

Review Article

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Empathy-driven care in the intensive care unit: exploring nurses' experiences and perceptions

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ABSTRACT

Empathy is a cornerstone of high-quality nursing care, especially in high-stakes environments like the intensive care unit (ICU), where patients often face life-threatening conditions. Despite its recognized importance, the experience and perception of empathy among ICU nurses remain under-explored, particularly in diverse clinical settings such as India. This narrative review aims to explore global and Indian research on nurses' experiences and perceptions of empathy in ICU care, identify key influencing factors, and highlight implications for practice and policy. Following the preferred reporting items for systematic reviews and meta-analyses (PRISMA) framework, an extensive literature search was conducted across PubMed, Scopus, CINAHL, Science Direct, and Google Scholar for articles published between January 2015 and April 2024. Of the 212 records initially retrieved, 20 studies were included after full-text screening based on relevance, population, and methodological quality. Findings suggest that while ICU nurses globally acknowledge empathy as vital to patient care, they often face barriers such as emotional burnout, high workload, lack of training, and institutional stress. Indian studies echoed similar themes, highlighting additional challenges such as staffing shortages and limited psychological support. Facilitators of empathy included peer support, leadership engagement, and structured communication training. Empathy in ICU nursing is both essential and complex, influenced by systemic, emotional, and cultural factors. Addressing these challenges through education, organizational support, and policy interventions may enhance empathetic care and improve patient outcomes. Future research should focus on context-specific interventions, especially in low- and middle-income countries like India.

Keywords: Empathy, ICU nursing, Emotional labor, Nurse perceptions, India, Critical care, Communication

INTRODUCTION

In Intensive Care Units (ICUs), nurses are at the forefront of patient care, delivering life-saving interventions while navigating emotionally intense and ethically complex environments. A critical element that underpins effective patient care in such settings is empathy—the ability to perceive, understand, and respond to the emotional states of others with compassion and understanding.¹

Within the high-tech, high-stress environment of the ICU, empathy helps humanize care, strengthen therapeutic relationships, and improve the overall experience for patients and their families.²

Empathy is broadly categorized into cognitive (understanding another's perspective), affective (sharing emotional states), and compassionate (action-driven) components. Each of these plays a vital role in critical care nursing, where patients may be sedated; ventilated, or non-verbal, requiring nurses to rely heavily on observational and intuitive skills.³

However, delivering empathic care in ICUs poses significant challenges—particularly in low- and middle-income countries like India, where nurses frequently contend with resource constraints, high patient loads, and a lack of emotional support systems.^{4,5}

Recent studies from India have highlighted how empathy is both essential and strained in critical care settings. A cross-sectional study conducted at a tertiary care center in South India reported that although ICU nurses recognized empathy as a vital part of care, many struggled to maintain it due to emotional exhaustion, time pressure, and lack of training in communication skills.⁶ Another Indian qualitative study emphasized that nurses often felt morally distressed when they were unable to provide emotional support due to prioritization of clinical duties and lack of private spaces for interacting with families.⁷

Furthermore, an observational study in North India noted that while nurses demonstrated high task competence, empathic engagement was often overlooked or perceived as secondary, especially during emergencies or in overcrowded ICUs.⁸ These findings align with broader global literature showing that the ability to sustain empathy in critical care is influenced by institutional culture, leadership support, and access to mental health resources for staff.⁹

The COVID-19 pandemic further amplified these challenges in India, where ICU nurses faced prolonged shifts, PPE-related communication barriers, and restricted family interactions, leading to emotional detachment and reduced empathic engagement.¹⁰ Yet, the pandemic also sparked national conversations around nurse well-being,

resilience, and the importance of integrating emotional intelligence and empathy training into nursing curricula.¹¹

Understanding how ICU nurses in India and globally perceive, practice, and sustain empathy is vital for improving the quality of critical care, enhancing patient and family satisfaction, and supporting nurses' emotional resilience. A review of 17 studies on empathy education in nursing found that in 11 studies reported statistically significant improvements in empathy scores, indicating the effectiveness of these training programs.¹²

In India, there is growing recognition of the need to include empathy training in nursing programs. A study examining empathy levels among nursing students from universities in both India and South Africa emphasized the significance of nurturing empathy during their education to build strong, supportive relationships between nurses and patients.¹³

This narrative review aims to explore the multifaceted experiences and perceptions of ICU nurses regarding empathy-driven care, with special emphasis on Indian healthcare settings. It also identifies barriers, enablers, and strategies for promoting sustainable empathetic practice in ICUs.

METHODS

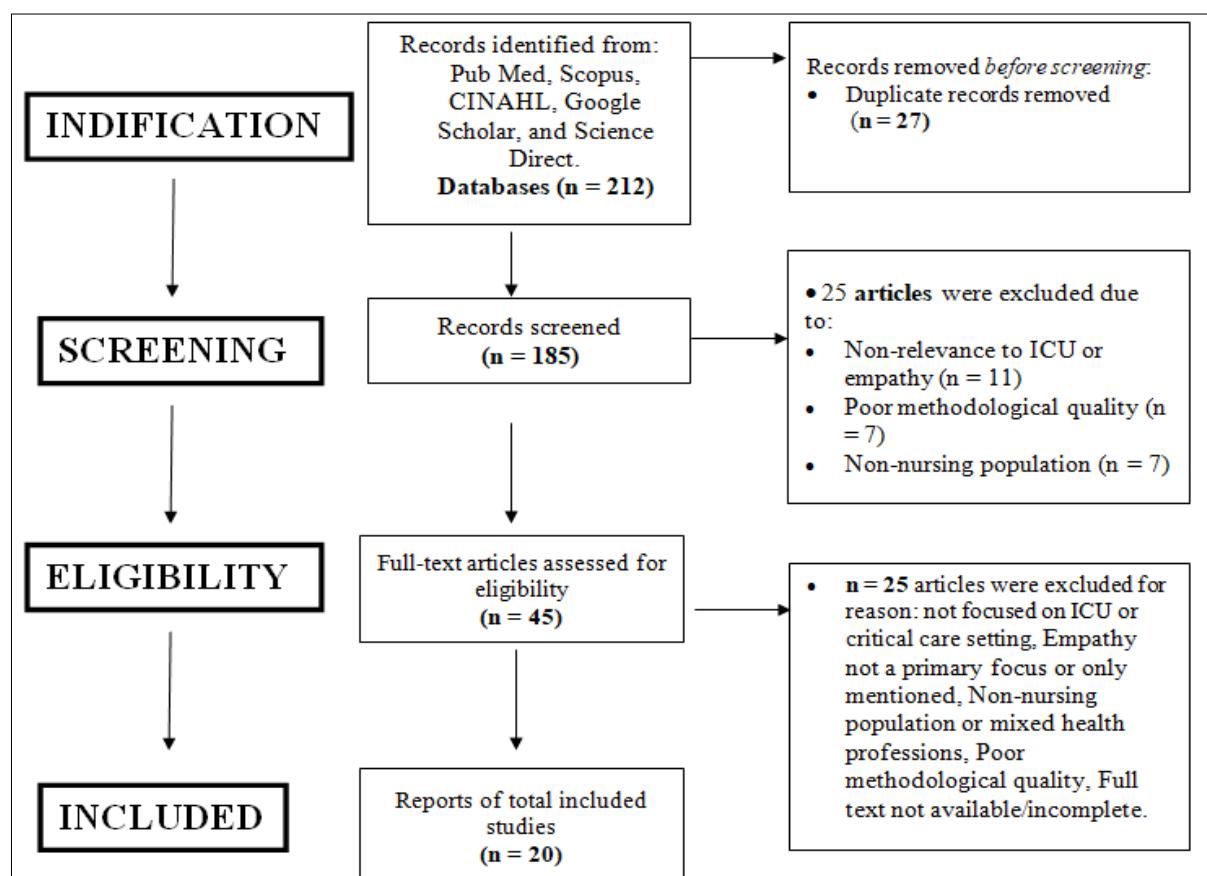


Figure 1: Flowchart for article selection process.

Table 1: Review of literatures.

Author(s), year	Country	Study type	Key findings	Relevance to empathy in ICU
Sinclair et al, 2017¹	Canada	Grounded theory	Defined empathy as multidimensional—cognitive, affective, and behavioral.	Established theoretical foundation for empathy in critical care.
Hojat, 2016¹⁵	USA	Conceptual review	Empathy is both innate and teachable, vital for clinical competence.	Emphasized the trainability of empathy in healthcare.
Crowe et al, 2020⁴	Canada	Qualitative study	Compassionate ICU care improves family satisfaction and communication.	Highlighted empathy as key to family-centered ICU care.
Bruce et al, 2019¹⁵	USA	Qualitative study	Nurses find emotional fulfillment through empathic end-of-life care.	Showed emotional rewards of empathy for ICU nurses.
Van Mol et al, 2015¹⁶	Netherlands	Systematic review	Compassion fatigue and burnout reduce empathic capacity in ICU nurses.	Identified emotional strain as a barrier to empathy.
Donkers et al, 2021¹⁷	Netherlands	Cross-sectional survey	COVID-19 increased moral distress, reducing empathy due to PPE and isolation.	Showed pandemic-related empathy barriers in ICU.
Thomas et al, 2022¹⁸	India	Cross-sectional study	South Indian ICU nurses reported empathy loss due to fatigue and workload.	Documented emotional fatigue affecting empathy in Indian ICUs.
Ramasamy et al, 2022⁶	India	Mixed-method study	Nurses understand empathy's role but are constrained by time and staffing.	Demonstrated empathy awareness but systemic barriers in India.
Bhatia and Desai, 2023¹⁹	India	Qualitative study	Urban ICU nurses experienced "moral distress" due to inability to support families.	Showed conflict between emotional care and task priorities.
Sharma et al, 2023²⁰	India	Observational study	Nurses faced communication and empathy challenges due to hierarchy and overload.	Cultural and systemic limits on empathetic practice.
Kim et al, 2016²¹	South Korea	Experimental study	Simulation-based empathy training improved communication in ICU settings.	Demonstrated effectiveness of empathy-focused training.
Riess, 2017⁹	USA	Narrative review	Empathy improves patient outcomes and reduces litigation.	Advocated for structured empathy training in clinical care.
Narayanasamy, 2021²²	India	Intervention study	Reflective practice improved empathetic engagement among nurses.	Validated empathy-enhancement interventions in Indian context.
Joseph and Thomas, 2022²³	India	Pilot study	Empathy training in Indian nursing curriculum improved emotional awareness.	Showed promising results for embedding empathy in education.
Nursing Council of India, 2022²⁴	India	Policy	New curriculum includes emotional intelligence and empathy modules.	Institutional acknowledgment of empathy in nursing training.

Strategies searching for studies

This narrative review employed a structured literature search strategy guided by PRISMA principles. Databases searched included PubMed, Scopus, CINAHL, Google Scholar, and Science Direct. Keywords used were: "Empathy," "ICU nurses," "critical care nurses," "nurses' experiences," "communication in ICU," and "India."

Inclusion criteria

The inclusion criteria involved studies published in English from 2015 to 2024, research involving ICU nurses' experiences, and perceptions of empathy, both qualitative and quantitative studies.

Exclusion criteria

Exclusion criteria involved non-nursing focused empathy studies, articles not available in full text, and studies involving pediatric or non-critical care settings exclusively.

DISCUSSION

The narrative review synthesizes findings from global and Indian studies, demonstrating that empathy is a central component of nursing care in ICUs. Evidence from both qualitative and quantitative research suggests that empathetic interactions in the ICU enhance patient satisfaction, foster trust, and improve communication between nurses, patients, and their families.^{1,4,14}

Moreover, nurses who provide empathetic care report increased job satisfaction and a sense of personal and professional fulfillment.^{2,15}

Nevertheless, sustaining empathy in ICU settings is a challenge. Globally, nurses cite emotional exhaustion, compassion fatigue, and moral distress as major barriers to empathetic engagement.^{16,25} The COVID-19 pandemic has further complicated empathetic caregiving due to increased workload, patient isolation, and the use of personal protective equipment (PPE), which impairs both verbal and non-verbal communication.¹⁷ In India, the barriers are compounded by structural constraints such as staff shortages, hierarchical clinical environments, time limitations, and lack of training in soft skills.²⁰⁻²³

Despite these obstacles, research confirms that empathy is not only essential but also teachable. Multiple studies show that structured training—such as simulation-based education, reflective practices, and communication workshops—can effectively enhance nurses' empathetic abilities.^{6,18-20} In response, the Indian Nursing Council has updated its curriculum to include modules on empathy and emotional intelligence, signaling a systemic move toward holistic nursing education.²⁴

The review underscores the critical importance of empathy in ICU nursing as both a clinical skill and an ethical imperative. ICU environments demand high emotional acuity due to the vulnerability of critically ill patients and the psychosocial needs of their families. Empathy helps nurses navigate emotionally charged situations, such as end-of-life care and critical decision-making, while maintaining humanistic patient care.^{1,4,15}

However, ICU nurses worldwide, and especially in resource-limited settings like India, encounter substantial barriers that compromise empathetic practice. High patient-nurse ratios, lack of mental health support, and undervaluation of emotional labor contribute to burnout and detachment.^{16,18,20} Cultural factors such as rigid healthcare hierarchies may also restrict nurses' autonomy and their ability to express empathy freely.^{19,20} These

challenges call for systemic interventions to preserve the emotional integrity of ICU care giving.

Encouragingly, several studies confirm that empathy can be cultivated through targeted interventions. Simulation-based training has proven effective in improving nurses' ability to communicate empathetically in high-stress environments.²¹ In India, educational pilots and reflective training modules have demonstrated promising outcomes in strengthening empathetic care among nurses.^{22,23} These findings suggest that empathy should not be considered an innate trait alone but rather a trainable skill essential to professional nursing practice.

Recent policy developments in India, particularly the revised nursing curriculum by the Indian Nursing Council, represent a critical step forward in institutionalizing empathy in nursing education.²⁴ However, for such reforms to be impactful, they must be supported by conducive workplace environments, including adequate staffing, regular emotional debriefings, and recognition of nurses' psychosocial contributions. A multi-pronged approach integrating policy, practice, and education is essential to embedding empathy as a sustainable element of ICU nursing care.

CONCLUSION

Empathy remains a fundamental pillar of effective nursing care in intensive care units, influencing not only patient recovery and satisfaction but also nurse well-being and the quality of interprofessional collaboration. This narrative review confirms that while the emotional demands of ICU work can erode empathetic engagement over time, empathy is not an inherent trait alone—it is a clinical skill that can be cultivated, sustained, and institutionalized.

Globally and in India, ICU nurses face substantial barriers to empathy, including emotional fatigue, high workloads, inadequate staffing, and systemic constraints. Indian ICU settings, in particular, contend with limited psychosocial training, hierarchical organizational structures, and resource shortages, all of which impair nurses' ability to consistently deliver empathetic care.

Nevertheless, evidence supports the feasibility of targeted interventions—such as simulation-based education, reflective practices, and structured communication training—to strengthen empathy among nurses. Recent reforms by the Indian Nursing Council, which integrate emotional intelligence and empathy into the national curriculum, mark a progressive step toward transforming critical care environments into more humanized spaces.

To truly embed empathy in ICU practice, there is a pressing need for an integrated approach that aligns policy, education, and organizational culture. Enhancing empathy in ICU nursing is not just a moral obligation but a strategic investment in safer, more compassionate, and patient-centered care systems.

Implications for practice

Introduce regular empathy and communication training for ICU staff, ensure appropriate staffing to prevent burnout and compassion fatigue, establish psychological support systems for nurses and recognize empathy as a clinical competency in evaluations and policy.

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