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### Full Length Review Article

#### HEALTHCARE AND NURSING: EMPATHY, PERSONAL AND SOCIAL AS PREREQUISITES

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#### **ABSTRACT**

The relationship built up between patients and professionals in the healthcare arena are fundamental, with doctors who are warm and friendly seemingly more efficient when compared with more formal healthcare workers. Furthermore, it has been recognised that those with empathy are better positioned to achieve more positive outcomes, not only for doctors but also for patients. With the above in mind, it is suggested that a healthcare professional with good qualifications is fundamental as knowledge and expertise in this area facilitate confidence in interacting with and treating patients; it also enables the patient to invest trust in the professional. However, it is recognised that empathy is influential on patients' experiences, with patient satisfaction recognised as one of the commonly utilised outcome measures when evaluating communication and empathy. Accordingly, the proposition has been made that there is a link between empathy and treatment adherence.

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#### INTRODUCTION

Patients' views surrounding the healthcare quality provided to them are significantly dependent on the excellence they consider to be inherent in their communications with healthcare professionals (Cromarty, 1996). A number of investigators hold the view that the benefits associated with sound communication between healthcare professionals and patients can change outcomes for patients. The degree of connection felt by the patient towards the healthcare professional could ultimately improve their health treatment, as well as their cooperation with such and their selfmanagement in this regard (Reynolds, 2000). In a similar vein, other studies have recognised that less than half of all patients who had been admitted to hospital were able to state their diagnosis upon leaving hospital, which therefore provides some insight into the poor levels of communication between patients and healthcare staff (Reynolds, 2000). When considering the factors behind the importance of good levels communication between patients and healthcare professionals, Beckman (1994) highlight three key factors, as discussed below:

\*Corresponding author: Dr. Mohaned Abed, Program of Educational Graduate Studies, King Abdulaziz University, P.O. Box: 80200, Jeddah 21589, Kingdom of Saudi Arabia **Firstly, patient satisfaction:** It has been confirmed through medical indication that there is a positive association between patient satisfaction concerning the healthcare services provided and healthcare professionals' own capacity and willingness to communicate well and show empathy.

**Secondly, clinical outcomes:** Patient treatment outcomes, based on clinical measures and objectives, have been shown to improve when healthcare professionals ensure good approaches to communication.

Thirdly, advantages to practice: Approaches concerned with improving communication between the patient and healthcare staff will ultimately result in improved efficiency in practice, as recognised by scholars Marvel, Epstein, Flowers, & Beckman (1999). Moreover, fewer complaints of malpractice and improved patient retention are additional practice-related benefits, which have been found to be associated with efficient communication between patients and healthcare professionals.

#### **Empathy in the Clinical Setting**

It is considered that consultations need to involve some degree of empathy. Empathy is acknowledged as being the ability to recognise and appreciate others' feelings and emotions and the basis of such emotions, and the capacity to contribute to the individual's emotional experience (Keen, 2007). In the view of Loannidou & Konstantikak (2008), communication is essential, and may be improved upon if a number of prerequisites are fulfilled, including authenticity, emotional understanding, respect, resolution, and self-exposure. In environments centred on the provision of primary care, it is essential to ensure empathy. In medical training, empathy is a trait or characteristic afforded very little, if any, consideration. During recent times, however, studies carried out on medical students have shown that empathy may be enhanced through focusing on this during teaching, especially when there is consideration towards the student's personal experiences with patients (Branch et al., 2001). As a key writer in this study, I hold the same view as that of Hemmerdinger, Stoddart & Lilford (2007), who recognise emotional hearing and insight as being one of the most fundamental elements of communication.

#### Empathy: The Contrasting Side

The consideration of distance and closeness concerning patients and healthcare professionals is an issue taken into account by Maatta (2006), who highlights the value of maintaining distance in order to ensure objectivity. Moreover, it is stated by Bruhn (2001) that, occasionally, healthcare professionals may need to ensure a professional distance in order to maintain their human side. Essentially, acknowledging and understanding the thoughts, feelings and needs of others could have detrimental outcomes in terms of how the holder of the information chooses to direct it (Hodges & Klein, 2001). As a result, there is much support to show that empathy is critical; however, it is essential to ensure empathy does not have a negative impact on the professional, such as in terms of affecting their control or calmness (Goleman, 2004). Furthermore, as highlighted by Goleman (2004), emotions beyond control could impact a seemingly intelligent person with common sense, causing them to make silly, emotionsbased decisions. Such a perspective quite clearly maintains that there is a need to ensure the monitoring and regulation of empathy.

The importance of healthcare professionals to direct empathy is a concern that has been addressed in the work of Huggard (2003), who believes in the utilisation of empathy in a clinical environment, and actually goes as far as to advocate its use; on the other hand, however, he acknowledges that, regardless of the effort and work directed by healthcare staff to care for their patients, empathy can mean that such staff are left susceptible to vicarious traumatisation. Such perspectives surrounding empathy could provide some degree of insight into why empathy may be lacking in some healthcare environments. The absence of empathy in such situations could be owing to the defensive stance adopted by professionals in an effort to circumvent the aforementioned problems.

#### The Author's Perspective

I have read a number of different study resources, such as articles and books; however, throughout the course of my reading activities associated with this project, I believed I would maintain my own opinions. Nonetheless, I now find that there are benefits to both sides, i.e. showing empathy and not doing so. For me, as a patient, empathy and understanding are

more important than qualifications. Accordingly, should a doctor show compassion and be understanding of my position, I would then recommend the doctor to friends and family, and I would be more likely to be happy with the service. On the other hand, however, there are most definitely drawbacks to showing empathy, and so it should fall to the healthcare professional, for themselves, to decide on the degree to which they will show empathy. This decision is recognised as both difficult and complicated, and there is a need for the professional him-/herself to consider the impacts feeling and showing empathy could have on their own emotional health.

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#### **REFERENCES**

- Beckman, H. B. 1994. The doctor-patient relationship and malpractice. Lessons from plaintiff depositions. *Archives of Internal Medicine*, *154*, 12, 1365-1370.
- Branch, W. T. J., Kern, D., Haidet, P., Weissmann, P., Gracey, C. F., Mitchell, G., & Inui, T. 2001. The patient-physician relationship. Teaching the human dimensions of care in clinical settings. *Jama : the Journal of the American Medical Association*, 286, 9, 1067-74.
- Bruhn, J. 2001. Being good and doing good: The culture of professionalism in the health professions. *The Health Care Manager*, 19, 47-57.
- Cromarty, I. 1996. What do patients think about during their consultations? A qualitative study. *The British Journal of General Practice: the Journal of the Royal College of General Practitioners*, 46, 4, 525.
- Goleman, D. 2004. *Emotional intelligence: Working with emotional intelligence*. London: Bloomsbury.
- Hemmerdinger, J. M., Stoddart, S. D., & Lilford, R. J. 2007. A systematic review of tests of empathy in medicine. *Bmc Medical Education*, 7.
- Hodges, S. D., & Klein, K. J. K. 2001. Regulating the costs of empathy: the price of being human. *The Journal of Socio-Economics*, 30, 5, 437-452.
- Huggard, P. 2003. Compassion fatigue: how much can I give?. *Medical Education*, *37*, 2, 163-164.
- Keen, S. 2007. *Empathy and the novel*. Oxford: Oxford University Press.
- Loannidou, F., Konstantikak, J. 2008. Empathy and emotional intelligence: What is it really about? *International Journal of Caring Sciences. 1*, 3, 118–123.
- Maatta, S. M. 2006. Closeness and distance in the nursepatient relation. The relevance of Edith Stein's concept of empathy. *Nursing Philosophy*, 7, 1, 3-10.
- Marvel, M. K., Epstein, R. M., Flowers, K., & Beckman, H. B. 1999. Soliciting the patient's agenda: have we improved?. *Jama: the Journal of the American Medical Association*, 281, 3, 283-7.
- Reynolds, B. 1994. The influence of clients' perceptions of the helping relationship in the development of an empathy scale. *Journal of Psychiatric and Mental Health Nursing,* 1, 1, 23-30.
- Reynolds, W. 2000. The measurement and development of empathy in nursing. Aldershot: Ashgate.