize. In societies characterized by an individualistic culture, the relationship between knowledge and emotions is defined by an asymmetry consideration. Common sense is pervaded by expressions that connote everyday situations as empirical verifications that emotions disturb our ability to see the world in its objective reality (Sclavi, 2003): the rhetoric of control, the dominant epistemology, classify emotions as a background noise that confuses true knowledge (for example we say: "decide with a cool head"), an opaque filter that obscures any logic reasoning. Goleman's (2006) definition of "emotional intelligence" (the intelligence present in emotions) is the beginning of an intellectual journey that recognizes the educability of emotions and the need for emotional literacy. To think "well" it is essential to recognize emotions, recognize their analogical language and the information they can provide us with about the way we are observing / experiencing contingent circumstances and the people within those situations.

In an observational study among medical oncology residents (Bobbo & Rigoni, 2019) it emerged that the removal of emotions, or emotional unawareness, can reveal themselves as avoidance strategies, capable of contributing to the construction of fallacious beliefs about one's profession: in the healthcare sector we often talk about the "right emotional distance", stress is defined as caused solely by the work contest while the healthcare professional becomes a passive actor who bears and internalizes in spite of himself. In practice, this mixture of emotions - apparently removed or simply unrecognized and unnamed- outside takes on a different form than its original appearance: consequently, ~~the~~ emotions risk becoming a mystifying filter for the interpretation of reality. A paradigmatic example is the state of anxiety experienced as an imbalance between the person and the environment, as an attack on our personality; through adequate training, the management of this complex emotion could give rise to unexpected outcomes: recognizing and naming anxiety in a non-evaluative way can allow us to explore it and understand new and unprecedented aspects of our relational skills (ibidem).

Several studies (Buckman, 2007; Del Canale et al., 2012; Caracciolo, 2006) highlight that there is a decrease in empathic capacity in the helping professions as early as the time of their training. Although it seems that there are greater relational and empathic skills in the nursing population than, for example, in the medical population (Hojat et al., 2003), in any case nursing students do not reach high rates of empathy and among them an inverse proportionality has also been identified between the total empathy index and their chronological age (Ferri et al. 2017).

Given these considerations, knowing that the contributions of neuroscience to the knowledge of the developmental and learning processes of empathy have been studied in nursing since the 90s of the last century (Wheeler & Barrett, 1994), we would like to conclude this contribution with the proposal of two workshops designed for nursing students: the first aimed at raising their level of emotional self-awareness, to be placed in the first year of studies; the other aimed at experimenting with a process of debiasing the personal shortcuts of the mind intervening in their emotional work with patients or colleagues, designed for the same cohort of students, but in the second year of the degree program.

4.1 A workshop for the implementation of emotional vocabulary and self-awareness as prerequisites for emotional regulation in interaction

We would like to propose a hic et nunc-based empathy training course for nursing students, to be placed at the end of their internship experiences, in the first year, organized in five phases, as illustrated in fig.1.

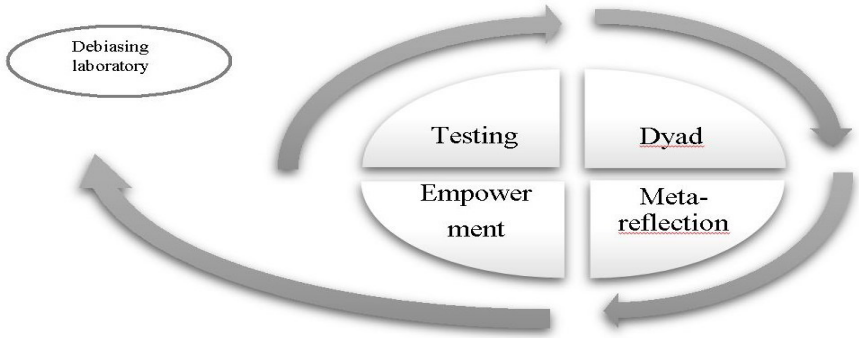

Fig. n.1: Structure and phases of the workshop

In the first phase, students are asked to complete a series of tests such as: the Balanced Emotional Empathy Scale (BEES) (Mehrabian, 1996) which measures both components of emotional empathy — vicarious experience of other people's feelings and interpersonal positivity —; the Jefferson Scale of Physician Empathy (Hojat et al., 2001) an instrument that measures empathy in the context of patient care as a predominantly cognitive attribute; the Toronto Empathy Questionnaire (Spreng, 2009), a questionnaire that investigates the dimensions of emotional contagion, emotion comprehension, sympathetic physiological arousal and con-specific altruism.

In the second phase, workshops with the "dyad" technique are planned. In these workshops, students experience a passive listening, two by two: in turns of 20 minutes facing each other, one talks about his/her internship experience focusing on the relationship with tutors and "patients" and the other listens, receiving without speaking.

In the third phase there is a sharing of the experience of the "dyad" in groups of ten. Students give the trainer a sheet where they describe their emotions that emerged from the experience of passive listening. The conductor of the training, a pedagogist, assists them in naming these emotions and identifying the message they accompany.

The fourth phase is characterized by an empowerment approach. The perspective is not that of acquiring performing skills or restructuring dysfunctional cognitive processes aimed at an uncritical individual adaptation, but that of activating paths of understanding and developing change processes (Barò, 2018). An educational process stimulating self-awareness is activated through a recognition of the learning model with which one has come into contact through the internship, critical thinking is activated by analyzing the lived situations collected by the pedagogist in the third phase, involving some students in a role-play.

In the fifth phase, some students are asked to prepare a report of the experience to be presented the following year to their first-year colleagues, before the start of the training with the pedagogues. Each student will also have to complete a report on their training experience as perceived (fig. 2). The pedagogist will keep it and return it the following year at the end of a new workshop to allow students to become aware of the changes that have transpired in their empathic attitude.

Workshop for the implementation of emotional self-awareness

SHEET FOR THE FINAL REPORT
PHASE 5

date__/__/_____

	Emotions I felt when telling myself	Emotions reworked in the group	Meta-problems identified in the group
My tale in dyad			

Fig. 2: Sheet useful for the report of the fifth phase of the workshop

These workshops are designed as a two-day intensive (to allow the pedagogist to meet all the students, in groups of ten, as foreseen in the third and fourth phase). This project involves the participation of the coordinators and tutors of the degree courses, with a view to supporting the students' motivation to participate. The evaluation of the effectiveness will be carried out through the statistical analysis of the data emerging from the tests and the qualitative analysis of the texts produced in the third phase of the intensive.

4.2 Experimenting with a debiasing process

In order to carry out a debiasing workshop, one must first take into account that a process of this type implies on the part of each participant adequate availability, willingness and ability to intentionally activate meta-reflection and meta-cognition strategies and to constantly maintain the comparison with the others about his or her representations (Maynes, 2015). The workshop should, consequently, comprise small groups, precisely to facilitate sharing and constructive comparison between the participants.

As for the manner of implementation, it should be better to proceed by providing two meetings in the second year of the course of study, separated from each other by at least two weeks, one inserted during the internship, the second at its end. Each meeting should take no more than two hours. The path includes five stages, which, based on the objectives that are set, can be defined respectively: 1) memory and narrative; 2) divergent thinking; 3) experimentation; 4) assessment of the experience; 5) reflective learning. All phases are distributed as illustrated in figure n. 3.

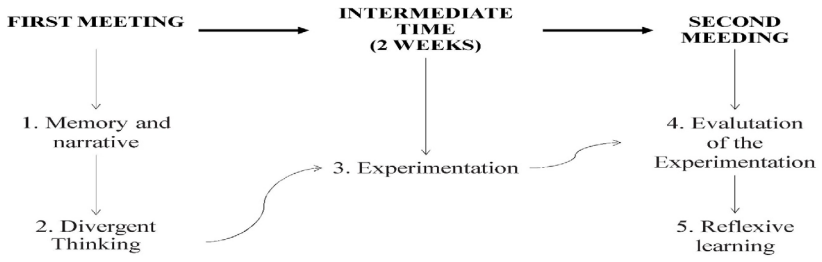

Fig. 3: Phases of the *Debiasing* workshop

Below, for each stage, the tools and stimuli that can be used will be detailed.

1. Memory and narrative: each student is invited by the group leader (a pedagogist) to identify an empathic relational experience concerning another individual (patient, other trainee, company tutor, etc.) occurred during the internship and relevant because his choice and action have left the other in his condition of suffering or discomfort; at the same time, each student is asked to write down some details of these memories on a prepared form, at the end of which the student will have to try to identify the presence and / or activation of bias in the lived experience (fig. 4). Once this is done, each participant will have to recount their experience to the group and define the identified biases. After this moment, participants are asked to discuss in pairs and evaluate the positive consequences of using that particular bias (e.g. speeding up the time to solve a problem) and the negative ones (e.g. fear of having made a mistake, feeling uncomfortable, etc.) (fig. 5). Linguistic-narrative skills and high-profile cognitive skills (analysis, evaluation) are stimulated (Bobbo, 2014);

Debiasing process in the empathic relationship

SHEET USEFUL TO DESCRIBE THE REMEMBERED SITUATION
PHASE 1 – MEMORY AND NARRATIVE

Date__/__/_____

When has it happened?	
Who was involved?	
Why did you choose to describe that experience of relationship?	
What did you do? What choose do you make?	
Bias activated in that situation	

Fig. 4: Sheet useful to describe the remembered situation

Debiasing process in the empathic relationship

SHEET USEFUL FOR TWO-BY-TWO COMPARISON ON ACTIVATED BIASES
PHASE 1 – MEMORY AND NARRATIVE

Date__/__/_____

	For your collegues	**For you**
Positive consequences of your choices and the activated bias		
Negative consequences of your choices and the activated bias		

Fig. 5: Sheet useful for two-by-two comparison on the activated biases

2. Divergent thinking: in pairs (preferably not the same as in the first phase) the participants are asked to identify alternative representations and actions that could have been used to manage the situation object of meta-reflection in the previous phase. These alternatives, generated

through divergent thinking, must be suitable to be used during the internship, before its end, in one or more relational situations. The applicability of the generated hypotheses will be evaluated through appropriate feasibility analysis strategies (eg SWAT analysis) (Fig. 6). Before finishing this phase, each participant will undertake to experiment in practice one of the alternative strategies identified, in the time of two weeks that will elapse between the first and second meeting. High-profile cognitive skills such as analysis, evaluation, and creative synthesis are stimulated (McCrae, 1987).

Debiasing process in the empathic relationship

SHEET USEFUL TO EVALUATE THE APPLICABILITY OF IDENTIFIED ALTERNATIVES
PHASE 2 – DIVERGENT THINKING

Date__/__/_____

	Activable recourses	**Potential obstacles and difficulties**
Attributable to the person	S	W
Attributable to the contest	O	T

Fig. 6: Sheet useful to evaluate the applicability of the identified alternatives

Debiasing process in the empathic relationship

SELF-MONITORING SHEET
PHASE 3 - EXPERIMENTATION

Date__/__/_____

Relational situation	
Bias-alternative applied	
Resources arisen form the context	
Personal resources activated	
Faced difficulties (coming from the context)	
Personal difficulties	
Emotions felt	

Fig. 7: Sheet useful for self-monitoring during the experimentation phase

3. Experimentation: between the first and second meeting each student should try to keep the commitment made at the end of the previous meeting. It would be useful for the trainer to prepare a self-reflection sheet (on the model in fig. 7) to monitor their own attempts. In this phase, experiential learning is stimulated by helping students experiment with what they had intentionally hypothesized and at the same time reflect on the progress of the process (Kolb et al., 2001).

4. Evaluation of the experimental phase: in the second meeting, the participants, once again in groups, are invited to share their personal self-reflection sheets from which a discussion can be started, useful to understand how they lived the experimental process. Difficulties and resources will be written by each participant on a card, thus becoming material shared by all; in a sort of collaborative learning, knowledge co-construction strategies are activated to reinforce the different skills of expression, argumentation of personal perspectives (Dillenbourg, 1999).

Debiasing process in the empathic relationship

SHEET USEFUL TO GUIDE REFLEXIVE LEARNING
PHASE 5 – REFLEXIVE LEARNING

Date__/__/_____

WHAT DID I LEARN ABOUT?	
Bias and shortcut that can become trap for my mind and my empathic attitude	
Difficulties faced trying to identify, prevent or stay aware of the biases that I activate	
Myself and my attitudes	
How these intrapersonal and interpersonal dynamics can interfere with my possibility, ability and willingness to engage in an empathic relationship	
Others considerations	

Fig. 8: sheet useful to guide reflective learning phase

5. Reflective learning: at this point, before concluding the workshop, the participants are guided to understand what learnings they have been able to acquire, in the different dimensions involved, for example: a) biases and their ability to become a shortcut to the solution of immediate problems; b) the difficulties encountered by each person attempting to identify them, eliminate them or even just become aware of them; c) themselves, in relation to their specific unconscious attitudes, assumptions and cultural, social and professional premises; d) how these dynamics may affect each person's ability, willingness and availability to express prosocial behavior in the empathic relationship. Again, in this case a card may guide their metareflective journey (fig. 8). Reflective learning appears to be the central nucleus of this phase, being useful to build and reinforce that practical knowledge that becomes wisdom in experience (*phronesis*) and which helps each professional to become aware of the limits and resources inherent in his or her empathic attitude (Schön et al., 2006).

5. Conclusions

The empathic attitude, despite its innate component, needs to be object of educational and training care in order to become a competence acted according to a precise professional intention. Although this evidence has been part of our knowledge for decades, it is still not sufficiently recognized by the organizations charged with defining basic training programs for the healthcare and medical professions; often, indeed, this burden is left to the improvisation and common sense of coordinators and tutor. These didactic figures, however, seem particularly motivated in this direction, perhaps because they were the first to experience in professional practice what problems the lack of adequate empathic competence can trigger, both for patients and for the organization of work and, even more, for the professional's self. This contribution therefore represents but a drop in a sea yet to be filled.

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