**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 | 36  all years | Quality of teaching | Qualitative | Role models  Competition  Hierarchy  Humiliation  Reform of hidden curriculum |
| 2 | Ratanawongsa N, et al 2005  Third-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 identities  Role modelling |
| 3 | Nogueira-Martins M,et al (2006)  Medical students’ perceptions of their learning about the doctor-patient relationship. | Brazil | 16  5th year | Doctor-Patient relationship | Qualitative | Need early patient contact  Space for teaching on doctor-patient relationship |
| 4 | Griswold K, et al (2007)  Cultural awareness through medical student and refugee patient encounters | USA | 27  1st 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 | Stigma  Stereotyping | Grounded Theory | Empathy can be stressful  Stigma 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 Year  10 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 | 10  4th &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 1  Lempp H | Encouragement  Positive Role models  Negative role models  Poor teaching  Humiliation  Bullying  Hierarchical atmosphere  Competition  Need to impress seniors | Connection  Detachment  Culture of medical school | Detachment vs Connection |
| Paper2  Ratanawongsa N  Paper2 cont’d  Ratanawongsa N | Contact with patients  Patient a person not just a disease.  Time  Intense desire to help  Empathy  Identification  Felt sadness  Personal experiences  Religious background  Team mentoring  Some team members no emotions  Professionalism and emotions  Struggle with balance  Objectivity vs identification Detachment as self –preservation  Low position in medical hierarchy  Role models  Discussions devoid of emotions caused isolation &frustration in student  Would capacity for caring diminish?  Lack of time  Fear of academic evaluation | Connection  Balance  Stress  Culture of Medical School  Detachment  Future Fears | Detachment vs Connection  Hidden Curriculum  Future Fears |
| Paper3  Nogueira-Martins M  Paper3 contd  Nogueira-Martins M | Positive effect of psychology course  Desire for clinical practice  Desire to be socially recognised  Positive role models  Trust  Gratitude from patient  Fundamental part of doc patient relationship  Need to recognise ones vulnerability and limitations  Need to maintain the permeability and understanding necessary for empathy  Gap between theory and practice  No time for socialising  Competitive edge  Need opportunity to discuss doc-patient relationship  Teachers not interested in psycho social aspects  Negative role models  Risk that illusion of omnipotence become real  Poor family background chaotic family situation  Difficult patients  Health system, shortage of beds , equipment stressful  Psychosocial problems  Litigation, Complaints  Lack of time  Loss of idealism  Emotional blunting  Ethical integrity | Connection  Empathy Concept  Connection  Biomedical Emphasis  Medical culture  Barriers to empathy  Detachment  Barriers to empathy  Future Fears  Detachment | Connection  Concepts of Empathy  Connection v Detachment  Biomedical emphasis  Barriers to empathy  Detachment v Connection  Barriers  Stress  Context  Future Fears  Detachment |
| Paper 4 Griswold K | Face to face v telephone  Interpreters  Cultural differences  Gender roles  Religion  Family structure  Privilege  Humility  Refugees as teachers  Language difficulties formed a bond  Smiling  Advocacy  Emotional issues  Storytelling Learn own biases | Barriers  Distancing  moral  Connection | Barriers  Detachment v Connection |
| Paper 5 Cutler JL  Paper 5 Cutler JL contd | Stigma  Mental health patients  Low status of psychiatry  Stereotyping  Staff may fail to empathise with students  Empathy causes stress  Stressful intense emotions from psychiatric patients  Feelings of helplessness and frustration  Conflict and stress with identification with ill patients  More time with patients  Caring role models | stress  Medical culture  Power  Detachment  Stress  Stress  Vulnerability  Detachment  Barriers  Connection | Hidden Curriculum  Detachment  Stress  Detachment v Connection  Detachment v Connection |
| Paper 6 Michalec B | Need to absorb facts  What do faculty want me to know?  Exams are what medical school value  First 2 years primarily biomedical  Empathy and psycho-social not propagated  Absence of testing of empathy and psychosocial  Absence of exposure to psychosocial  Lack of training in empathy  Socialise students to learn empathy not as important as biomedical learning and technical aspects | Biomedical  Culture  Biomedical  Biomedical model  Culture | Biomedical  Hidden Curriculum  Culture  Promoting Detachment  Medical school culture |
| Paper 7 Tavakol S  Paper7 Tavakol contd  Paper7 Tavakol contd | Contrast with sympathy  Need both  Confused perspectives  Need to have personal experience of situation v opposite view  Kindness and compassion  Fundamental to care  Innate capacity which can be enhanced by education  Cognitive definition  Emotional nature of sympathy may inhibit process of treatment  Empathy as a trait rather than a situation specific state  Should be able to empathise without losing objectivity  Role play and role modelling most useful  Willing to empathise  Better communication better outcomes  Understanding emotions helps doctor be more effective  Patients want effective treatment with empathy  Cases rather than people  Stereotypes and stigma  Time lack  Personality of patient or doctor  Displaying empathy in team situations  Lack of communication skills Communication skills training a box ticking exercise  biomedical model  pressure of job  Less overt demonstration of empathy  Need for education  Lack of patient contact  Less emotionally affected  Treating people as intellectual problem rather than people  Need to maintain cognitive and intellectual control of feelings  Cognitive view of empathy  Affective responses can inhibit objectivity  Some students have sympathy then adopt distancing tactic to reduce negative feelings | Concepts of Empathy  Concepts of Empathy  Connection  Hidden curriculum  Connection  Barriers  Promoting Connection  Biomedical  Coping  Willingness to empathise connect  Barriers  Distancing  Detachment | Concepts of Empathy  Concepts of Empathy  Connection  Connection  Barriers  Biomedical  Coping strategy  Connection Vs Detachment  Barriers  Detachment v Connection |
| Paper 8 Eikeland H-L  Paper 8 Eikeland H-L contd | Own life experiences  Students 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 reflection  Students struggle to control emotions Humility  Vulnerable feelings  Negative feeling to patients  Conflict  Critical patients  Time  Indifference  Academic skills prioritised over humanistic  Biomedical emphasis  Role acquisition process inhibits empathy  Callous and feeling immortal  Objectivity, Control Cynicism  Emotions distract from clear thinking  Become accustomed to distress  Learned to suppress emotions show emotions differently to patients than others  Exploring patients true feelings not permitted  Distance required to function as a professional Empathic doctors as losers  Need to develop emotional distance as a way to cope | Connection  Willing to empathise, connect  Detachment  Concepts of empathy  Stress  Connecting  Barriers  Power  Barriers  Detachment  Biomedical  Detachment  Biomedical priority  Detachment  Detachment  Detachment  Professionalism | Connection  Detachment v Connection  Concepts  Detachment as coping strategy  Barriers  Detachment  Biomedical  Connection V Detachment  Balance of connection v Detachment |