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Research Article

**PHYSICIAN EMPATHY LEVELS AT
LIAQUAT UNIVERSITY HOSPITAL, HYDERABAD**Aatir H. Rajput¹, Aaisha Khan², Adeeba Aqeel³ and Muhammad Muneeb⁴.¹Dept. of Psychiatry - Liaquat University of Medical & Health Sciences, Jamshoro^{2,3}LUMHS Research forum⁴Dept. of Basic Medical Sciences - Indus Medical College, T.M.K**Abstract:****Objective:** This study hopes to analyze the empathy levels of physicians at Liaquat University Hospital**Methods:** This cross-sectional study analyzed empathy levels of a sample of 20 physicians chosen via purposive sampling at Liaquat University Hospital. A revised version of the self-administered Jefferson Scale of Physician Empathy (with 20 Likert-type items) used as the prime research tool. The data was collected from August 2015 to October 2015 and analyzed using IBM SPSS v. 22.0 and Ms. Excel 365.**Results:** Mean age of the sample was 46 years and the mean empathy score was found to be 97 (SD 10). 26.3% of the sample saw themselves as strictly practical individuals with little empathy towards patients. A greatest proportion of the physicians (40%) claimed to have been practicing the profession for 21-30 years. 50% of the sample reported to offer no more than 10 consultations per day with a mean consultation time of 10 – 15 minutes each. 55% of the physicians were part of extended professional peer societies, 70% were also serving as clinical supervisors. 50% lacked experience of psycho-therapy as a supplement to pharmacological treatment.**Conclusion:** A careful evaluation reveals that the mean physician score is lower than the mean scores reported in many other countries. A more detailed study (with a greater sample size) is however needed to study this decrease and its possible causes.**Keywords:** Empathy, Physician and Jefferson Scale.**Corresponding author:****Dr. Aatir H. Rajput,**MD Psychiatry Scholar – Liaquat University,
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INTRODUCTION:

Though the literature shows strong evidence of health professional's empathy in facilitating patient-doctor relationship and the clinical outcomes, but there has always been a conflict in the physician's role towards feelings of his and his patients [1]. Patients' expect true sense of empathy from doctors and doctors also want to reciprocate but their professional ethics compels them to detach themselves from their personal feelings in order to provide reliable care to the patients.² Medical institutions and educators are progressively acknowledging the significance of empathy, but the idea behind the empathy is still being predominantly consistent with the norm of detachment [3].

Outside the field of medicine, empathy is an essentially affective mode of understanding. Empathy involves being moved by another's experiences [4]. Society for General Internal Medicine defines empathy as "the act of correctly acknowledging the emotional state of another without experiencing that state oneself. Physicians are not expected to fully experience the suffering of every patient as it is not possible. However, the point of saying that the physician does not "experience that state oneself" is, presumably, to emphasize that empathy is an intellectual rather than emotional form of knowing. This assumes that experiencing emotion is unimportant for understanding what a patient is feeling [5].

The recent definition, defines a special professional empathy as purely cognitive, contrasting it with sympathy. Sympathetic physician's risks over-identifying with patients [6], further, all emotional responses are seen as threats to objectivity. Influential articles in the *The New England Journal of Medicine* and the *Journal of the American Medical Association* in the 1950s and 1960s argue that clinical empathy should be based in detached reasoning. Blumgart, for example, describes "neutral empathy," which involves carefully observing a patient to predict his responses to his illness [7,8]. The "neutrally empathetic" physician will do what needs to be done without feeling grief, regret, or other difficult emotions [9]. Most notably,

an empathetic doctor encourages his patients to share their distress with him, which can itself be therapeutic. In general, a patient's sharing leads him to feel more comfortable, have increased participation in the patient-physician relationship, feel more satisfied with his meetings with his physician, and have an increased quality of life. Effective and empathetic patient-physician communication also has a positive effect on psychosocial outcomes such as a patient's anxiety and depression and correlates with certain symptom reduction [10].

The literature of full supportive of evidence regarding physician empathy and provision of better quality of healthcare to the patients, yet this important aspect is untapped in our society, which is socio-culturally different than those whose data is available. This present study was designed which hoped to analyze the empathy levels of physicians at Liaquat University Hospital, Hyderabad, Pakistan.

METHODOLOGY:

This cross-sectional study analyzed empathy levels of a sample of 20 physicians, chosen via purposive sampling at Liaquat University Hospital. A structured self-administered questionnaire containing queries regarding bio-data, experience and everyday clinical practice in addition to revised version of the self-administered Jefferson Scale of Physician Empathy (with 20 Likert-type items)¹¹ was used as the research tool. Ethical approval from institutional review board and informed written consent was obtained from every participant. The data was collected from August 2015 to October 2015 and analyzed using SPSS v. 22.0 and Ms. Excel 365.

RESULTS:

Mean age of the sample was 46 ± 7.45 years with a predominance of male (85%) participants and the mean empathy score was found to be 97 (SD ± 10). 26.3% of the sample saw themselves as strictly practical individuals with little empathy towards patients. A greatest proportion of the physicians (40%) claimed to have been practicing the profession for 21-30 years.

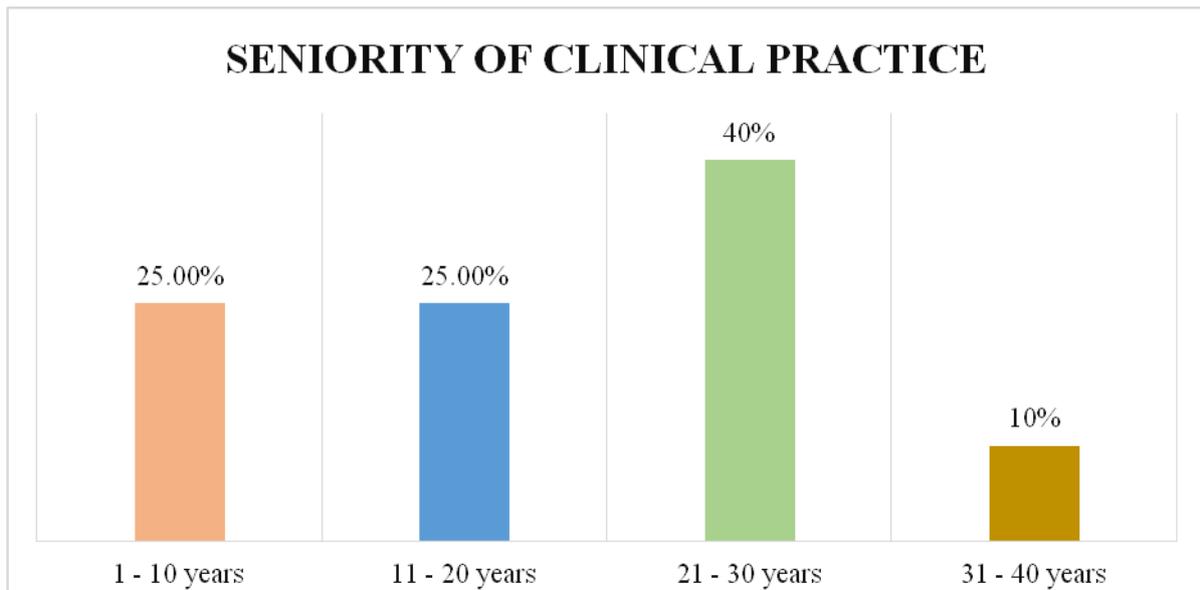


Figure 1 shows the seniority of clinical practice (in years of experience) of physicians. Around half of physicians were having an experience more than 20 years (21-30 years & 31-40 years). While there was an equal proportion of experienced physicians in other 2 groups (1-10 years & 11-20 years) having less than 20 years experiences.

50% of the sample reported to offer no more than 10 consultations per day with a mean consultation time of 10 – 15 minutes each.

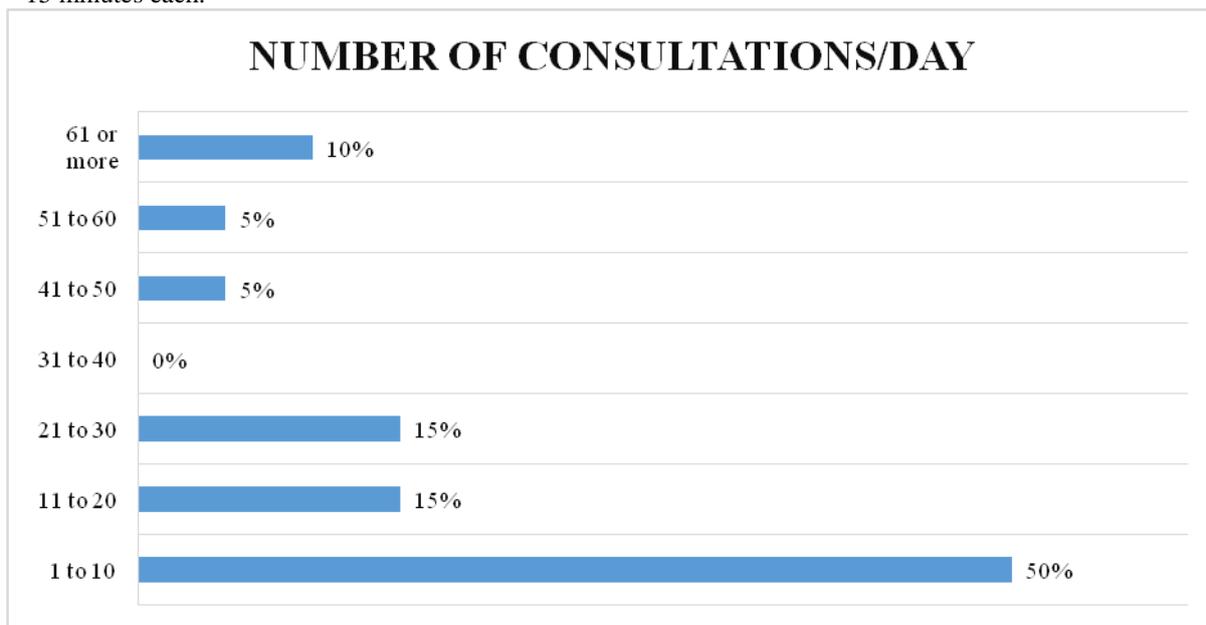


Figure 2. Half of the physicians provide upto 10 consultations in a day. While around 10% physicians have reported to have provide consultations to more than 60 patients a day.

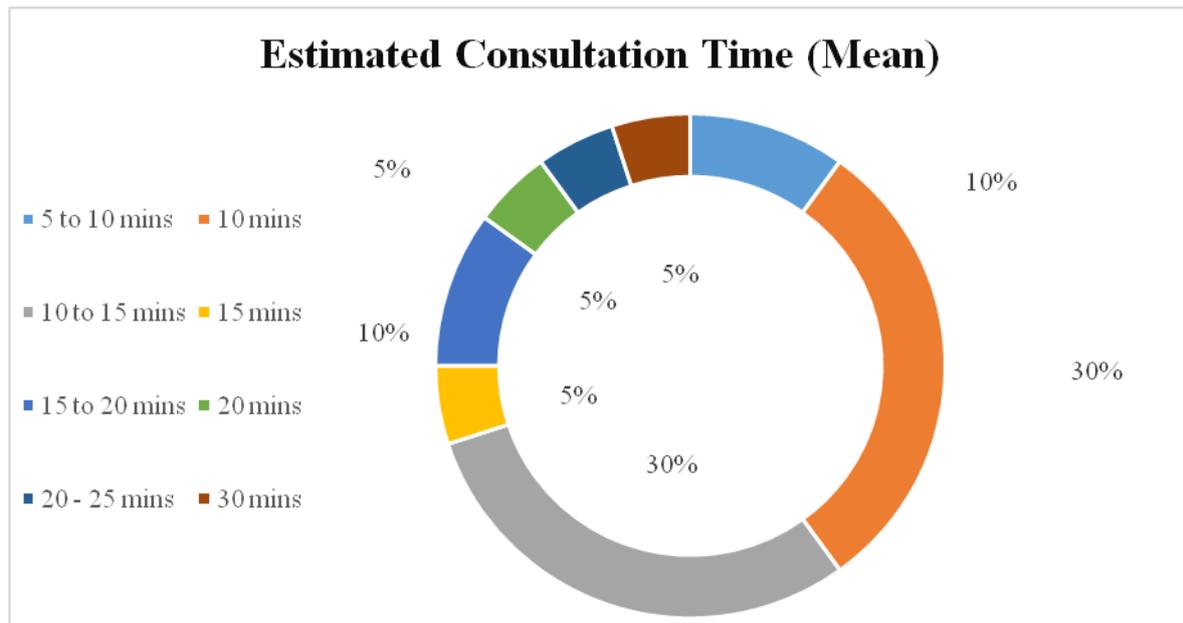


Figure 3. Mean time of consultation was found to be 10 – 15 minutes per patient. Around 4/5th of the physicians allotted 10 to 20 minutes for one consultation.

55% of the physicians were part of extended professional peer societies, 70% were also serving as clinical supervisors. 50% lacked experience of counselling as a supplement to pharmacological treatment.

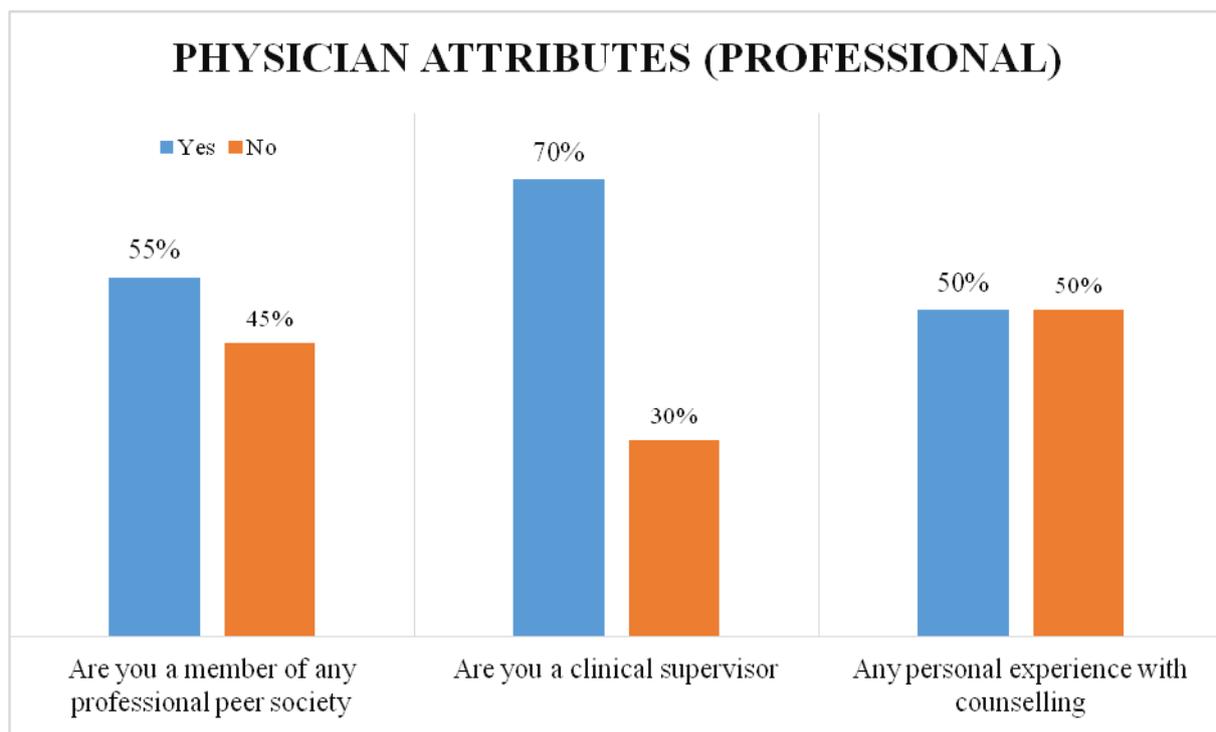


Figure 4. Though majority of participants were serving as clinical supervisors, but half of participants were lacking experience in counselling and 45% were not been member for any professional peer society.

DISCUSSION:

Empathy is commonly accepted as an important component of professionalism [12,13] and a mutually beneficial attribute of the health provider–patient relationship across the health professions [14,15]. Due to the growing emphasis on inter-professional collaboration within health care

systems¹⁶ and the recent finding that empathy is associated with positive clinical outcomes [17,18], it is important to consider and examine empathy levels across health disciplines.

This study was conducted upon physicians working at Liaquat University Hospital, Hyderabad,

Pakistan. This study is first of its kind in our locality, which examined empathy levels in physician. It was found out that physicians had mean empathy score of 97 (SD 10) on Jefferson Empathy Scale. This is comparable to that of Korean physicians i.e. 98.2, SD=12.0 [19]. However, it was found to be lower than that reported among Italian physicians (115.1, SD=15.55) [20] and those of American (120, SD =12)⁴ This significance difference among empathy levels of physicians from different countries can be due to the differences of cultural values, medical educational methods and clinical practice.

One probable cause of this moderately lower empathy levels among patients resides in the cultural system of South Asian countries. Childress et al examined five models for the physician–patient relationship, out of which the paternalism [21] (the physicians as caring parent, the patient as child) is found to be have its roots in our culture. In this kind of interaction, physician’s apparent expression of empathy is not as important, because the physician is supposed to be the “captain of the ship” without requesting the patient’s opinion. Asking a patient’s opinion will be considered as an indication of physician’s uncertainty, lack of competence, and weakness [22] thus, this will be reflected in physician–patient relationship, which could in turn reflect in the physician’s responses to the JSPE.

The physicians’ population in this study is quite experienced one with 50% of them having experience of 20 years or more. The 50% of physicians see upto 10 patients a day with majority giving 10 to 20 minutes as consultation time. This when compared to the preferred consultation time (as reported by patients) i.e. 9 minutes is significantly greater [23]. The mean consultation time in other studies was found to be 6.9 minutes (median 6.0 minutes, 5%- 95% interval: 1.0 - 16.0 minutes)²⁴ and 8.4 minutes [25].

CONCLUSION:

A careful evaluation reveals that the mean physician score is lower than the mean scores reported in many other countries. The study recommends physicians should get themselves accustomed to psycho-therapy as an adjunct to pharmacological treatment to be able to empathetically identify patients’ needs and they should also learn to indulge in recreational activities, enroll in peer societies and distance themselves from hectic work every once in a while to get in touch with themselves.

LIMITATION:

As the study was conducted on a smaller sample size, a more detailed study (with a greater sample

size) is needed to study this decrease in physician’s empathy and its possible causes.

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