**Table I The Meta-Ethnography Papers**

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| Study | Paper | Country | Students | Focus | Theory | Themes |
| 1 | Lempp H, et al 2004 The hidden curriculum in undergraduate medical education :qualitative study of medical students’ perceptions of teaching.  | UK | 36all years | Quality of teaching | Qualitative | Role modelsCompetitionHierarchyHumiliationReform of hidden curriculum |
| 2 | Ratanawongsa N, et al 2005Third-Year Medical Students’ Experiences with Dying Patients during the Internal Medicine Clerkship: a Qualitative study of the Informal Curriculum. | USA | 28  3rd year | Death & Dying | Grounded Theory | Experience with dying patients professional identitiesRole modelling  |
| 3 | Nogueira-Martins M,et al (2006)Medical students’ perceptions of their learning about the doctor-patient relationship. | Brazil | 165th year | Doctor-Patient relationship | Qualitative | Need early patient contactSpace for teaching on doctor-patient relationship |
| 4 | Griswold K, et al (2007)Cultural awareness through medical student and refugee patient encounters | USA | 271st and 2nd year | Cultural Awareness | Qualitative | Patient contact increases cultural sensitivity |
| 5 | Cutler JL,et al (2009)Discrediting the notion that “working with ‘crazies’ will make you ‘crazy’”:addressing stigma and enhancing empathy in medical student education | USA | 47 4th year | StigmaStereotyping | Grounded Theory | Empathy can be stressfulStigma of mental health and psychiatry |
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| Study | Paper | Country | Students | Focus | Theory | Themes |
| 6 | Michalec B.(2011)Learning to cure ,but learning to care? | USA | 10 1st Year10 2nd year | Effect of preclinical curriculum on empathy | Qualitative | Lack of assessment of empathy Priority to biomedical aspect |
| 7 | Tavakol S, et al(2012)Medical students’ understanding of empathy: a phenomenological study | UK | 104th &5th year | Understanding influences on empathy | Phenomenology | Empathy an innate attribute which can be enhanced by education |
| 8 | Eikeland H-L, et al (2014)The physicians’ role and empathy-a qualitative study of third year medical students. | Norway | 11 3rd year | Influences on empathy | Qualitative | Role modelling and hidden curriculum Priority to biomedical aspect |

**Table 2 Synthesis of Papers**

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| Title | 1st Order Constructs | 2nd Order Constructs | 3rd Order Constructs |
|  Paper 1Lempp H | EncouragementPositive Role modelsNegative role modelsPoor teachingHumiliation BullyingHierarchical atmosphereCompetition Need to impress seniors | ConnectionDetachmentCulture of medical school | Detachment vs Connection |
| Paper2Ratanawongsa NPaper2 cont’dRatanawongsa N | Contact with patientsPatient a person not just a disease.Time Intense desire to helpEmpathy Identification Felt sadness Personal experiencesReligious backgroundTeam mentoring Some team members no emotionsProfessionalism and emotionsStruggle with balance Objectivity vs identification Detachment as self –preservationLow position in medical hierarchyRole modelsDiscussions devoid of emotions caused isolation &frustration in student Would capacity for caring diminish?Lack of time Fear of academic evaluation | Connection BalanceStressCulture of Medical SchoolDetachmentFuture Fears | Detachment vs ConnectionHidden CurriculumFuture Fears |
| Paper3Nogueira-Martins MPaper3 contdNogueira-Martins M | Positive effect of psychology courseDesire for clinical practiceDesire to be socially recognisedPositive role modelsTrustGratitude from patientFundamental part of doc patient relationshipNeed to recognise ones vulnerability and limitationsNeed to maintain the permeability and understanding necessary for empathyGap between theory and practiceNo time for socialisingCompetitive edgeNeed opportunity to discuss doc-patient relationshipTeachers not interested in psycho social aspectsNegative role modelsRisk that illusion of omnipotence become realPoor family background chaotic family situationDifficult patientsHealth system, shortage of beds , equipment stressfulPsychosocial problemsLitigation, ComplaintsLack of time Loss of idealismEmotional bluntingEthical integrity | ConnectionEmpathy ConceptConnectionBiomedical EmphasisMedical cultureBarriers to empathyDetachmentBarriers to empathyFuture FearsDetachment | ConnectionConcepts of EmpathyConnection v DetachmentBiomedical emphasisBarriers to empathyDetachment v Connection BarriersStressContextFuture FearsDetachment |
|  Paper 4 Griswold K | Face to face v telephoneInterpretersCultural differencesGender rolesReligionFamily structurePrivilegeHumilityRefugees as teachersLanguage difficulties formed a bondSmilingAdvocacyEmotional issuesStorytelling Learn own biases | BarriersDistancingmoralConnection | BarriersDetachment v Connection |
|  Paper 5 Cutler JLPaper 5 Cutler JL contd | StigmaMental health patientsLow status of psychiatryStereotypingStaff may fail to empathise with students Empathy causes stressStressful intense emotions from psychiatric patientsFeelings of helplessness and frustrationConflict and stress with identification with ill patientsMore time with patientsCaring role models |  stressMedical culturePowerDetachmentStressStressVulnerabilityDetachmentBarriersConnection | Hidden CurriculumDetachmentStressDetachment v ConnectionDetachment v Connection |
| Paper 6 Michalec B | Need to absorb factsWhat do faculty want me to know?Exams are what medical school valueFirst 2 years primarily biomedicalEmpathy and psycho-social not propagatedAbsence of testing of empathy and psychosocialAbsence of exposure to psychosocialLack of training in empathySocialise students to learn empathy not as important as biomedical learning and technical aspects | BiomedicalCultureBiomedicalBiomedical modelCulture | Biomedical Hidden CurriculumCulturePromoting DetachmentMedical school culture |
|  Paper 7 Tavakol SPaper7 Tavakol contd Paper7 Tavakol contd | Contrast with sympathyNeed bothConfused perspectivesNeed to have personal experience of situation v opposite viewKindness and compassionFundamental to careInnate capacity which can be enhanced by educationCognitive definitionEmotional nature of sympathy may inhibit process of treatmentEmpathy as a trait rather than a situation specific stateShould be able to empathise without losing objectivity Role play and role modelling most usefulWilling to empathiseBetter communication better outcomesUnderstanding emotions helps doctor be more effectivePatients want effective treatment with empathyCases rather than peopleStereotypes and stigmaTime lackPersonality of patient or doctorDisplaying empathy in team situationsLack of communication skills Communication skills training a box ticking exercisebiomedical modelpressure of jobLess overt demonstration of empathyNeed for educationLack of patient contactLess emotionally affected Treating people as intellectual problem rather than peopleNeed to maintain cognitive and intellectual control of feelingsCognitive view of empathyAffective responses can inhibit objectivity Some students have sympathy then adopt distancing tactic to reduce negative feelings | Concepts of EmpathyConcepts of EmpathyConnectionHidden curriculumConnectionBarriers Promoting ConnectionBiomedicalCopingWillingness to empathise connectBarriersDistancingDetachment | Concepts of EmpathyConcepts of EmpathyConnectionConnectionBarriersBiomedicalCoping strategyConnection Vs DetachmentBarriersDetachment v Connection |
|  Paper 8 Eikeland H-LPaper 8 Eikeland H-L contd | Own life experiencesStudents want to display emotions Some wanted both academic skill and empathy Too much distance can make it difficult to relate to patient Felt empathy a virtue but distanced easily Emotions are important source of information and a trigger for reflectionStudents struggle to control emotions HumilityVulnerable feelingsNegative feeling to patientsConflictCritical patientsTimeIndifferenceAcademic skills prioritised over humanistic Biomedical emphasisRole acquisition process inhibits empathy Callous and feeling immortalObjectivity, Control CynicismEmotions distract from clear thinkingBecome accustomed to distressLearned to suppress emotions show emotions differently to patients than othersExploring patients true feelings not permittedDistance required to function as a professional Empathic doctors as losersNeed to develop emotional distance as a way to cope | ConnectionWilling to empathise, connectDetachmentConcepts of empathyStressConnectingBarriersPowerBarriersDetachmentBiomedical DetachmentBiomedical priorityDetachmentDetachmentDetachmentProfessionalism  | Connection Detachment v ConnectionConceptsDetachment as coping strategyBarriersDetachmentBiomedicalConnection V DetachmentBalance of connection v Detachment |