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SELECTED STUDENT PRESENTATION

Digital Care, Empathy, and Supportive Communication

Author(s): Yanina Kulahina

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VIZJA UNIVERSITY

VIZJA University

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INTRODUCTION

The digital transformation of education and work has created spaces of unprecedented connectivity, yet it has also multiplied experiences of *alienation* and *emotional exhaustion*. Communication that occurs through screens often strips interactions of tone, facial expression and gesture – the subtle carriers of empathy that sustain trust.

Digital care therefore emerges as an ethical and professional response to the risks of depersonalisation in online life. It represents a shift from a *transactional model of communication* (deliver information efficiently) to a *relational model* (nurture understanding and belonging). Within European higher education and civil-society programmes, digital care aligns directly with values of inclusion, equality and wellbeing.

EMPATHY AND SUPPORTIVE COMMUNICATION ONLINE

are not luxuries. They are the invisible infrastructure of human-centred digital practice. Without deliberate attention to empathy, our online environments reproduce existing inequities: some voices dominate, others are silenced, and many users retreat into disengagement or burnout. The goal of this presentation is to unpack what digital care means, how empathy functions in mediated interaction, and how institutions can operationalise these principles without collapsing under the weight of emotional labour.

UNDERSTANDING EMPATHY IN DIGITAL CONTEXTS

Empathy is often described as the capacity to “feel with” another person, yet scholars distinguish its components more precisely:

- *Cognitive empathy* — the intellectual capacity to understand another’s viewpoint.
- *Emotional empathy* — the affective resonance with another’s feelings.
- *Compassionate empathy* — the motivational aspect that drives supportive action.

In face-to-face contexts, these forms interact seamlessly through tone, eye contact and proximity. Online, however, these cues are filtered through text and interface design. Research in digital communication shows that the loss of non-verbal information increases the probability of misinterpretation and conflict. Consequently, empathy online must become **explicit**. It is communicated through word choice, pacing, punctuation and response time. A late or curt message may be read as rejection; an overly formal response can feel cold; the absence of acknowledgement can deepen students’ sense of isolation.

THE ETHICS AND PRACTICE OF DIGITAL CARE

Digital care refers to intentional communicative actions that protect psychological safety in digital spaces. It embodies both interpersonal ethics and institutional responsibility. At the interpersonal level, care is expressed through tone, responsiveness and transparency. At the organisational level, care becomes policy: ensuring accessibility, defining response expectations, and training staff in empathetic writing.

EXAMPLES

A teacher who replies to a distressed student’s message with clarity and warmth performs digital care. An administrator who structures a learning platform with clear navigation and non-judgmental language institutionalises care. The goal is consistency: empathy cannot rely solely on individual goodwill but must be embedded in systems. In European academic discourse, such alignment is often framed through the **ethos of kindness*** — a collective commitment to humane interaction as a professional norm.

However, care is not limitless. Digital labour blurs temporal and emotional boundaries, making workers perpetually available. Institutions must therefore protect the workers themselves by recognising emotional labour as legitimate work and providing frameworks of rest and support.

*Broomhall, S. (2019). The Cultural History of the Emotions in the Modern Age. Bloomsbury.

TONE, CLARITY, AND THE SENSE OF SAFETY

Tone and clarity are central mediators of perceived safety in online interaction. **Tone** communicates attitude; **clarity** communicates respect. Students or colleagues interpret the emotional quality of text through subtle indicators: use of punctuation, sentence length, or greeting style.

Clarity likewise *reduces anxiety*. Ambiguity in instructions, deadlines, or grading criteria often triggers fear of failure. Research in educational psychology confirms that clarity is a form of care*. In digital environments, where asynchronous communication delays feedback, clarity and tone together function as emotional stabilisers.

Two Meta-analyses Exploring the Relationship between Teacher Clarity and Student Learning,
Titsworth, S., & Mazer, J. P. (2010)

EMOTIONAL LABOUR AND PROFESSIONAL BOUNDARIES

The sociologist ***Arlie Hochschild*** defined **emotional labour** as the effort of managing feelings to create a publicly observable display that produces emotional states in others. In digital education, this labour is intensified: constant email, late-night messages, expectation of instant replies. The result can be compassion fatigue, emotional dissonance and burnout. Recognising digital care as labour means valuing time for decompression and delineating when empathy must yield to procedure.

Boundaries do not oppose empathy; they sustain it. Clear boundaries — such as defined response windows or standard phrases for escalation — ensure that care remains professional rather than personal dependency. Healthy digital ecosystems balance responsiveness with self-protection.

THE INSTITUTIONAL DIMENSION: CULTURE OF KINDNESS

A culture of kindness cannot depend on individual temperament. It requires deliberate policy. Institutions can embed care through:

- Inclusive language policies and tone guidelines for official communication.
- Periodic training in empathetic digital writing and conflict management.
- Recognition systems that reward collaborative and supportive behaviour.
- Infrastructure that supports accessibility, from captioned videos to flexible deadlines.

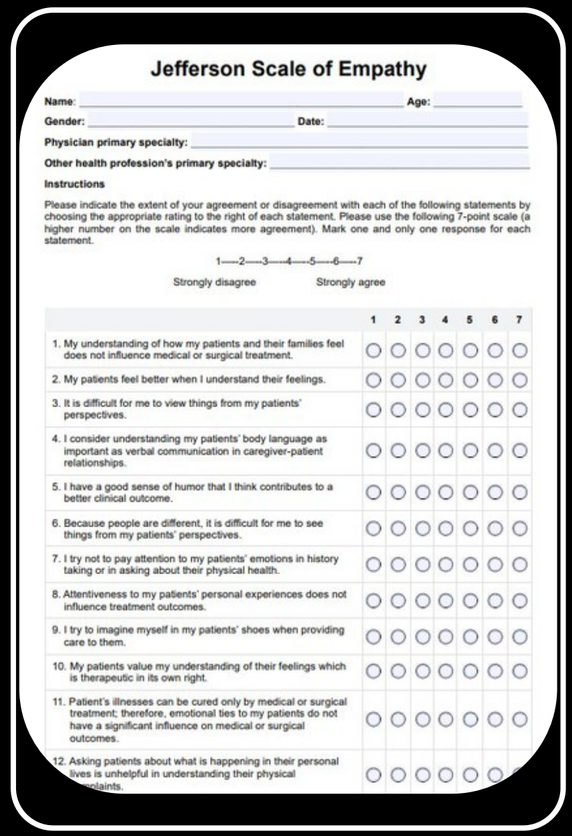
Such measures resonate with the European Union’s principles of social inclusion, equality and psychological wellbeing in education. Digital care thus serves both *ethical* and *pragmatic* objectives: humane communication becomes a driver of institutional effectiveness.

✳ ✳ ✳

MEASURING AND EVALUATING DIGITAL EMPATHY

Though empathy may seem intangible, it can be assessed through behavioural and perceptual metrics. Instruments such as the **Jefferson Scale of Empathy** and the **Telehealth Usability Questionnaire** have been adapted for digital settings. Key indicators include: average response time, satisfaction surveys, qualitative feedback on perceived tone, and reduction of crisis communications. In higher education, student retention and engagement scores provide indirect measures of digital empathy.

Evaluation ensures accountability: it demonstrates that empathy is not rhetorical but operational. By collecting data on communication quality, institutions can refine training and adjust workload policies to protect both students and staff.



Jefferson Scale of Empathy

Name: _____ Age: _____

Gender: _____ Date: _____

Physician primary specialty: _____

Other health profession's primary specialty: _____

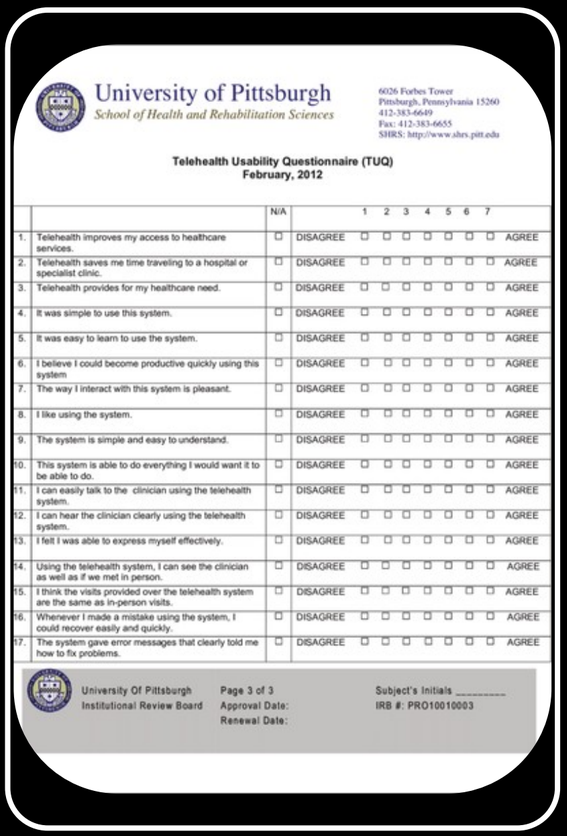
Instructions

Please indicate the extent of your agreement or disagreement with each of the following statements by choosing the appropriate rating to the right of each statement. Please use the following 7-point scale (a higher number on the scale indicates more agreement). Mark one and only one response for each statement.

1—2—3—4—5—6—7

Strongly disagree Strongly agree

	1	2	3	4	5	6	7
1. My understanding of how my patients and their families feel does not influence medical or surgical treatment.	○	○	○	○	○	○	○
2. My patients feel better when I understand their feelings.	○	○	○	○	○	○	○
3. It is difficult for me to view things from my patients' perspectives.	○	○	○	○	○	○	○
4. I consider understanding my patients' body language as important as verbal communication in caregiver-patient relationships.	○	○	○	○	○	○	○
5. I have a good sense of humor that I think contributes to a better clinical outcome.	○	○	○	○	○	○	○
6. Because people are different, it is difficult for me to see things from my patients' perspectives.	○	○	○	○	○	○	○
7. I try not to pay attention to my patients' emotions in history taking or in asking about their physical health.	○	○	○	○	○	○	○
8. Attentiveness to my patients' personal experiences does not influence treatment outcomes.	○	○	○	○	○	○	○
9. I try to imagine myself in my patients' shoes when providing care to them.	○	○	○	○	○	○	○
10. My patients value my understanding of their feelings which is therapeutic in its own right.	○	○	○	○	○	○	○
11. Patient's illnesses can be cured only by medical or surgical treatment; therefore, emotional ties to my patients do not have a significant influence on medical or surgical outcomes.	○	○	○	○	○	○	○
12. Asking patients about what is happening in their personal lives is unhelpful in understanding their physical complaints.	○	○	○	○	○	○	○



University of Pittsburgh
School of Health and Rehabilitation Sciences

6026 Forbes Tower
Pittsburgh, Pennsylvania 15260
412-383-6649
Fax: 412-383-6655
SHRS: http://www.shrs.pitt.edu

Telehealth Usability Questionnaire (TUQ)
February, 2012

		N/A	1	2	3	4	5	6	7	
1.	Telehealth improves my access to healthcare services.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
2.	Telehealth saves me time traveling to a hospital or specialist clinic.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
3.	Telehealth provides for my healthcare need.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
4.	It was simple to use this system.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
5.	It was easy to learn to use the system.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
6.	I believe I could become productive quickly using this system	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
7.	The way I interact with this system is pleasant.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
8.	I like using the system.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
9.	The system is simple and easy to understand.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
10.	This system is able to do everything I would want it to be able to do.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
11.	I can easily talk to the clinician using the telehealth system.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
12.	I can hear the clinician clearly using the telehealth system.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
13.	I felt I was able to express myself effectively.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
14.	Using the telehealth system, I can see the clinician as well as if we met in person.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
15.	I think the visits provided over the telehealth system are the same as in-person visits.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
16.	Whenever I made a mistake using the system, I could recover easily and quickly.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE
17.	The system gave error messages that clearly told me how to fix problems.	☐	DISAGREE	☐	☐	☐	☐	☐	☐	AGREE

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Page 3 of 3
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BARRIERS, CHALLENGES, AND EQUITY DIMENSIONS

Digital care operates within constraints. Technological barriers (unreliable connectivity, poorly designed platforms) impede empathetic exchange. Cultural and linguistic diversity complicate emotional reading; idioms of care vary across societies. Moreover, power asymmetries between teachers and students, managers and employees, or native and non-native speakers shape who feels entitled to express emotion.

A feminist and intersectional perspective reminds us that empathy without equity reproduces hierarchy. Digital care must therefore attend to accessibility for people with disabilities, respect linguistic difference, and acknowledge material inequalities. The task is not simply to be “nicer online” but to redistribute communicative power in digital systems.

ROM PRINCIPLE TO PRACTICE: IMPLEMENTING DIGITAL CARE

To move from discourse to action, institutions can follow these steps:

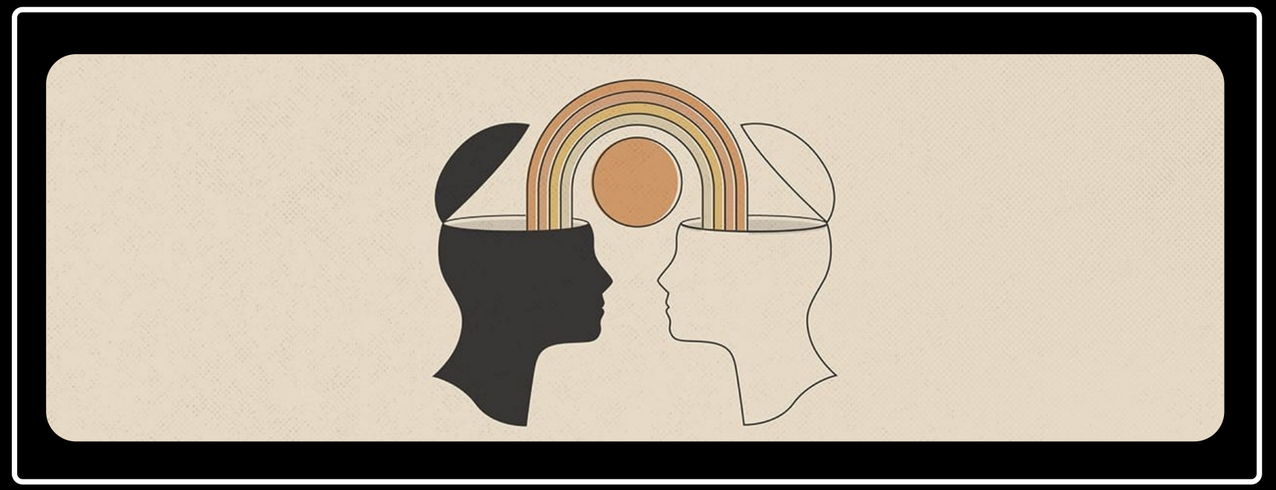
- Audit current communication patterns: tone, response times, inclusivity.
- Design workshops on empathetic writing and intercultural sensitivity.
- Establish policy documents defining communication standards.
- Pilot changes in selected courses or departments and gather feedback.
- Scale successful practices across the organisation.

Implementation must be participatory: students, staff, and administrators co-create guidelines that reflect their lived realities. This participatory design reflects EU values of democratic governance and mutual respect.

CONCLUSION

Digital care, empathy, and **supportive communication** are the ethical backbone of twenty-first-century education and civic life, translating universal values (dignity, respect, inclusion) into daily online practices. Cultivating these capacities requires attention not only to language but also to structure: who carries emotional labour, how time is valued, and how technology mediates our perception of others.

Empathy must be sustainable, **care** must be systemic, and **professionalism** must remain humane.
Grounding digital communication in compassion and clarity improves efficiency and affirm's the premise of European humanism: that technology should serve the flourishing of persons, not the reverse.



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