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Review Article

Empathy, Mental Well-Being and Patient Trust in Contemporary Health Communication: A Psychological Review of Patient-Provider Interactions

Running Title: Empathy and Trust in Health Communication

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Abstract

Patient-provider communication represents a cornerstone of effective healthcare delivery, with empathy, mental well-being, and patient trust forming interconnected psychological dimensions that significantly influence health outcomes. Contemporary healthcare systems increasingly recognize the imperative role of psychosocial factors in therapeutic relationships. This review synthesizes current literature examining the psychological mechanisms linking empathic communication, mental well-being, and patient trust within patient-provider interactions, with emphasis on evidence from 2020-2025. A narrative review of peer-reviewed literature published between 2020-2025 was conducted, focusing on empirical studies, systematic reviews, and theoretical frameworks addressing empathy, mental well-being, and trust in healthcare communication contexts. Evidence demonstrates that empathic communication significantly enhances patient trust, treatment adherence, and health outcomes. Provider mental well-being directly impacts empathic capacity, with burnout and compassion fatigue representing significant barriers. Technological innovations, including telemedicine and artificial intelligence, present both opportunities and challenges for maintaining empathic patient-provider relationships. Cultural competence and individualized communication strategies emerge as critical facilitators of trust-building across diverse patient populations. Integrating empathy-focused training, mental health support for providers, and patient-centered communication frameworks represents an essential strategy for optimizing healthcare delivery. Future research should prioritize longitudinal studies examining causative mechanisms and intervention efficacy across diverse healthcare settings.

Keywords: *Empathy, Patient trust, Mental well-being, Health communication, Patient-provider interaction, Healthcare delivery*

1. Introduction

The therapeutic relationship between patients and healthcare providers constitutes a fundamental determinant of healthcare quality, treatment outcomes, and patient satisfaction [1,2].

Within this dyadic interaction, empathy, mental well-being, and patient trust represent interwoven psychological constructs that collectively shape the effectiveness of health communication [3]. Contemporary healthcare delivery systems face unprecedented challenges, including

technological transformation, workforce burnout, and evolving patient expectations, necessitating renewed examination of these foundational interpersonal dimensions [4,5].

Empathy, defined as the capacity to understand and share another person's emotional experience, serves as the cornerstone of patient-centered care [6]. Clinical empathy encompasses both cognitive components, understanding the patient's perspective, and affective components, responding with appropriate emotional resonance [7]. Research consistently demonstrates that empathic communication enhances patient satisfaction, treatment adherence, symptom resolution, and overall health outcomes [8,9]. However, healthcare providers increasingly experience challenges maintaining empathic engagement amid systemic pressures, time constraints, and emotional exhaustion [10].

Provider mental well-being represents a critical yet frequently overlooked determinant of communication quality [11]. Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, significantly impairs providers' capacity for empathic engagement [12]. The COVID-19 pandemic amplified these challenges, with substantial increases in provider stress, anxiety, and depression documented across healthcare settings [13,14]. Understanding the bidirectional relationship between provider well-being and patient-centered communication has become imperative for sustainable healthcare delivery [15].

Patient trust, defined as the confident expectation that providers will act in patients' best interests, emerges from consistent empathic communication and perceived provider competence [16,17]. Trust facilitates information disclosure, treatment acceptance, and long-term engagement with healthcare systems [18]. Erosion of patient trust, whether through communication failures, perceived indifference, or

systemic inequities, undermines therapeutic relationships and healthcare effectiveness [19,20]. This review synthesizes current evidence examining the psychological mechanisms linking empathy, provider mental well-being, and patient trust within contemporary health communication contexts.

2. Empathy In Patient-Provider Communication

2.1 Conceptual Foundations of Clinical Empathy

Clinical empathy extends beyond general interpersonal empathy, incorporating specialized competencies adapted to healthcare contexts [21]. The multidimensional nature of empathy encompasses cognitive empathy (perspective-taking and understanding), affective empathy (emotional resonance), and behavioural empathy (communicative demonstration of understanding) [22]. Effective clinical empathy requires providers to balance emotional engagement with professional boundaries, maintaining therapeutic effectiveness without experiencing vicarious traumatization or compassion fatigue [23].

Neuroscientific research illuminates the neurobiological substrates of empathy, identifying activation patterns in the anterior insula, anterior cingulate cortex, and mirror neuron systems during empathic engagement [24]. These findings suggest that empathy involves both automatic resonance mechanisms and controlled cognitive processes, with implications for understanding individual differences in empathic capacity and potential enhancement through targeted interventions [25]. Recent evidence indicates that empathy can be systematically cultivated through structured training programs, challenging earlier assumptions regarding empathy as an immutable trait [26]. Table 1 shows the Dimensions of Empathic Communication and Associated Patient Outcomes

Table 1. Dimensions of Empathic Communication and Associated Patient Outcomes

Empathy Dimension	Key Characteristics	Associated Patient Outcomes
Cognitive Empathy	Perspective-taking, understanding patient's viewpoint, accurate recognition of patient concerns	Enhanced diagnostic accuracy, improved treatment concordance, increased patient satisfaction
Affective Empathy	Emotional resonance, sharing patient's feelings, compassionate concern	Reduced patient anxiety, improved psychological well-being, enhanced trust
Behavioural Empathy	Verbal acknowledgment, active listening, nonverbal warmth, empathic communication skills	Improved adherence, better symptom control, increased patient activation, stronger therapeutic alliance
Cultural Empathy	Recognition of cultural context, respect for diverse values, culturally adapted communication	Enhanced trust in diverse populations, reduced disparities, improved cultural concordance s

Sources: [1,21,22,27-30]

2.2 Empathic Communication and Health Outcomes

Empirical evidence consistently demonstrates positive associations between empathic communication and diverse health outcomes [27]. Patients perceiving higher provider empathy report greater satisfaction, improved symptom control, enhanced medication adherence, and reduced anxiety [28,29]. In chronic disease management, empathic communication correlates with improved glycemic control in diabetes, better blood pressure management in hypertension, and enhanced quality of life across conditions [30]. These benefits appear mediated through multiple pathways, including enhanced patient activation, improved self-efficacy, and strengthened therapeutic alliance [31].

Table 1 summarizes key dimensions of empathic communication and their associated outcomes based on contemporary evidence. The mechanisms linking empathy to outcomes involve both psychological processes (reduced patient anxiety, enhanced self-efficacy) and behavioural pathways (improved treatment adherence, increased health information seeking) [32]. Understanding these mechanisms enables development of targeted interventions optimizing the therapeutic impact of empathic communication [33].

3. Provider Mental Well-Being and Communication Quality

3.1 Burnout, Compassion Fatigue, and Empathic Erosion

Healthcare provider burnout has reached epidemic proportions, with prevalence estimates exceeding 50% across multiple specialties [34]. Burnout manifests as emotional exhaustion, depersonalization (cynical attitudes toward patients), and diminished sense of personal accomplishment [35]. Research demonstrates that burnout significantly impairs empathic communication, with burned-out providers exhibiting reduced emotional responsiveness, shortened patient encounters, and decreased patient-centered communication behaviors [36,37].

Compassion fatigue, distinct from but related to burnout, represents the emotional and physical exhaustion resulting from chronic exposure to patient suffering [38]. While empathy enables providers to connect with patients' experiences, sustained empathic engagement without adequate emotional recovery can deplete providers' compassionate capacities [39]. The COVID-19 pandemic exemplified conditions fostering widespread compassion fatigue, with providers experiencing moral distress, grief, and traumatic stress while maintaining patient care responsibilities [40]. Figure 1 illustrates the cyclical relationship between provider well-being, empathic communication, and patient outcomes, highlighting feedback loops through which patient trust and positive outcomes can reinforce provider satisfaction, while negative spirals of burnout erode communication quality and therapeutic relationships.

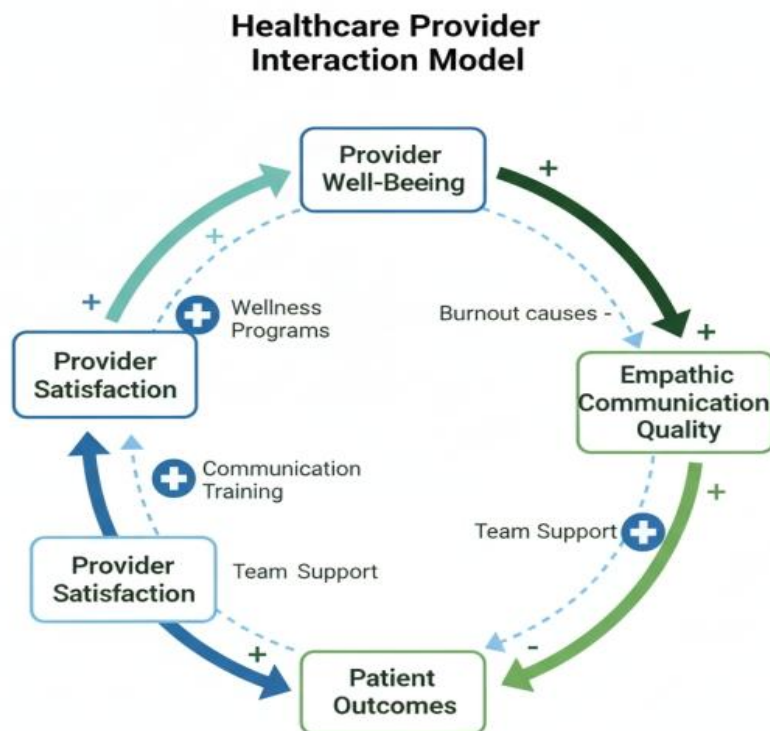


Figure 1. Cyclical Relationship Between Provider Well-Being, Empathic Communication, and Patient Outcomes
Sources: Adapted from references [11,12,15,34,36,37,41].

3.2 Interventions Supporting Provider Well-Being

Organizational interventions addressing provider well-being demonstrate significant potential for preserving empathic communication capacity [41]. Evidence-based approaches include mindfulness-based stress reduction programs, resilience training, peer support initiatives, and systemic workflow modifications reducing administrative burden [42,43]. Mindfulness interventions specifically enhance

providers' capacity for present-moment awareness and non-judgmental acceptance, competencies that support sustained empathic engagement [44]. Table 2 provides an overview of intervention strategies targeting provider well-being and their documented impacts on empathy and communication.

Table 2. Interventions Supporting Provider Well-Being and Empathic Communication

Intervention Type	Key Components	Evidence Level	References
Mindfulness-Based Stress Reduction (MBSR)	8-week program, meditation practice, present-moment awareness training	Strong - Multiple RCTs demonstrate reduced burnout, enhanced empathy	[42,44]
Resilience Training Programs	Cognitive reframing, stress management skills, self-care strategies	Moderate - Controlled studies show improved well-being, mixed empathy effects	[43,45]
Peer Support and Reflection Groups	Structured reflection, emotional sharing, collegial support	Moderate - Qualitative evidence strong, quantitative studies limited	[41,42]
Organizational Workflow Modifications	Reduced administrative burden, optimized scheduling, team-based care models	Emerging - Promising observational data, limited controlled studies	[45,46]
Empathy Training Programs	Communication skills, perspective-taking exercises, reflective practice	Strong - Systematic reviews confirm empathy enhancement, sustained effects variable	[26,33]

Effective interventions typically combine individual-level skill development with organizational changes addressing systemic contributors to burnout [45]. Healthcare systems increasingly recognize that provider well-being represents not merely an individual concern but an organizational imperative with direct implications for patient care quality [46].

4. Patient Trust in Healthcare Relationships

4.1 Foundations and Dimensions of Patient Trust

Patient trust encompasses multiple dimensions, including competence trust (confidence in provider knowledge and skills), interpersonal trust (belief in provider caring and honesty), and system trust (confidence in healthcare institutions) [47]. Trust develops through repeated positive interactions characterized by provider reliability, transparent communication, and demonstrated patient-centeredness [48]. Breaches of trust, whether through perceived incompetence, communication failures, or institutional betrayals, prove difficult to repair and can permanently damage therapeutic relationships [49].

Contemporary challenges to patient trust include healthcare system fragmentation, information asymmetry, conflicting online health information, and historical patterns of medical discrimination affecting marginalized communities [50,51].

The proliferation of health misinformation and conspiracy theories further complicates trust-building, requiring providers to navigate patient skepticism while maintaining empathic engagement [52]. Cultural and sociodemographic factors significantly influence trust formation, with racial and ethnic

minorities often reporting lower baseline trust due to historical and ongoing experiences of healthcare inequity [53].

4.2 Empathy as a Trust-Building Mechanism

Empathic communication serves as a primary mechanism through which providers establish and maintain patient trust [54]. When patients perceive that providers genuinely understand their experiences and concerns, they develop confidence that their interests will be prioritized in clinical decision-making [55]. Empathic responses validate patients' experiences, reducing anxiety and fostering psychological safety necessary for authentic information sharing [56].

Research demonstrates bidirectional relationships between empathy and trust: empathic communication builds trust, while existing trust facilitates openness enabling deeper empathic understanding [57]. Figure 2 depicts this reciprocal

model, illustrating how empathic communication initiates trust development, which subsequently enables more authentic patient disclosure, creating conditions for enhanced empathic understanding and strengthened trust.

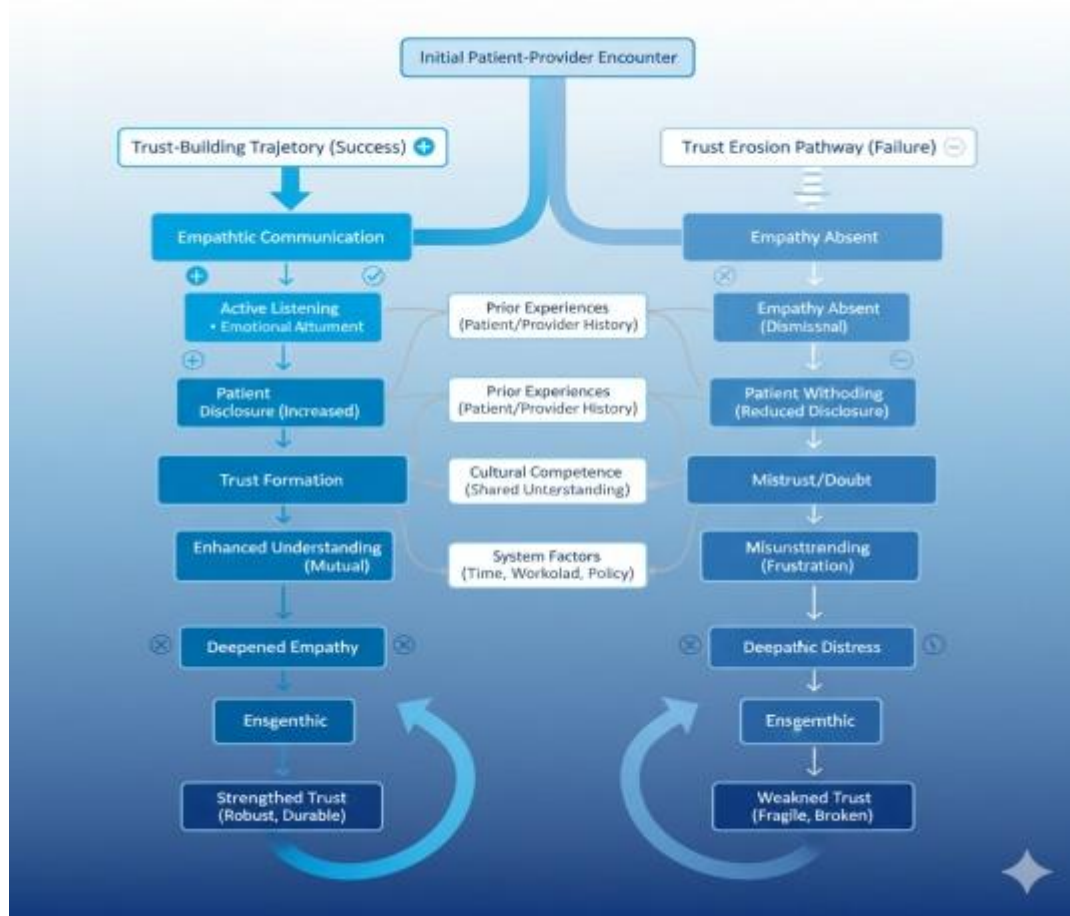


Figure 2. Reciprocal Model of Empathy and Trust in Patient-Provider Relationships Sources: Author's illustration adapted from references [16,47,48,54,55,56,57]

5. Contemporary Challenges and Innovations

5.1 Telemedicine and Digital Health Communication

The rapid expansion of telemedicine, accelerated by the COVID-19 pandemic, fundamentally transforms patient-provider communication dynamics [58]. While telehealth enhances access and convenience, concerns persist regarding its impact on empathic communication and trust-building [59]. Reduced nonverbal cues, technological barriers, and the absence of physical presence may impair empathic connection, particularly for providers lacking digital communication training [60].

However, emerging evidence suggests that empathic communication remains achievable in virtual settings when providers adapt their techniques appropriately [61]. Effective telehealth empathy requires enhanced verbal empathic

statements, deliberate attention to visible nonverbal cues, and technical proficiency minimizing technological disruptions [62]. Patient trust in telemedicine appears influenced by prior relationship quality, with established relationships demonstrating greater resilience to virtual format transitions [63].

5.2 Artificial Intelligence and Algorithmic Communication

Artificial intelligence integration into healthcare communication presents novel opportunities and challenges for empathy and trust [64]. AI-powered chatbots and virtual assistants increasingly provide initial patient interactions, symptom assessment, and health education [65]. While these technologies enhance efficiency and accessibility, questions emerge regarding their capacity for genuine empathic engagement and impact on patient trust [66].

Research examining patient responses to AI communication reveals complex patterns: some patients appreciate the non-

judgmental, consistent nature of AI interactions, while others express discomfort with the absence of human understanding [67]. The optimal role for AI likely involves complementing rather than replacing human empathic communication, with AI handling routine information provision while human

providers focus on emotionally complex, relationship-building interactions [68]. Table 3 compares traditional, telemedicine, and AI-mediated communication modalities regarding empathy expression and trust-building characteristics.

Table 3. Comparison of Communication Modalities for Empathy Expression and Trust-Building

Modality	Empathy Facilitators	Empathy Barriers	Trust Implications
In-Person	Full nonverbal cues, physical presence, touch, comprehensive sensory information	Time constraints, provider burnout, environmental distractions	Strongest for initial trust-building; benefits from continuity
Telemedicine (Video)	Facial expressions visible, convenience reduces stress, enhanced access	Limited body language, technical issues, reduced physical presence cues	Effective when relationship established; requires adapted techniques
Telemedicine (Phone)	Voice tone preserved, convenience, low technology barrier	No visual cues, limited nonverbal communication, potential misunderstandings	Moderate; relies heavily on verbal empathy and established relationship
AI Chatbots	24/7 availability, consistent responses, non-judgmental interaction, immediate access	Lack genuine understanding, limited emotional nuance, algorithm-driven responses	Limited for complex issues; best as complement to human care
Asynchronous Digital (Portal Messages)	Time for thoughtful responses, documentation, patient convenience	Delayed feedback, no nonverbal cues, text misinterpretation risk	Effective for routine follow-up; requires clear written empathy expression

Sources: [48,58-63,67-69]

5.2 Cultural Competence and Equity in Communication

Cultural competence the capacity to provide effective care across diverse cultural contexts represents an essential component of empathic communication and trust-building [69]. Cultural differences influence communication styles, health beliefs, decision-making preferences, and trust formation [70]. Providers lacking cultural awareness may inadvertently communicate disrespect or misunderstanding, undermining patient trust and therapeutic effectiveness [71].

Structural competence extends beyond individual cultural awareness to recognize how healthcare systems perpetuate inequities affecting patient-provider relationships [72]. Addressing systemic barriers, including language access, discrimination, and resource inequities, proves essential for building trust across diverse populations [73]. Figure 3 illustrates the multi-level model of culturally competent empathic communication, showing interconnections between individual provider competencies, organizational policies, and systemic factors influencing health equity.

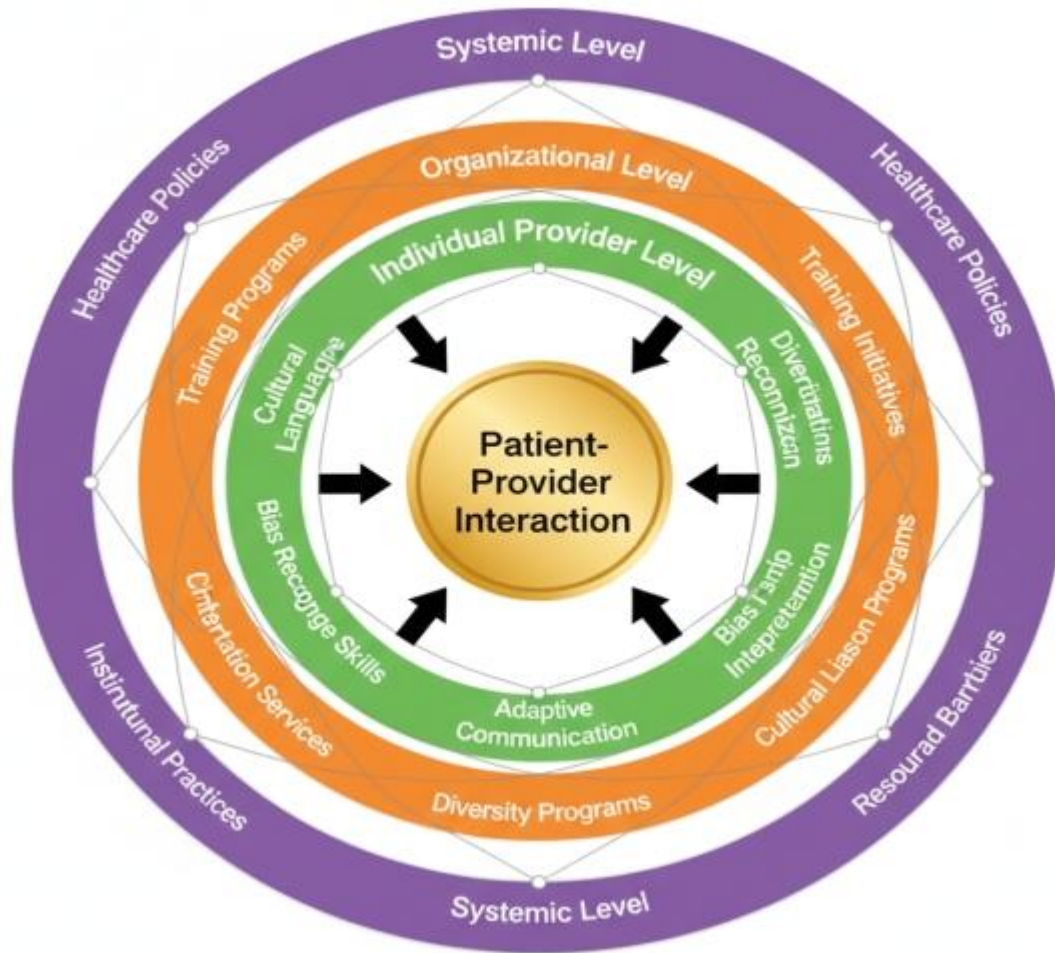


Figure 3. Multi-Level Model of Culturally Competent Empathic Communication.
Sources: Figure based on the following references [69,70,71,72,73]

6. Synthesis and Future Directions

The reviewed evidence establishes empathy, provider mental well-being, and patient trust as interconnected psychological dimensions fundamentally shaping healthcare communication effectiveness. Empathic communication emerges as both a product of provider well-being and a determinant of patient trust, creating dynamic feedback systems with significant implications for health outcomes. Contemporary healthcare delivery must address these psychological dimensions systematically rather than treating them as peripheral concerns [74].

Several critical gaps warrant prioritization in future research. First, longitudinal studies examining causal mechanisms linking empathy, well-being, and trust remain scarce, with most existing evidence deriving from cross-sectional designs limiting causal inference [75]. Second, intervention research should move beyond individual-level training toward

comprehensive approaches addressing organizational and systemic determinants of communication quality [76]. Third, research examining empathy and trust in diverse populations, particularly marginalized communities experiencing healthcare inequities, requires expansion [77].

Technological transformation of healthcare communication necessitates ongoing investigation. As telemedicine and AI integration accelerate, understanding how to maintain empathic connection and patient trust across modalities becomes increasingly urgent [78]. Research should examine not whether technology can support empathic communication, but rather how to optimize technological design and implementation for this purpose [79].

7. Conclusion

Empathy, mental well-being, and patient trust represent foundational elements of effective healthcare communication,

with profound implications for patient outcomes, provider satisfaction, and healthcare system performance. Contemporary evidence demonstrates that these dimensions are neither immutable traits nor luxury features but rather cultivable competencies and essential infrastructure requiring systematic organizational support. Healthcare systems that prioritize provider well-being, empathy training, and trust-building create conditions for therapeutic relationships that genuinely serve patient needs.

Moving forward, healthcare delivery must integrate psychological principles of empathic communication and trust-building throughout provider education, organisational culture, and technological innovation. The imperative extends beyond improving isolated interactions to transforming healthcare systems into environments that consistently support the human connections at the heart of healing. As medicine continues evolving technologically and organizationally, preserving and enhancing the empathic, trust-based foundations of patient-provider relationships remains essential for healthcare that is not merely technically proficient but genuinely therapeutic.

Author Contributions

The author has significantly contributed to the study's conception, design, data collection, analysis, and interpretation. All authors were involved in writing the manuscript or critically reviewing it for its intellectual value. They have reviewed and approved the final version for submission and publication and accept full responsibility for the content and integrity of the work.

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Conflicts of Interest

The authors state that there are no financial, personal, or professional conflicts of interest associated with this research.

Ethical Approvals

This research did not involve the use of human participants or animal subjects and therefore did not require ethical clearance

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References

1. Howick J, Moscrop A, Mebius A, et al. Effects of empathic and positive communication in healthcare consultations: a

- systematic review and meta-analysis. *J R Soc Med.* 2018;111(7):240-252. doi:10.1177/0141076818769477
2. Derksen F, Bensing J, Lagro-Janssen A. Effectiveness of empathy in general practice: a systematic review. *Br J Gen Pract.* 2013;63(606):e76-e84. doi:10.3399/bjgp13X660814
3. Byrne M, Campos C, Daly S, Lok B, Miles A. The current state of empathy, compassion and person-centred communication training in healthcare: an umbrella review. *Patient Educ Couns.* 2024;119:108063. doi:10.1016/j.pec.2023.108063
4. Subramanya V, Spychalski J, Coats S, Gottstein E, Chancellor J, Kulshreshtha A. Empathetic communication in telemedicine: a pilot study. *PRiMER.* 2024;8:36. doi:10.22454/PRiMER.2024.644242
5. Lerch SP, Hanggi R, Bussmann Y, Schirlo C, Herzig L, Langewitz W. A model of contributors to a trusting patient-physician relationship: a critical review using a systematic search strategy. *BMC Prim Care.* 2024;25:194. doi:10.1186/s12875-024-02435-z
6. Birkhaeur J, Gaab J, Kossowsky J, et al. Trust in the health care professional and health outcome: a meta-analysis. *PLoS One.* 2017;12(2):e0170988. doi:10.1371/journal.pone.0170988
7. American College of Obstetricians and Gynecologists Committee on Ethics. Effective patient-physician communication. Committee Statement No. 587. *Obstet Gynecol.* 2025;145(1):e1-e15. doi:10.1097/AOG.0000000000005757
8. Hojat M, Louis DZ, Markham FW, Wender R, Rabinowitz C, Gonnella JS. Physicians' empathy and clinical outcomes for diabetic patients. *Acad Med.* 2011;86(3):359-364. doi:10.1097/ACM.0b013e3182086fe1
9. Mercer SW, Jani BD, Maxwell M, Wong SYS, Watt GCM. Patient enablement requires physician empathy: a cross-sectional study of general practice consultations in areas of high and low socioeconomic deprivation in Scotland. *BMC Fam Pract.* 2012;13:6. doi:10.1186/1471-2296-13-6
10. Shanafelt TD, West CP, Sinsky C, et al. Changes in burnout and satisfaction with work-life integration in physicians and the general US working population between 2011 and 2020. *Mayo Clin Proc.* 2022;97(3):491-506. doi:10.1016/j.mayocp.2021.11.021
11. Chatham AA, Petrucci LJ, Patel S, et al. Structural factors contributing to compassion fatigue, burnout, and secondary traumatic stress among hospital-based healthcare professionals during the COVID-19 pandemic. *J Hosp Palliat Nurs.* 2024;26(2):E38-E47. doi:10.1097/NJH.0000000000001037
12. Rotenstein LS, Torre M, Ramos MA, et al. Prevalence of burnout among physicians: a systematic review. *JAMA.* 2018;320(11):1131-1150. doi:10.1001/jama.2018.12777
13. Kabunga A, Okalo P, Nalweyiso G. Compassion fatigue among healthcare providers in sub-Saharan Africa: a scoping review. *BMC Health Serv Res.* 2023;23(1):1356. doi:10.1186/s12913-023-10356-3
14. Bhugra D, Ventriglio A. Compassion fatigue and healthcare professionals: challenges. *Int J Soc Psychiatry.* 2024;70(7):1467-1471. doi:10.1177/00207640241283097
15. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med.* 2018;283(6):516-529. doi:10.1111/joim.12752
16. Hall MA, Dugan E, Zheng B, Mishra AK. Trust in physicians and medical institutions: what is it, can it be measured, and does it matter? *Milbank Q.* 2001;79(4):613-639. doi:10.1111/1468-0009.00223

17. Thom DH, Hall MA, Pawlson LG. Measuring patients' trust in physicians when assessing quality of care. *Health Aff (Millwood)*. 2004;23(4):124-132. doi:10.1377/hlthaff.23.4.124
18. Brennan N, Barnes R, Calnan M, Corrigan O, Dieppe P, Entwistle V. Trust in the health-care provider-patient relationship: a systematic mapping review of the evidence base. *Int J Qual Health Care*. 2013;25(6):682-688. doi:10.1093/intqhc/mzt063
19. Armstrong K, Ravenell KL, McMurphy S, Putt M. Racial/ethnic differences in physician distrust in the United States. *Am J Public Health*. 2007;97(7):1283-1289. doi:10.2105/AJPH.2005.080762
20. Jaiswal A, Halkitis PN. Towards a more inclusive and dynamic understanding of medical mistrust informed by science. *Behav Med*. 2019;45(2):79-85. doi:10.1080/08964289.2019.1619511
21. Catapan SdC, Sazon H, Zheng S, Gallegos-Rejas V, Mendis R, Santiago PHR, Kelly JT. A systematic review of consumers' and healthcare professionals' trust in digital healthcare. *NPJ Digit Med*. 2025;8(1):115. doi:10.1038/s41746-025-01510-8
22. Neumann M, Edelhauser F, Tauschel D, et al. Empathy decline and its reasons: a systematic review of studies with medical students and residents. *Acad Med*. 2011;86(8):996-1009. doi:10.1097/ACM.0b013e318221e615
23. Kelm Z, Womer J, Walter JK, Feudtner C. Interventions to cultivate physician empathy: a systematic review. *BMC Med Educ*. 2014;14:219. doi:10.1186/1472-6920-14-219
24. Decety J, Fotopoulou A. Why empathy has a beneficial impact on others in medicine: unifying theories. *Front Behav Neurosci*. 2015;8:457. doi:10.3389/fnbeh.2014.00457
25. Teding van Berkhoust E, Malouff JM. The efficacy of empathy training: a meta-analysis of randomized controlled trials. *J Couns Psychol*. 2016;63(1):32-41. doi:10.1037/cou0000093
26. Kataoka Y, Koide M, Ochi K, Honyashiki M, Miyachi Y, Ohmagari N. Empathy training for health professionals: a systematic review of randomized controlled trials. *Patient Educ Couns*. 2020;103(11):2177-2184. doi:10.1016/j.pec.2020.06.002
27. Rakel DP, Hoeft TJ, Barrett BP, Chewning BA, Craig BM, Niu M. Practitioner empathy and the duration of the common cold. *Fam Med*. 2009;41(7):494-501. PMID:19582635
28. Steinhausen S, Ommen O, Antoine SL, Koehler T, Pfaff H, Neugebauer E. Short- and long-term subjective medical treatment outcome of trauma surgery patients: the importance of physician empathy. *Patient Prefer Adherence*. 2014;8:1239-1253. doi:10.2147/PPA.S62925
29. Halpern J. What is clinical empathy? *J Gen Intern Med*. 2003;18(8):670-674. doi:10.1046/j.1525-1497.2003.21017.x
30. Levinson W, Lesser CS, Epstein RM. Developing physician communication skills for patient-centered care. *Health Aff (Millwood)*. 2010;29(7):1310-1318. doi:10.1377/hlthaff.2009.0450
31. Nong P, Ji M. Expectations of healthcare AI and the role of trust: understanding patient views on how AI will impact cost, access, and patient-provider relationships. *J Am Med Inform Assoc*. 2025;32(5):795-801. doi:10.1093/jamia/ocaf031
32. Nong P, Kotha A, Platt J. Patients' trust in health systems to use artificial intelligence. *JAMA Netw Open*. 2025;8(2):e2460628. doi:10.1001/jamanetworkopen.2024.60628
33. Shevtsova D, Ahmed A, Boot IWA, et al. Trust in and acceptance of artificial intelligence applications in medicine: mixed methods study. *JMIR Hum Factors*. 2024;11:e47031. doi:10.2196/47031
34. Sagana M, Dai T, Macis M, Darden M. Trust in AI-assisted health systems and AI's trust in humans. *NPJ Health Syst*. 2025;2:10. doi:10.1038/s44401-025-00016-5
35. Kerasidou A. Artificial intelligence and the ongoing need for empathy, compassion and trust in healthcare. *Bull World Health Organ*. 2020;98(4):245-250. doi:10.2471/BLT.19.237198

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