

Patients Perceptions of Doctors Empathy in MMCH

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Abstract

Introduction: Empathy is defined as understanding of patient's experiences, concern and perceptive, combined with a capacity to communicate and intention to help. Patient takes doctors empathy as his good will for successful treatment of his patient while understanding his misery. This study was designed to investigate the perception of patients regarding doctor empathy and to examine their satisfaction and personal interest or indications of patient compliance.

Methodology: A cross-sectional survey was conducted between August 1, 2015 to August 26, 2015. 100 patients selected purposively from OPD and ward. A self-administrated Likert styled questionnaire originally developed by Hojat et al at Jefferson school of Medicine with Urdu translation was administered. The data was analyzed using SPSS version 16.

Results: Among the total of 100 patients, 98% patients accept that their Doctor has been taking care of them, 74% patients were satisfied that the Doctor explain the reason for any test, 94% thought that their Doctor explained things clearly to them, 96% strongly agreed that their doctor had knowledge and skills, 100% were satisfied with the care their doctor provided, while 82% claimed that their doctor encourage them to explain the disease to him, 94% wanted their doctor to be present in any medical emergency.

Conclusions: This study reveals a high degree of patient's satisfaction with empathy of Doctors of MMCH, although some improvement is still possible.

Key words: Patient, empathy, concern, satisfaction, MMCH

Introduction:

Empathy is the feeling or clinical contest by which we mean patients care. It is also defined as understanding of patient's experiences, concern and perceptive, combined with a capacity to communicate and intention to help.¹⁻³ Patient takes doctors empathy as his goodwill for successful treatment of his patient while understanding his misery.

Specific subgroup of empathy is pain empathy which means recognizing and understanding another person's pain. It is the ability that allows one person to understand another person's mental and emotional state and to effectively respond to his problems. When you get to know that another person is in pain, neural pain circuits within the brain are activated. One's pain is transmitted to the other person via several different cues like sight of the painful event, injury behavioral attempts to avoid further pain, crying, screaming, yelling, or fear of pain.⁴ Some believe that empathy means getting emotionally attached with someone.⁵ Past experiences have an influence on today's decision making. This understanding allows a person to have empathy for individuals who sometimes make illogical decisions to a problem. Broken homes, childhood trauma, lack of parenting and many other factors can influence the connections in the brain which a person uses to make decision in future.

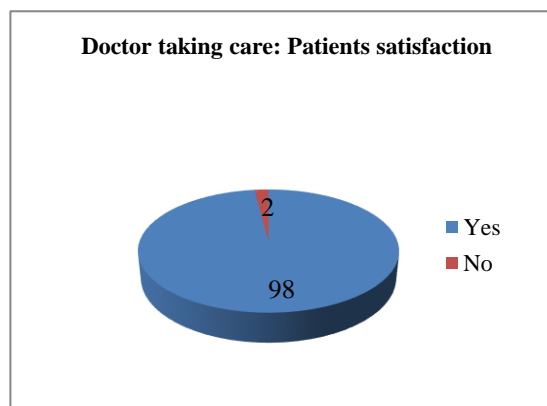
Martin Hofsfman is a psychologist who studied the development of empathy and says that everyone is born with capability of developing empathy⁶⁻⁷. Compassion and sympathy are terms associated with empathy. Compassion is often defined as emotions which we develop when others are in need and which motivate us to help them. Sympathy is a feeling of care and understanding for someone in need. Some include in sympathy an empathic concern, a feeling of concern for another, in which some scholars include the wish to see others better and happier⁸. This study was designed to investigate the perception of patients regarding doctor

empathy and to examine their satisfaction on and personal interest or indications of patient compliance.

Methodology: This cross-sectional survey was conducted in the 100 patients of OPD and those admitted to the ward through interview and Urdu translation of self-administrated Likert styled questionnaire originally developed by Hojat et al at Jefferson school of Medicine. This study was conducted from August 1, 2015 to August 26, 2015. Data was analyzed in SPSS version 16. It was very difficult to explain the patients what the study is about, initially most of them were not willing to participate in the study, but when they were explained that this is the part of your health, by this way we can improve medical facilities, then they participated in this study. For patients who do not know Urdu, language barrier was overcome by helping them to understand in their own language during face to face interview.

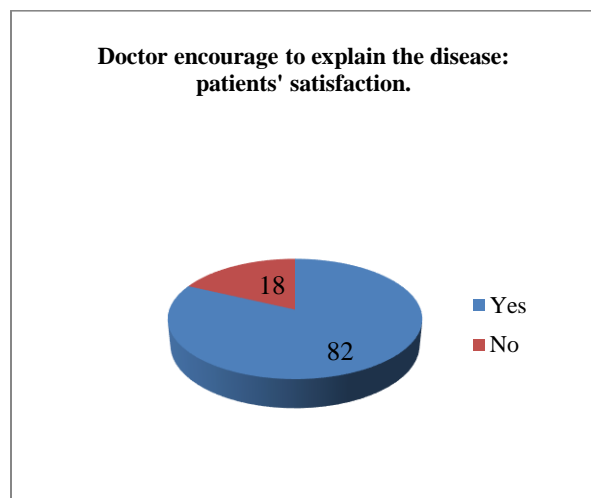
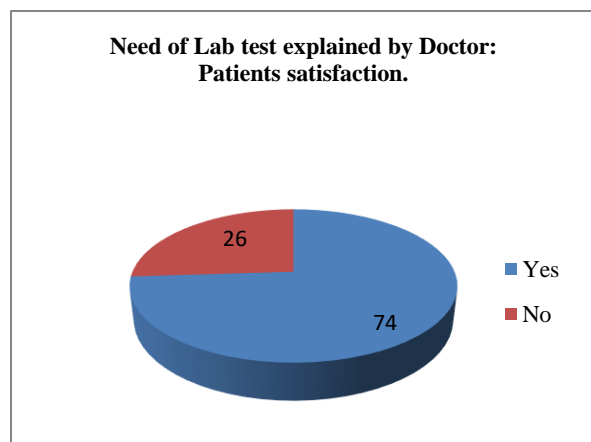
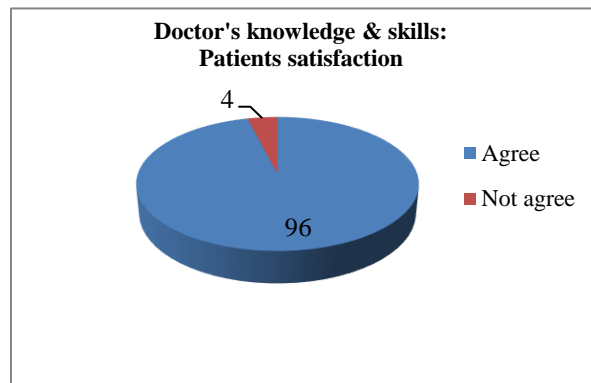
Results:

Among the total of 100 patients, 98% patients accept that their Doctor has been taking care of them. 74% patients were satisfied that the Doctor has explain the reason for



laboratory test, 94% thought that their Doctor explained things clearly to them, 96% strongly agreed that their doctor had knowledge and skills, 100% were satisfied

with the care their doctor provided, while 82% claimed that their doctor encourage them sufficiently to enable to explain the disease to him appropriately, 94% wanted their doctor to be present in any medical emergency. 100 percent of the patients were satisfied with the care their doctors provided to them.



Discussion:

Patients seek empathy from their physicians. Medical educators increasingly recognize this need. The term empathy has a different meaning for doctors, for them it is just detached cognition while outside the field of medicine empathy is a model of understanding that specifically involves emotional resonance. In contrast, this article argues that physicians' emotional attachment greatly serves the cognitive goal of understanding patients' emotions. This has important implications for

teaching empathy. 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 not important for understanding of a patient is feeling.

According to recent definition that correlates with that of 20th century, special professional empathy is purely cognitive, contrasting it with sympathy. Sympathetic physicians have a risk of over-identifying the patients⁹. Further, all emotional responses are threats to objectivity. Influential articles^{10,11} argue that clinical empathy must be based on detached reasoning. Blumgart¹⁰, for example, describes “neutral empathy,” which involves carefully observing a patient to predict his responses to his illness. The “neutrally empathetic” physician will do what is required without feeling grief, regret, or other difficult emotions. Blumgart's description recalls the early twentieth-century writings of Sir William Osler. In his 1912 essay, “Equanimities,” Osler argues that by neutralizing their emotions towards patient's problems to such a point that they feel nothing in response to suffering, so that physicians can actually “see into” and hence “study” the patient's “inner life.”¹² Viewers stand apart from what they observe. This differs significantly from the ordinary meaning of empathy as “feeling into” or being moved by another's suffering. Secondly, physicians' emotions focus and hold their attention on what they patient is anxious about. Consider a physician who sees a patient who suffers from headaches and fatigue^{13,14}. When he asks about her home life she says that it's going well, and all is well. Yet, something about the patient's body language, perhaps an evasive gaze, bothers the physician. Therefore, by resonating with the patient's anxiety, the physician is more likely to slow down at this point in the history and gather more information.

Conclusion: This study reveals a high degree of patient's satisfaction fore empathy of Doctors of MMCH, although some improvement is still possible.

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