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LEVELS OF EMPATHY: A COMPARISON BETWEEN MEDICAL STUDENTS AND PRACTICING DOCTORS

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Abstract: Empathy consists of identifying and understanding the patient's feelings, thereby increasing trust in the relationship between doctor and patient and allowing a shift from treatment focused solely on the disease to the patient. It is considered a virtue that can be developed and learned. The level of understanding of empathy by medical students in different periods was analyzed and compared with practicing medical professionals. The survey included 95 total respondents, 77.9% of whom were medical students and 22.1% medical professionals. The analysis was carried out by means of questionnaires using the Jefferson Likert scale (JSPE-S), in which the values measuring the strength of the empathy level range from 1 to 7. The final solution was calculated using the statistical tool Rstudio, the R language and the Likert toolbox package. The results obtained were divided into different factors, such as empathetic behavior, the ability to understand the other person from their perspective, social determinants and interpersonal relationships. The study showed that students and doctors understand and agree with the importance of empathy in patient care. For the empathic behavior factor, the participants in the survey showed high levels of perception of empathy, ranging from 70% to 89% for students and from 81% to 100% for doctors. Empathy used as a "therapeutic tool" is understood as a positive aid in various aspects of the clinical relationship.

Keywords: Empathy; Doctor-patient relationships; Quality of care.

INTRODUCTION

Empathy is one of the core domains of social and communication skills and is often associated with better diagnostic and therapeutic results in the area of health. It is a multidimensional skill that allows us to perceive and understand the feelings and perspective of others (LOUREIRO et al., 2011).

According to BALINT M., (1988) empathy is understood as a genuine disposition to be able to listen, understand, sympathize by means of deductions, information retained in the memory or by putting oneself in the other's shoes, providing support to an individual, making that person feel understood.

(2014), empathy can be considered a virtue, but it is also seen as an intellectual process and a behavior to be learned and improved throughout life. As a skill, it represents one of the central domains of emotional intelligence, social skills and communication.

In healthcare, empathy allows the focus of medical treatment to be shifted from the disease to the patient. It is the first step in promoting a doctor-patient relationship. It also consists of looking at the individual within their singularity and their psychosocial conditions, placing them as the protagonist in their recovery. Empathetic behavior demonstrates that it offers a more comfortable environment for the patient to expose the variants that influence the various aspects of their physical and mental health, as well as giving the doctor greater support in the treatment, ensuring greater effectiveness in the recovery stage (NASCIMENTO et al., 2018 and PROVENZANO et al., 2014).

A good relationship between doctor and patient is important and has positive effects on clinical outcomes, both in psychological and physiological terms. Building an empathetic dialog helps in this relationship and as a result there is greater patient adherence to treatments, reduces the chance of medical errors and increases the level of trust in the relationship between the professional and the patient (LOUREIRO et al., 2011).

Therefore, a professional who manages to apply aspects related to empathy, such as the use of reflective listening and attentiveness to the patient's life story, about their personal issues and investigating the existence of a

support network, can make the patient reveal more about their main anxieties and afflictions. In this way, diagnoses and therapeutic procedures can be more assertive.

Some factors can hinder an individual's empathetic behavior. For example, we often hear people define empathy as the ability to put oneself in the other person's shoes. The Australian thinker KRZNARIC, R (2015), author of the book "The Power of Empathy: The Art of Putting Yourself in Another's Place to Transform the World", explains that this term is characterized by the search for shared humanity. In this vein, with regard to the relationship between doctors and patients, KRZNARIC, R (2015)'s statement is accurate in the field of medicine, since the good relationship between doctor and patient is associated with understanding the individual in the clinic from their perspective, as a result of which mutual trust is established.

However, it is often difficult to understand the other person from their perspective, and factors such as the emotional exhaustion of the professional caused by contact with illness and death, exhaustion due to the high depersonalization and low personal fulfillment of doctors demonstrated by MARTINS, (2014) and TIRONI, et al., (2016) may be one of the possible reasons for the decrease in the levels of empathy of professionals.

The decline in empathetic behavior is also brought up in reference to medical students and their progression throughout the undergraduate years. These show that with the progressive increase in the theoretical load, the fear of making mistakes, a demanding curriculum and few hours for rest lead to the mechanization of medical practice (MORETO et al., 2015).

Thus, this study aims to assess the level of empathy of medical students and medical professionals and evaluate their understanding of how this behavior can help in the diagnosis

and treatment of patients from a perspective beyond curing the disease.

METHODS

TYPE AND LOCATION OF THE STUDY

This is a cross-sectional descriptive study, in which a survey was carried out on the understanding of the importance of developing empathy as an interpersonal skill that can help in the doctor-patient relationship.

The research was carried out by means of questionnaires applied to 3rd, 5th, 7th and 9th year students of the UNIFACIG Medicine course, located in Manhauçu, and to medical professionals working in the city in different specialties.

COLLECTION AND PROCESSING PROCEDURES

Data was collected between May and June 2022 using the Jefferson scale (JSPE-S) by HOJAT ET AL., (2001) consisting of 20 questions (Figure 1), student version with changes in the order of the questions. This questionnaire uses a Likert scale whose values range from 1 to 7, varying from strongly disagree (1) to strongly agree (7).

The answers to the surveys were analyzed in percentages, considering the same weight for the different questions in the classification of empathy levels. To do this, the data was plotted using the statistical tool RStudio requires R 3.3.0, language R 4.2.0 and the Likert toolbox.

Question 1: Patients feel better when doctors understand their feelings.
Question 2: Understanding non-verbal (body) language is just as important as understanding verbal language in doctor-patient relationships.
Question 3: I believe that empathy is an important therapeutic factor in medical treatment.
Question 4: Doctors' understanding of the emotional state of their patients and their patients' families is an important component of the doctor-patient relationship.
Question 5: Doctors should try to put themselves in their patients' shoes when they are caring for them.
Question 6: Patients value the doctor's understanding of their feelings, which is therapeutic in itself.
Question 7: Doctors should try to understand what's going on in their patients' heads, paying more attention to non-verbal signals and their body language.
Question 8. A doctor's sense of humor contributed to better clinical outcomes.
Question 9. Empathy is a therapeutic skill without which a doctor's success is limited.
Question 10: Doctors should try to think like their patients in order to provide better care.
Question 11: Doctors should not allow themselves to be influenced by the existence of strong personal relationships with their patients and families.
Question 12: Considering that people are different, it's difficult to see things from the patient's perspective.
Question 13: It's difficult for a doctor to see things from the patient's perspective.
Question 14. Doctors' understanding of the feelings of their patients and their families has no influence on clinical or surgical treatment.
Question 15. Patients' illnesses can only be cured through medical or surgical treatment; therefore, the emotional bonds established between doctors and their patients have no significant influence on clinical or surgical treatment.
Question 16. Asking patients questions about what goes on in their private lives doesn't help in understanding their physical complaints.
Question 17. I don't appreciate non-medical literature or other forms of art.
Question 18. Paying attention to patients' emotions is not important when taking a medical history.
Question 19. Temptation to patients' personal experiences does not influence the outcome of treatments.
Question 20. I believe that emotions play no part in the treatment of diseases.

Figure 1. Questions taken from the Jefferson scale (JSPE-S).

RESULTS

The survey included 95 total respondents, 77.9% of whom were medical students and 22.1% medical professionals. The age range of the students was 21-27 years and of the medical professionals 25-65 years.

The survey involved doctors from the following specialties, listed in parentheses: Cardiologist (1), General surgery (2), Vascular surgery (1), General practitioner (8), Dermatology (1), Ophthalmologist (1), Pediatrics (1), Psychiatry (2), of these 71.4% work in both public and private initiatives, 14.3 % only in public initiatives and 14.3 % only in private initiatives.

The results obtained in the final solution are shown in Figures 2 and 3.

DISCUSSION

To obtain the final solution, Figures 2 and 3, the questionnaires (Figure 1) were separated into different factors for a qualitative analysis of empathy levels: empathetic behavior (questions 1-3, 5-9 and 20), ability to understand the other from their perspective (questions 10,12 and 13), social determinants (questions 4, 14 ,16-19) and interpersonal relationships (questions 11 and 15).

Several characteristics were considered to conceptualize empathy in the composition of some questions on the Jefferson scale, such as: listening, communication, confidentiality, humour, sympathy, patience, compression and bonding. The empathic behavior measured by questions 1-3 and 5-9 were evaluated as high levels of empathy on scale 7 (strongly agree). For these questions, the students' opinion ranged from 70% to 89% and the doctors' opinion ranged from 81% to 100% on this scale.

For question 20, the high level of empathy was measured by scale 1 (strongly disagree). In this, 93% of students and 95% of doctors disagreed that emotions play no part in the treatment of diseases.

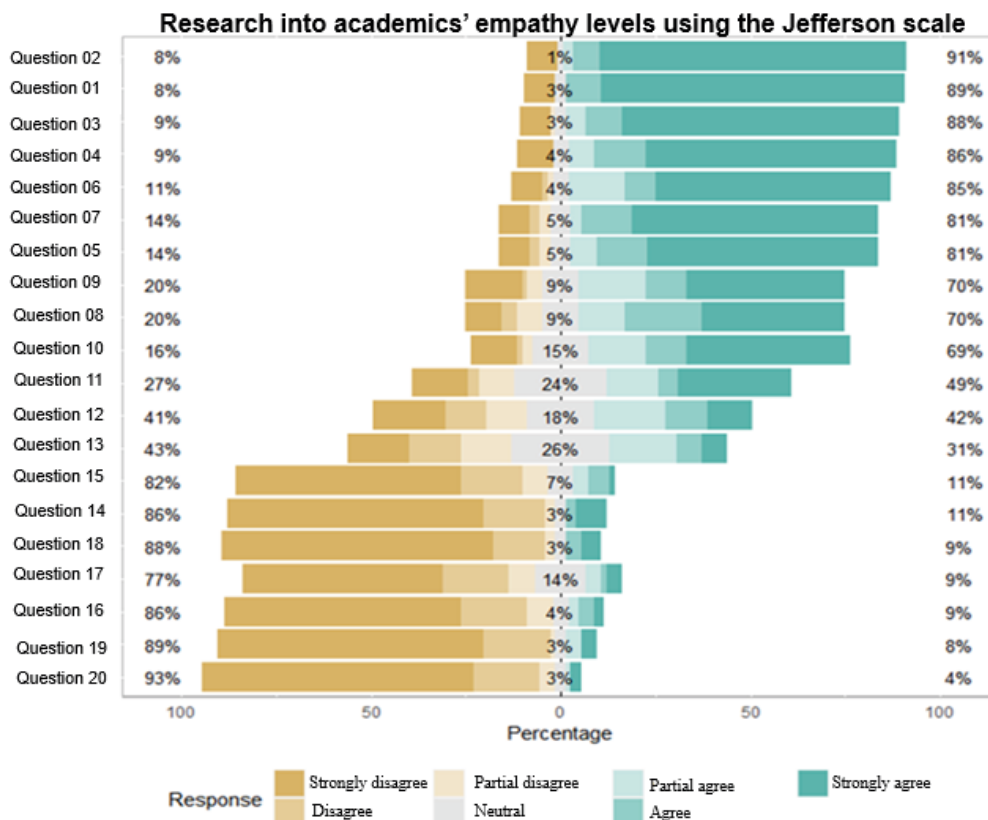


Figure 2 - Results of the questionnaires applied to medical students using the Jefferson scale, which has a Likert scale whose values range from 1 to 7, varying from strongly disagree (1) to strongly agree (7).

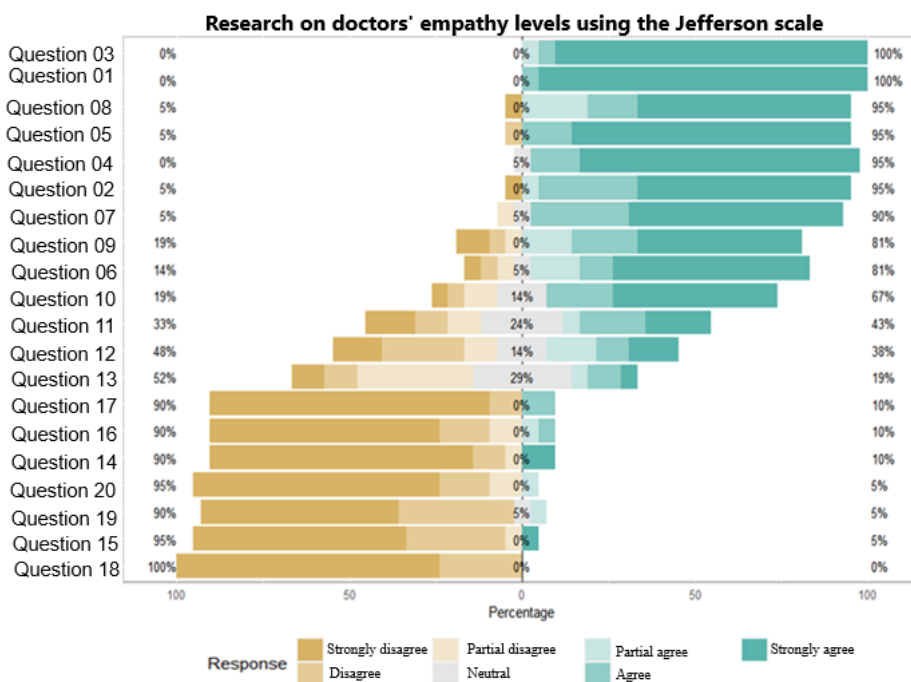


Figure 3 - Results of the questionnaires applied to doctors using the Jefferson scale, which has a Likert scale whose values range from 1 to 7, varying from strongly disagree (1) to strongly agree (7).

These results are in line with the conceptualized characteristics of empathic behavior. In this way, it is clear that empathy used as a “therapeutic tool” is understood as a positive aid in various aspects of this relationship.

Among the characteristics used in this model, it is worth highlighting active listening, an important way of creating a connection with the patient. According to KRZNARIC, R (2015), the ability to establish a bond is closely linked to knowing how to listen without interruptions and giving the other person the opportunity to talk about themselves, in such a way that the interlocutor can convey, even unconsciously, their needs and feelings. Furthermore, when the patient feels listened to by the doctor, they begin to trust and understand how the illness affects their life as a whole, not just as isolated parts.

Attitudes that bring humor and affection to the patient are also important empathic behaviors in reducing anxious and depressive symptoms, as demonstrated by a movement that emerged in the United States, led by the doctor Patch Adams, known for the film “Patch Adams, joy is contagious” (TAKAHAGUI, 2014).

Within the factor measuring the ability to understand others from their perspective, the measure of a high level of empathy was given by scale 7 (strongly agree). The results of questions 10, 12 and 13 expressed low levels of empathy, with students’ and doctors’ opinions ranging from 31-69% and 19-67%, respectively. These results show that understanding the other person from their perspective is a more difficult behavior to perform, possibly due to the distance from reality and life experiences between the doctor and the patient. For example, delicate and complex situations experienced by a patient, such as cases of rape, murder, psychopathy, serious family imbalances, are situations that may be beyond the reality of a professional, making it difficult to un-

derstand what is going on in the other person’s mind and what the real reason is for a certain feeling or even a physical pathology.

With regard to social determinants, FIGUEIREDO et al., (2019) describes that professionals face some difficulties in working on the subject, such as family, housing, food, schooling, income and employment with their patients. They are very focused on the individual and find it difficult to work inter-sectorally.

It is necessary for professionals to move beyond acting solely to transform individuals’ behaviors, focusing on guidelines related to changing habits, and to understand health as the result of multiple cultural, social and economic factors and determinants that relate to quality of life and are influenced by the social determinants of health (FIGUEIREDO et al., 2019).

Questions 4, 14, 16-19 were used to measure levels of empathy when it came to understanding the influence of social determinants. Question 4 was analyzed with a high level of empathy on scale 7 (strongly agree). For this question, the students’ opinion was 86% and the doctors’ 95%. In questions 14 and 16-19, scale 1 (strongly disagree) was used to measure high levels of empathy; for these questions, the opinion of students and doctors ranged from 77-99% and 90-100%, respectively. These results show that there is a tendency for students and professionals to consider the patient’s historical and family context. These aspects are important, as they can recommend economic, cultural, ethnic-racial, psychological and behavioral factors that influence the occurrence of health problems.

CAPRARA et al., (1999) shows how important interpersonal relationships are in easing pain and helping with medical treatment. The study features testimonies from doctors as patients, explaining how they felt helpless, dependent on others and anxious when they

were ill. It is curious that in these accounts they reveal a distancing from their professional colleagues, which led to disappointment, as they showed no interest in their suffering, as they were only concerned with treating the disease. In this sense, the research sought to understand the reality of doctors today and how they see the importance of interpersonal relationships with patients.

Questions 11 and 15 assess the level of empathy with regard to the importance of interpersonal relationships, where high empathy is measured on a scale of 1 (strongly disagree). In question 11, only 27% of students and 33% of doctors disagreed that professional performance should not be influenced by the existence of strong personal relationships with their patients and families. This suggests an understanding that professionalism must be conceived during care. However, patients' interpersonal relationships are of paramount importance and were considered by the groups in question 15, in which 82% of students and 95% of doctors disagreed that patients' illnesses can only be cured through medical treatment or surgery; therefore, the emotional bonds established between doctors and their patients have no significant influence on clinical or surgical treatment.

Here, it is important to point out that health professionals, due to their direct contact with the pain, suffering, insecurity and fear of individuals with diseases, can create a defense mechanism of distancing themselves from the patient, affecting the doctor-patient relationship; therefore, humanizing care is a strategy to mitigate the effects of this distancing.

Providing a practice of knowledge and construction of the doctor-patient relationship based on the principles of humanization from the first period of the medical course enables this knowledge to be something solid and natural, transforming this student into a disseminator of this practice throughout their medical career (DOS SANTOS et al., 2020).

CONCLUSION

The study showed that students and doctors understand and agree on the importance of empathy in patient care. Given this reality, the first point to reflect on is the professional behavior of the doctor, who must incorporate care for the patient's suffering, different from the technical clinical model. This doesn't mean that health professionals have to become psychologists or psychoanalysts, but that, in addition to technical-diagnostic support, they need to be sensitive to the patient's reality, listen to their complaints and find, together with the patient, strategies to facilitate diagnosis and treatment that help them adapt to the lifestyle required by an illness.

This demand requires the implementation of continuous and recent changes aimed at acquiring competencies in the training of doctors who, while restricted to the biomedical model, are unable to consider the experience of suffering as an integral part of their professional relationship.

It is therefore important to critically consider the development of empathy in the clinic, shaping new forms of doctor-patient relationships and thus taking an active and critical stance in the search for a new practice.

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