

**REVIEW STUDY ON EMPATHY IS VIRTUOUS IN THE PRACTICE OF MEDICINE**Sheila Menon\* Vidya Bhagat<sup>1</sup> and Nordin Simbak<sup>1</sup><sup>1</sup>Faculty of Medicine, University Sultan Zainal Abidin, Medical Campus, Jalan Sulta 2n Mahmud, 20400 Kuala Terengganu, Terengganu, Malaysia.<sup>2</sup>Faculty of London College of Clinical Hypnosis Asia.**\*Corresponding Author: Vidya Bhagat**

Faculty of Medicine University Sultan Zainal Abidin, Kuala Terengganu, Malaysia.

Article Received on 21/09/2019

Article Revised on 11/10/2019

Article Accepted on 01/11/2019

**ABSTRACT**

Empathy is a behavioral virtue, which can enhance the practice of medicine. At the same time it is identified that not all physicians are empathic in their communication with patients. This study focuses on the benefits of empathetic communication and the impact of the observable decline in physicians' who are genuinely empathic towards patients. The aim of this study is to present an argument for empathy as a behavioral virtue within the practice of medicine. This literature review was completed using electronic databases. The study had analyzed 40 articles from the years 1986 to 2017. The reviewed articles focused on the nature and types of empathy, its significance in the medical profession, and on enhancing natural empathic ability. The current study concludes that empathy is a part of human nature which can be measured and nurtured although the process it not an easy one. The current study suggests that research in the area can lead to better training programs for medical professionals.

**KEYWORDS:** Empathy, Nature of empathy, Types of empathy, Medical empathy, Enhancing empathy.**INTRODUCTION****Nature of empathy**

Nature of empathy embedded in human personality with individual differences. There are evidential literature exists on the nature of empathy.<sup>[1]</sup> There are evidential literature exists on the nature of empathy. A piece of evidence in literature identifies empathy with and at times contrasted to compassion.<sup>[2,3]</sup>

The other terms commonly identified with empathy are sympathy and concern, though they are not the same.<sup>[4,5,6]</sup> The general internal medicine as define empathy is; the act of correctly acknowledging the emotional state of another without experiencing that state oneself.<sup>[7]</sup> Conceptualizing the nature of empathy current study appreciates the role of empathetic virtue in the clinical practice of medicine. Reviews discussed in the later part.

**Empathy as a behavioral virtue**

Empathy is a behavioral virtue that enables persons to understand or feel what another person is experiencing within that person's frame of reference. In other words, it is the capacity to place oneself in another's situation with sufficient awareness and insight in order to establish the way that the other person thinks and feels.<sup>[8]</sup> Accordingly, empathy is typified as cognitive empathy, emotional empathy, and somatic empathy.<sup>[9]</sup> Thus the somatic and cognitive influence on human empathy influence a wide range of emotional states, such as caring for people, having a desire to help, and feeling

compatible with another person's emotions.<sup>[8]</sup> Empathetic behaviour enables individuals to identify, understand and engage with another person in a manner that is consistent with how that person thinks or feels.<sup>[8]</sup>

Empathy is defined as the ability to sense other person's emotional state coupled with the cognitive ability to conceptualize what that person might think or feel.<sup>[9]</sup> Evidence in the literature studies supports that empathy has its roots in the behavioral dimension of cognition and affection.<sup>[10,11]</sup> Accordingly, conceptualizing affective empathy refers to the sensations and feelings an individual gets in response to another's emotions; meaning one can mirror what that person is feeling.<sup>[12,13]</sup> Cognitive empathy is the ability to identify and understand other peoples' emotions.<sup>[14]</sup> The literature studies reveal that empathy has a genetic basis<sup>[15]</sup> and that the feasibility of enhancing one's natural empathic abilities exists.<sup>[16]</sup>

Medical empathy occurs when a physician can identify with the experience, feelings and thoughts of their patient.<sup>[17,18]</sup> Empathy can enhance good communication skills and is an advantage in clinical communication. Good communication skills enable the physician to be a successful professional. Intellectual and emotional behaviour are both important components of effective communication and for medical professionals this forms an integral part of effective clinical communication. The previous literature evidences that medical professionals

have the emotional, cognitive and affective components required in an empathizing nature. The affective component enables medical professionals to imagine well and identify with the experience and feelings of the patient.<sup>[19]</sup> The cognitive component and intellectual ability enables the medical professionals to understand the patient's perspective and to view the world from their point of view.<sup>[20]</sup> These form important aspects of communication and contribute a fundamental component toward compassionate action.<sup>[20]</sup>

The ability to be empathetic is identified as an important skill for medical professionals.<sup>[21,22]</sup> It is also identified as providing a greater benefit to patients than either sympathy or compassion.<sup>[23]</sup> Compassion expressed towards patient communicates the recognition that the

patient is suffering. However it includes the doctor's personal values, which can interfere with an accurate understanding of the patient's experience. Sympathy is self-oriented and simply communicates the doctors' reactions of the patient's situation without reflecting an understanding of the patients own view.<sup>[24,25]</sup> Empathy connects the doctor and patient in a manner which involves emotional sharing and acknowledgment the patients' perspective. It facilitates a better understanding of the patient and enables the doctor to help them better.<sup>[26,27,28]</sup> For clinicians, empathy provides a tool to identify how their patients' feel, and this understanding encourages medical professionals to expand their clinical context to include moral, cognitive, emotional and behavioral dimensions.<sup>[29,30]</sup>

### Medical empathy enhance communication with patients

The physician's ability to imagine the patients' emotions and perspectives paves the way for successful results in diagnostic interviews.

The physicians' internal motivation to understand the patient views leads them to be insightful of the patients' non-communicated gestural expressions.

The physician with the intellectual ability to identify with the patient's thoughts and feelings can put a patient at ease with their doctor.

The physician is able to convey their understanding of the patient through gestures and interaction.

Vidya Bhagat

The empathetic dimension requires both emotional engagement and intellectual understanding in order to enhance clinical communication. In addition, the clinician's empathizing virtue offers a more professional outlook.<sup>[27]</sup> This definition enriches the explanation of clinical empathy by defining empathy as an active emotional engagement, which requires acting upon or intentional modification of one's true emotions. Previous studies emphasize that superficial action is the opposite of emotional engagement, suggesting that clinical empathy requires flexibility to suit varying patients and circumstances.<sup>[19]</sup>

Four dimensions of empathy may work together to benefit patients. For example, a physician could cognitively perceive a patient's anxiety and communicate this by saying, "I see you are anxious". This statement merely describes the patient's emotion. To establish empathy the physician must be sufficiently motivated to imagining how the patient's anxiety feels to him; observe his facial expression, tone of voice and posture and address how the anxiety may be affecting the patient. Clinical communication of this nature is more likely to help the patient feel understood, not merely labeled. The current study analyses that the patient's sense of being truly understood is likely to encourage further disclosure and foster trust. The dimensions of clinical empathy may be required for physicians to be effective clinical communicators.<sup>[21]</sup>

In one of the analyzed studies, Rotter et al. stated that physicians with an engaged psychosocially oriented communication style burn out less frequently than

others.<sup>[31]</sup> The current study analyses, the patient's sense of being truly understood is likely to encourage further disclosure and foster trust. The dimensions of clinical empathy may be required for physicians to be effective empathetic.<sup>[7]</sup>

### Measuring empathy and interventions

The multidimensional nature of clinical empathy makes it difficult to measure. Though it is difficult to measure empathy, evidence shows the possibility of getting formations on empathetic ability. Thus footing on this intervention can be formulated. The tools evidenced in literature studies normally measure the expressions of empathy, which is not a measure that identifies the patient's emotions correctly. The empathy measurement tool is helpful in educational interventions.<sup>[32]</sup>

Medical students could receive training both in the measurement of empathy and also to enhance their natural ability in empathetic communication. The previous literature identifies studies, which evidences the efficacy of empathy measurements. In one study trained observers were tasked to rate students' ability to empathize with specific items during case history taking using an accurate empathy measurement scale.<sup>[33]</sup> Some interventions evaluate by quality analysis of individuals and through group comments.<sup>[34,35]</sup> The Jefferson Scale is a well-known and validated tool used to assess physician empathy.<sup>[36,37,38]</sup> Evidence from the previous literature suggests that enhancing natural empathic abilities is both virtuous and clinically relevant for medical professionals. Educators can make use of effective educational strategies; to promote empathy in medical students.<sup>[39]</sup>

Educational strategies may also enhance the innate empathetic potential of medical students. It is worthwhile to focus on educational programmes to foster empathy in medical students. The current study suggests that there is significance for the dimension of clinical empathy in the medical profession. It is noted that there is still uncertainty about this dimension, and the current study recommends that the virtuous nature of empathy of should be address in the future and that the larger studies used to validated the measurement tools are recommended.<sup>[40]</sup>

## CONCLUSION

The current study concludes that the nature of empathy is embedded within the human personality and that it provides virtue, which may be enhanced through nurturing. The nature of empathy is demonstrated as virtuous in the practice of medicine. Hence the current study suggests that developing empathy in new generations of medical professionals should be encouraged. There are no standardized measures for nurturing empathy; however the possibility of enhancing empathy in medical professionals is evidenced. Empathy in humans is part of the nature of human personality and whilst measuring and nurturing empathy is not easy, it is evidenced as possible. The current study suggests that further research into this area should encouraged in order to establish better training programs for medical professionals.

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

## REFERENCES

- Carmel S, Glick SM. Compassionate-empathic physicians: personality traits and social-organizational factors that enhance or inhibit this behavior pattern. *Social science & medicine*, 1996 Oct 1; 43(8): 1253-61.
- Allmark P. Is caring a virtue?. *Journal of Advanced Nursing*, 1998 Sep; 28(3): 466-72.
- Stockdale M, Warelow PJ. Is the complexity of care a paradox? *Journal of Advanced Nursing*, 2000 May; 31(5): 1258-64.
- Wispé L. The distinction between sympathy and empathy: To call forth a concept, a word is needed. *Journal of personality and social psychology*, 1986 Feb; 50(2): 314.
- Preston SD, De Waal FB. Empathy: Its ultimate and proximate bases. *Behavioral and brain sciences*. 2002 Feb; 25(1): 1-20.
- Gruen RJ, Mendelsohn G. Emotional responses to affective displays in others: The distinction between empathy and sympathy. *Journal of Personality and Social Psychology*, 1986 Sep; 51(3): 609.
- Halpern J. What is clinical empathy? *Journal of general internal medicine*, 2003 Aug 1; 18(8): 670-4.
- Pijnenborg GH, Spikman JM, Jeronimus BF, Aleman A. Insight in schizophrenia: associations with empathy. *European Archives of Psychiatry and Clinical Neuroscience*, 2012; 263(4): 299-307.
- University of California, Berkeley. What Is Empathy? 2017. Available at <https://greatergood.berkeley.edu/empathy/definition> [Accessed on October 27, 2017]
- Decety J. The Neurodevelopment of Empathy in Humans. *Developmental Neuroscience*, 2010; 32(4): 257-267.
- Toussaint L, Webb JR. Gender Differences in the Relationship Between Empathy and Forgiveness. *The Journal of Social Psychology*, 2005; 145(6): 673-685.
- Paulus FM, Müller-Pinzler L, Westermann S, Krach S. On the distinction of empathic and vicarious emotions. *Frontiers in Human Neuroscience*, 2013; 7: 196.
- Pfeifer JH, Iacoboni M, Mazziotta JC, Dapretto M. Mirroring others' emotions relates to empathy and interpersonal competence in children. *NeuroImage*, 2008; 39(4): 10.1016.
- Hatfield E, Cacioppo JT, Rapson RL. *Emotional Contagion (Studies in Emotion and Social Interaction)*, Cambridge University Press, 40 West 20th Street, New York, NY 10011-4211, 1993.
- Reuter M, Frenzel C, Walter NT, Markett S, Montag C. Investigating the genetic basis of altruism: the role of the COMT Val158Met polymorphism. *Social Cognitive and Affective Neuroscience*, 2011; 6(5): 662-668.
- Lütge C, Rusch H, Uhl M, Luetge C. *Experimental Ethics. Toward an Empirical Moral Philosophy*. First Edition, Palgrave Macmillan, London, UK, 2014.
- Wondra JD, Ellsworth PC. An Appraisal Theory of Empathy and Other Vicarious Emotional Experiences. *Psychological Review*, 2015; 122(3): 411-428.
- Lockwood PL. The anatomy of empathy: Vicarious experience and disorders of social cognition. *Behavioral Brain Research*, 2016; 311(15): 255-266.
- Stepien KA, Baernstein A. Educating for empathy. *Journal of general internal medicine*, 2006 May 1; 21(5): 524-30.
- Suh DH, Hong JS, Lee DH, Gonnella JS, Hojat M. The Jefferson Scale of Physician Empathy: a preliminary psychometric study and group comparisons in Korean physicians. *Medical teacher*, 2012 Jun 1; 34(6): e464-8.
- Halpern J. What is Clinical Empathy? *Journal of General Internal Medicine*, 2003; 18(8): 670-674.
- Ha JF, Longnecker N. Doctor-Patient Communication: A Review. *The Ochsner Journal*, 2010; 10(1): 38-43.
- Strauss C, Lever Taylor B, Gu J, Kuyken W, Baer R, Jones F, Cavanagh K. What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review*, 2016; 47: 15-27.

24. Weiner SJ, Auster S. From Empathy to Caring: Defining the Ideal Approach to a Healing Relationship. *The Yale Journal of Biology and Medicine*, 2007; 80(3): 123-130.
25. Kerasidou A, Horn R. Making space for empathy: supporting doctors in the emotional labor of clinical care. *BMC Medical Ethics*, 2016; 17: 17:8.
26. Wilkinson H, Whittington R, Perry L, Eames C. Examining the relationship between burnout and empathy in healthcare professionals: A systematic review. *Burnout Research*, 2017; 6: 18-29.
27. Morse JM, Anderson G, Bottorff JL, Yonge O, O'Brien B, Solberg SM, McIlveen KH. Exploring empathy; a conceptual fit for nursing practice? *Journal of Nursing Scholarship*, 1992; 24(4): 273-280.
28. Larson EB, Yao X. Clinical empathy as emotional labor in the patient-physician relationship. *JAMA*, 2005; 293(9): 1100-1106.
29. Hojat M, Mangione S, Nasca TJ, Cohen MJM, Gonnella JS, Erdmann JB, Veloski J, Magee M. The Jefferson scale of physician empathy: development and preliminary psychometric data. *Educational and Psychological Measurement*, 2001; 61(2): 349-365.
30. Berman AC, Chutka DS. Assessing effective physician-patient communication skills: "Are you listening to me, doc?" *Korean Journal of Medical Education*, 2016; 28(2): 243-249.
31. Roter D, Stewart S, Putnam N, Lipkin M. Communication patterns of primary care physicians. *JAMA*, 1997; 277: 350-6.
32. Larson EB, Yao X. Clinical empathy as emotional labor in the patient-physician relationship. *Jama*, 2005 Mar 2; 293(9): 1100-6.
33. Evans BJ, Stanley RO, Burrows GD. Measuring medical students' empathy skills. *British Journal of Medical Psychology*, 1993 Jun; 66(2): 121-33.
34. Evans BJ, Stanley RO, Burrows GD. Measuring medical students' empathy skills. *British Journal Medical Psychology*, 1993; 66(Pt 3): 121-133.
35. Fine VK, Therrien ME. Empathy in the doctor-patient relationship: skill training for medical students. *Journal Medical Education*, 1977; 52(9): 752-757.
36. Hojat M. The Jefferson Scale of Physician Empathy. In: *Empathy in Patient Care*. Springer, New York, NY, 2007.
37. Spasenoska M, Costello S, Williams B. Investigating the psychometric properties of the Jefferson Scale of Physician Empathy in a sample of Malaysian medical students. *Advances in Medical Education and Practice*, 2016; 7: 331-339.
38. Williams B, Sifris A, Lynch M. A psychometric appraisal of the Jefferson Scale of Empathy using law students. *Psychology Research and Behavior Management*, 2016; 9: 171-178.
39. Tavakol S, Dennick R, Tavakol M. Psychometric properties and confirmatory factor analysis of the Jefferson Scale of Physician Empathy. *BMC Medical Education*, 2011; 11: 54.
40. Borracci RA, Doval HC, Celano L, Ciancio A, Manente D, Calderón JG. Patients' perceptions of argentine physicians' empathy based on the jefferson scale of patient's perceptions of physician empathy: Psychometric data and demographic differences. *Educationfor Health*, 2017; 30(1): 19-25.