

Empathy & Doctors of Pakistan. (EDITORIAL)

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The term empathy originates from the German word **Einfühlung** and was first used by Robert Vischer in 1873 to describe the projection of human feeling on to the natural world¹. Empathy 'explains how we discover that other people have selves'². Psychologist Carl Rogers has popularised it. He focused on client-therapist relationship rather than the process of therapy itself; placing the client at the centre³. This influenced the concept of patient-centred care.

Self-concept is influenced by others' attitudes, especially during formative years. A negative self-concept arises from a highly critical environment, which distances the individual from their 'organismic self'. This causes confusion and ultimately results in the individual living out their lives by an external rather than internal locus of evaluation³. This means that the individual does what they believe others would want them to do rather than following their own desires¹. Empathy is often described with congruence (being genuine and transparent) and unconditional positive regard (being non-judgemental)³.

Importance of Empathy in Medicine:

The patient-physician relationship is the centre of medicine⁴.

Medical schools are expected to educate altruistic physicians who must be compassionate and empathetic in caring for patients. Physicians' understanding of a patient's perspective—and their expression of caring, concern, and empathy—are among the listed educational objectives⁵. The fact that empathy influences interpersonal relationships has been widely accepted⁶. Empathy is known to improve clinical outcome^{8,9}, attitudes toward elderly patients¹⁰, a reduction in malpractice litigation¹¹, competence in history taking and performance of physical examinations¹³, patient satisfaction^{8,10,11} and, physician satisfaction¹⁴, better therapeutic relationships^{11,15}, and good clinical outcomes¹⁰. Women show more empathy than men^{12,17} and have more caring attitudes^{18,19}.

In order to understand the level of empathy in medical students and doctors of Mirpurkhas, we need to have a conceptual framework as well as an operational measure of physician empathy, both of which have remained focus of much debates and controversy⁷.

Conceptual Framework:

Empathy is both a cognitive and an affective or emotional domain^{20,22}. The cognitive part helps to understand others' feelings and perspectives and has been

described more a domain of empathy¹². The emotional or affective domain means entering into, and taking over the inner feelings of another person. This has been described to reflect more the domain of sympathy¹². Though both cognitive and affective parts

involve sharing, cognitive domain involves sharing the understanding, and allows a physician to keep the composure and keep himself/herself "compassionately detached" from the patient. This may help in more rational approach without being overwhelmed^{8,10}. Whereas affective domain, linked more with sympathy, involves sharing and entering into the feelings of the patient which may interfere with objectivity and may lead to bursts of emotions that might interfere with clinical neutrality and personal durability²¹.

The two concepts do not, however, function independently. For example, in one study¹², we found a correlation coefficient of 0.45 between the two.

Hence I define physician's empathy as "a primarily cognitive domain of a physician, which enables him/her to understand patient's experiences, fear, anxiety and perspective. This is subsequently reflected in the physician's communication and attitude".

Operational measures of empathy:

Many research instruments have been developed to measure empathy in the general population including the Interpersonal Reactivity Index, developed by Davis²², the Hogan Empathy Scale²³, and Emotional Empathy, developed by²⁴. Methods measuring empathy in nursing include the Empathy Construct Rating Scale²⁵, the Empathic Understanding of Interpersonal Processes Scale^{26,27}, the empathy subtest of the Relation Inventory²⁸, and the Empathy Test²⁷. Methods measuring physician empathy include Jefferson Scale of Physician Empathy for physicians and health professionals (the "HP" version)²⁹ and Toronto's Scoring³⁰.

What is Jefferson Scale of Physician Empathy?

Jefferson Scale of Physician Empathy was originally developed for students (the "S" version). It included 20 Likert-type items answered on a 7-point scale (1=strongly disagree, 7=strongly agree). It had only three negatively worded items, which were considered insufficient to avoid the confounding effect of the "acquiescence response style" (e.g., the tendency to constantly agree or disagree by yea-sayers and naysayers)²⁹.

Later versions included ten negatively and ten positively worded items to avoid the confounding effect (see appendix 1). A revised version of the Jefferson Scale of Physician Empathy for physicians and health professionals (the "HP" version) was developed by slightly modifying the wording of the "S" version to

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make it more relevant to the caregiver's empathetic behaviour rather than to empathetic perceptions (attitudes)²⁹. The changes were made on the basis of the assumption that empathetic attitudes (perceptions) and behaviours (actions) are two different aspects of empathy³¹ even though they are correlated.

Jefferson's scale versus Toronto's Empathy Questionnaire (TEQ)

The Toronto Empathy Questionnaire (TEQ) represents empathy as a primarily emotional process³⁰. Whereas, Jefferson Scale of Physician Empathy represents empathy as a primarily cognitive process²⁹.

Jefferson Scale of Physician Empathy is supported by Psychometric data²⁹:

Psychometric data in support of the construct validity and criterion-related validity (convergent and discriminant) and internal consistency reliability of the original Jefferson Scale of Physician Empathy (the "S" version) have been reported²⁹. Convergent validity was confirmed by significant correlations ($p < 0.05$) between scores on the empathy scale and conceptually relevant measures, such as compassion (for residents, $r = 0.56$; for medical students, $r = 0.48$)²⁹. Also, significant correlations were observed between the Jefferson Scale of Physician Empathy and Interpersonal Reactivity Index²², subtest scores for empathetic concern (for residents, $r = 0.40$; for medical students, $r = 0.41$), perspective taking (for residents, $r = 0.27$; for medical students, $r = 0.29$), and fantasy (for residents, $r = 0.32$; for medical students, $r = 0.24$)²⁹. Correlations of scores on the Jefferson Scale of Physician Empathy and self-ratings of empathy were 0.45 for residents and 0.37 for medical students²⁹. Discriminant validity was supported by the lack of a relationship between empathy and conceptually irrelevant measures such as self-protection ($r = 0.11$, non-significant). Internal consistency reliability of the original scale was determined by coefficients alpha (0.87 for residents and 0.89 for medical students)²⁹. Little has been done about empathy in Pakistan. Hence Muhammad Medical College should be appreciated for holding a symposium and several research projects on empathy.

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