

A Comparison of Physician Empathy from the Perspective of Patients Visiting Hospitals in Abadan

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Abstract: Empathy as an essential component in the relationship between the physician and the patient can be related to positive outcome in the patient. The ability to put oneself in someone else's shoes and understand his/her feelings and experiences better is called empathy. If the physician can create an effective (empathetic) relationship with the patient, the patient will reveal his/her abilities to grow the relationship and thus, the treatment will be more effective. The present study was done using descriptive method and in a cross-sectional way in 2015. The population of his study was consisted of patients visiting the hospitals in the city Abadan. The data collection tool was a questionnaire that was consisted of two sections. The first section was related to the patient's demographic information and the second section was the Jefferson Scale of Physician Empathy (JSPE). The sample size was determined to be 492 patients. The data analysis was done using the software SPSS and Chi-square test. The participant's mean age was 37.09 ± 22.20 years and most of the participants were female (52.3%). About 5% of the physicians explored were general practitioners and 95% were specialists. The empathy mean score was 53.42 ± 16.5 . About 18.8% of the patients reported the physician empathy to be low, 76.3% reported it to be average and 4.9% reported it to be good. Specialists, compared with general practitioners had a better empathy with the patients. The difference was statistically significant ($p = 0.005$). No relationship of age and sex with empathy was found the empathy score of the physicians is low despite the importance of physician empathy for the patients and its impact on treatment results and the satisfaction level in patients. Therefore as the impact of education on empathy level has been verified in some studies, it seems that training medical staff in this regard can have impacts.

Key words: Copmrasion, Abadan, relationship, an essential component, population

INTRODUCTION

Empathy as an essential component in the patient-physician relationship can be related to positive outcome in the patient (Hojat *et al.*, 2011). The ability to put oneself in someone else's shoes and understand his/her feelings and experiences better is called empathy. Empathy is consisted of two components cognitive and affective. The cognitive component includes the ability to understand other's feelings and experiences while the affective component is sharing individual's feelings and experiencing (Shariat and Kaykhavoni, 2010). As medical specialists are among people who are with individuals while experience severe emotional pressures, the relationship between medical specialists and patients creates an opportunity for creating a close and friendly relationship between them. The art of empathy was first introduced in relationship with clinical and therapeutic works by Carl Rogers in 1931. Roger's hypothesis was

based on the assumption that if the physician can have an effective (empathetic) relationship with the patient the patient will reveal its ability so that the relationship is developed and thus, the treatment will be more effective. Two major components of the patient-physician relationship are empathy and sympathy and sometimes these two terms are wrongly used interchangeably. According to a definition by Ring Honer empathy is the understanding of individual's feelings in a way that the tone of taking or the behavior does not indicate pity or sorrow while in sympathy the individual's feelings are completely combined (Coutts *et al.*, 1997). The term empathy refers to an aspect of the personality that has a significant role in communicating between individuals and communication skill. The skill communication has been considered as a basic and significant element in the field of medicine. Empathy is generally accepted as a positive characteristic in the physician and the demand for exploring the level of empathy in different stages of the

medical courses is increasing (Hemmerdinger *et al.*, 2007). The three main components of the physician's empathy toward the patient are: verbal communication with the patient, sympathizing with the patient and placing oneself in the patient's shoes (Hashemipur, 2012). Different studies have been conducted on physician's empathy towards the patients. They have indicated that empathy in the patient care such as physician's communication with the patient and verbal and non-verbal interactions such as eye contact and body status and movements can result in the increase of patient satisfaction and better result (Hojat *et al.*, 2011) and in contrast, lack of empathy results in patient dissatisfaction and risk of subsequent inappropriate treatment (Jh empathy and patient-physician conflicts (Halpern, 2007). It is reported that the emphasis of new medical education on the affective distance with the patient wrongly leads to the reduction of empathy in medical students (Shapiro, 2008).

Recently there has been standardized tests for exploring the level of empathy in student admission tests in a few medical universities in UK (Hemmerdinger *et al.*, 2007). Association of American Medical Colleges has also specified the development and increase of empathy in medical students as a key goal. Patient centricism and communication centricism result in the improvement of empathy a key goal in physicians (Hojat *et al.*, 2002a).

The demand for healthcare that is based on evidence and better treatment through kindness, empathy, group work, cooperation and responding to the patient's needs, values and preferences has increased in the past decades (Calabrese *et al.*, 2013).

Some studies have explored empathy in different fields and have reported significant difference between fields in a way that the psychiatrists have obtained the highest score for empathy (Hojat *et al.*, 2002b; Newton *et al.*, 2008). In a study it was found that the medical students who wanted to pursue their studies in the fields of family medicine and pediatrics obtained higher empathy scores, compared with other physicians). In some other studies the score of empathy was higher in females than in males (Hojat *et al.*, 2002; Shariat *et al.*, 2010). Another study indicated that the level of empathy was reduced with studying in medical faculty (Chen *et al.*, 2007).

As hospitals are the main element in healthcare system that play an essential role in maintaining, restoring and promoting physical and mental health of individuals, patient centricism, high quality care, optimal uses of the existing resources and providing services that meet the patient's needs are among biggest challenges in the health sector. Therefore, considering what has been

mentioned, the present study aimed to explore the physician empathy from the perspective of patients in the hospitals in the city Abadan.

MATERIALS AND METHODS

The present study was done using descriptive method and in a cross-sectional way in 2015. The population of his study was consisted of patients visiting the Imam Khomeini, Ayatollah Taleghani and Shahid Beheshti hospitals in the city Abadan. The individuals who were included in the study were patients who were hospitalized and had obtained discharge order from their doctor.

The data collection tool was a questionnaire that was consisted of two parts. The first part included demographic information of the patients (age, sex, medical qualification) and the second part of the questionnaire was The Jefferson Scale of Physician Empathy (JSPE) with 34 questions. The validity and reliability of this questionnaire is verified before with a Cronbach's alpha of 0.81 (Managheb and Bagheri, 2013). The components of the questionnaire were created and categorized based on a 5-point Likert scale in a way that an empathy score <40 was considered as unfavorable, a score of 40-80 as average and a score over 80 was considered as favorable. The questionnaire was given to the patient or his/her family. In cases in which the patient or his/her family were not able to complete the questionnaire the researcher read the questions for the patient without extra explanation and recorded the patient's answer in the questionnaire. The patient's names were not asked and the patients were assured of the confidentiality of the questionnaire content.

Considering the standard deviation of physician's empathy in other studies, the sample size was determined to be 492 patients. The 164 patients were selected from each hospital randomly and they were selected from different wards in the hospital based on medical fine number and completed the questionnaire. Data analysis was done using Software SPSS and Chi-square test.

RESULTS AND DISCUSSION

The mean age of the participants was 37.09 ± 22.20 years (age range of 1 month to 94 year). Most of the participants were female (53.2% against 47.7%) 5% of the physicians explored in this study were general practitioners and 95% were specialists (Table 1). The empathy mean score was 53.42 ± 16.5 . About 18.8% of the patients reported the physician empathy to be low, 76.3% reported it to be average and 4.9% reported it to be good (Table 2). Physician empathy was explored based on sex

Table 1: Frequency distribution of age, sex and medical education

Variables	Frequency	Percentage
Sex		
Female	253	52.30
Male	231	47.70
<15	87	18.00
Age (years)		
15-30	114	23.60
31-45	123	25.40
>45	160	33.10
Physician		
General practitioner	24	5.00
Specialist	459	95.00

Table 2: Frequency distribution of physician empathy from the patient's perspective

Physician empathy	Frequency	Percentage
Unfavorable	81	18.8
Average	238	76.3
Favorable	21	4.9

Table 3: The frequency distribution of physician empathy based on the explored variables

Parameters	Physician empathy (percent)			df	p-values
	Unfavorable	Average	Favorable		
Age (years)					
<15	14 (18.4)	60 (78.9)	2 (2.6)	6	0.130
15-30	15 (14.7)	84 (82.4)	3 (2.9)		
31-45	17 (15.2)	86 (76.8)	9 (8)		
>45	35 (25)	98 (70)	7 (5)		
Sex					
Female	47 (20.3)	169 (73.2)	15 (6.5)	2	0.140
Male	34 (17.1)	159 (79.9)	6 (3)		
Physician					
General practitioner	10 (45.5)	11 (50)	1 (4.5)	2	0.005
Specialist	71 (17.4)	316 (77.6)	20 (5)		

and no significant difference between sexes was found in this regard ($p = 0.14$). The study of physician empathy in general practitioners and specialists indicated that the specialists had a better empathy towards the patients, compared the general practitioners. This difference was statistically significant ($p = 0.005$). The physician empathy based on patient's age showed no significant difference ($p = 0.13$) (Table 3).

The present study indicated that, from the perspective of most of the patients (76.3%), physician empathy is average and only 4.9% of the patients described physician empathy as favorable. No significant relationship was found between sex and physician empathy but a significant relationship was found between medical qualifications. In other words, from the perspective of the patients, specialists had a higher level of empathy towards the patients, compared with general practitioners. In the searches, no study that has explored empathy from the perspective of patients was found. Thus, the studies that are in line with the subject of the study are pointed out.

In a study that was conducted by Shahab *et al.* (2014) and explored empathy in 410 students of dentistry in Tehran in 2014 it was found that empathy mean score was 53.06. A significant study was found between age and empathy ($p = 0.001$), sex and empathy ($p = 0.001$) and marital status and empathy ($p = 0.001$). The level of empathy was lower in individuals aged over 30 and it was higher in individuals ages 20-24 (Shahab *et al.*, 2014). The mean score of empathy in the present study was 53.4 but no relationship of age and sex with empathy was found. It seems that this inconsistency is resulted as the present study has explored empathy from the perspective of the patients rather than from the perspective of the physician. Managheb too assessed the physician empathy towards the patients as weak (Managheb and Bagheri, 2013) and this result is close to the results of the present study.

In another study that was conducted by Shariat on residents of medical fields it was found that the empathy score was not significantly related to age and sex. The residents of psychiatrics fields with a empathy mean score of 114.2 had the highest level of empathy and dermatology residents with a empathy mean score of 98.9 had the lowest level of empathy (Shariat *et al.*, 2010). These results also verify the findings of the present study. Kheirabadi suggested in their study that empathy towards patients in physicians who were faculty members of different fields at Isfahan University of Medical Sciences was different. The highest empathy mean score was seen in nephrology professors and the lowest empathy mean score was seen in the professors of neurosurgery and radiology. After categorization of different fields into the surgery group, non-surgery group and psychiatrics, the researcher found that the empathy mean score belonged to the professors of psychiatrics and the professors of non-surgery and surgery fields were next in the ranking.

Kataoka *et al.* (2012) conducted a study for exploring the empathy level in the general specialists (such as internists, pediatrics and psychiatrists) and specialists (such as anesthesiologists, surgeons, pathologists, radiologists, ophthalmologists orthopedic surgeons and women's urologists). The mean score of empathy was 112.9 for general specialists and 106.9 for specialist. The empathy mean score for other specialists (specialists of emergency medicine, general health and rehabilitation) was not statistically different from the other two groups. There was a positive but negligible difference between empathy score and age ($R = 0.11$, $p = 0.07$) (Kataoka *et al.*, 2012). As mentioned before, no significant relationship between age and empathy was found in the present study.

CONCLUSION

As the results of the present study and some other studies have shown, the physician empathy score is low in most of the cases despite the importance of physician empathy towards the patients and its impacts in treatment results and satisfaction in patients. Therefore, as the impact of education on empathy has been verified in some studies (Managheb and Bagheri, 2013) it seems that training medical staff can be impactful in this regard. In addition, considering the fact that general practitioners are among those who give services to patients most and as the finding of the present study indicate the lower level of empathy in general practitioners is lower than in specialists, paying attention to training programs and courses during or after education seems necessary and useful for them.

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