Empathy and the Wounded Healer: A Mixed-Method Study of Patients and Doctors Views on Empathy

Abstract:

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Abstract

Empathy is increasingly being recognized as a crucial component for an effective doctor-patient relationship. Using a mixed method approach, we surveyed 125 patients and 361 medical practitioners (doctors and medical students) views of the doctor-patient relationship. We qualitatively assessed patientsâ views of what constituted a good doctor and qualitatively measured empathy using a validated scale in medical practitioners. Patients desire a doctor that is both clinically proficient 66 (55%) and caring 32 (27%). Doctors who have a personal experience of illness have a statistically higher empathy score. These doctors may be well placed to help develop and foster empathy in our profession.

Introduction

Empathy has been highlighted as a way to improve medical practice in modern society.[1] Debate continues as to how best to define and measure empathy and how it should be taught. Research is lacking on characteristics, which improve empathy. This study sought to explore both patients and doctors views on empathy in the Irish setting which hasnâ t been previously documented. We sought to compare physicians validated self- scored degree of empathy with those in other countries and to explore if past personal experience of medical illness enhances empathy scores.

Methods

Using a validated mixed methods approach, we surveyed 125 patients and 361 medical practitioners (doctors and medical students) in 2 teaching hospitals to explore patientsâ views on important traits in a doctor and doctorsâ views on empathy. Patients were recruited randomly at the outpatient clinics of oncology, cardiology, ophthalmology, general surgery and neurosurgery over a three-week period in 2 teaching hospitals. Patients received a qualitative questionnaire, which assessed patient views of what constituted a good/bad doctor. Medical students from 1st, 3rd year and 4th year were surveyed at the start of a one-hour lecture and completed surveys were collected at the end. Interns were surveyed during their induction presentation. Medical manpower provided a list of both non-consultant hospital doctors and consultants. NCHDs and Consultants received a written invitation requesting their participation in the study by completing the enclosed anonymous questionnaire. They were delivered via the internal post system of two teaching hospitals. For return of response, a self-addressed stamped envelope for the investigator was included and a follow up thank you/reminder letter was sent. The first author performed the data collection. Both patients and doctors questionnaires were performed concurrently.

Patients received a non-validated qualitative questionnaire aimed at exploring their views as to what makes a good and bad doctor. It involved seven open ended questions which explored characteristics of a â goodâ and â badâ doctor, what they required when they visited a doctor, and specific examples of what satisfied or dissatisfied them with medical encounters. Empathy was not referred to in the questionnaire or in the introduction to avoid leading. Doctors received a two-part questionnaire. The first part composed the quantitative Jefferson Scale Physician Empathy Questionnaire (JSPE).[2] The JSPE is a validated tool used to measure empathy in the context of medical education and patient care. It uses a Likert scoring system with a maximum score of 140. The non-validated qualitative questionnaire explored doctorsâ personal significant experiences of ill health and factors, which influence their demonstration of empathy.

Qualitative Data was transcribed for both groups. It was reviewed without coding to help identify emergent themes without losing the connections between concepts and their context.[3] An inductive approach using the grounded theory method[4] and constant comparison was used in which data was reviewed line by line and as a theme emerged a code was assigned.[5] Coding was finalised when no new themes emerged. Qualitative data was analysed with the use of SPSS.

Results

Patient Results: Qualitative Questionnaire

125 patients took part of which 54% female and 90% of whom were over the age of forty. An average of 2 themes were identified with each patient question. Three broad categories were identified, patient-centered medicine, clinical care and medical structure, with a total of 19 sub-categories. The top 5 attributes of a good doctor according to patients are: (responses to the open ended question â What makes a good doctorâ and subsequently coded) were: having a good bedside manner (58%), listening (40%), discussing/explaining (28%), proficiency/expertise in clinical care (28%), and patience (20.8%) (Table 1).

Patientsâ Requirements from the medical consultation

However patients place a different emphasis on what they want when they visit a doctor. Patientsâ requirements from the consultation are: clinical care/proficiency (55%), good bedside manner (26.66%), discussing/explaining (20%), reassurance (15.83%) and honesty (10%). (Table 1)

Patients Satisfaction

65% of patients reported being very or extremely satisfied with their doctor over the last 5 years. The top coded theme for patientsâ recollection of dissatisfying encounters with doctors was doctorsâ bedside manner (34.25 %), â I have felt afraid by the lack of humanity doctors have used in explaining my possible outcomes.â This was followed by the clinical care they received (21.92%) and their ability to discuss/explain (13.7%). 20.55% have no recollection of a dissatisfying encounter.

Doctors Results

361 medics (consultants, non-consultant hospital doctors (NCHDs), and medical students) participated in the study. For the postal questionnaire there was a response rate of 54.4%. 41.6% were male, 45.7% were female, with 12.7% being unknown. Representing different levels of medical seniority were consultants (31%), NCHDs (23%), medical students (1st year, 4th year) (36.6%) and incoming interns (9.4%).

Doctors Quantitative Empathy Score Results

The average total empathy score achieved by our medical practitioners was 108 indicating a good degree of empathy. There was no significant difference in JSPE score when analysed by gender, specialty or seniority (Table 2). Medical practitioners with a personal experience of illness (in themselves or a relative) had a statistically significant

higher average score of 111 (p value= 0.01) (Table 2). 20% of medical practitioners had a personal history of illness, of which 82% reported that this had a positive impact on how they interact with their patients. When cellulitis â confinedâ one individual in hospital for a week, it helped them â to see what it is like for a patient to be on a hospital ward, unable to control my own destinyâ

Only 9% of doctors reported that their training/mentoring has helped their ability to show empathy, but more than double that at 21.34% feel that their training/mentors hinders their ability to show empathy. â I think most people begin idealistically with full intentions of being empathetic but as they go through the system, the way weâ re taught makes us more removed & less empatheticâ .

Discussion

Irish patients rank empathy as a core attribute of what constitutes a good doctor. They desire a doctor that is both clinically proficient and displays a good bedside manner. Irish medics showed a good interest and willingness to participate in the study. They have a good level of self -measured empathy in comparison to other countries. There was no statistical difference in empathy scores between gender, seniority or specialties. There was a statistically higher empathy score in those medics that had a personal experience of illness. To our knowledge this is the first report to quantitatively show that empathy is enhanced in health professionals with a personal experience of illness. However, this concept of â the wounded healerâ dates back to antiquity. The archetype of â the wounded healerâ arose from the mythological Greek centaur Chiron who suffered an incurable wound after dropping one of Hercules arrows on himself. In the subsequent search for his own cure he discovered how to heal others and became a teacher of the healing arts.[6] It is concerning that medics find their medical education to be of little benefit in fostering the development of empathy and even more troubling that medical education can negatively impact doctors ability to demonstrate empathy. These findings have been mirrored in other reports.[7,8]

This is an exploratory study looking at the role of empathy from both the patients and doctors perspective. Empathy is a complex socio-emotional characteristic that renders to fragmentation in research. This study explores the views of patients and doctors separately and does not attempt to cross-link them with each other. A more powerful research would require more formal analyses of both patients and doctors views on the same clinical encounter. In conclusion, Irish patients are generally satisfied with the doctor-patient encounter, however there remains significant room for improvements, specifically regarding bedside manner. Like our findings, reports[8], which demonstrate that empathy is not improved with contemporary medical education, are noteworthy and troubling. Doctors with previous experience of personal illness may be well placed to improve our understanding of empathy and to suggest ways in which it may be instilled into future doctors.

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