

# A Review of Empathy, Its Importance, and Its Teaching in Surgical Training

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**BACKGROUND:** There has been much discussion in the medical literature about the importance of empathy and physician communication style in medical practice. Empathy has been shown to have a very real positive effect on patient outcomes. Most of the existing literature speaks to its role in medical education, with relatively little empiric study about empathy in the surgical setting.

**OBJECTIVE:** Review of empathy and its importance as it pertains to the surgeon-patient relationship and improving patient outcomes, and the need for increased education in empathy during surgical training.

**METHODS:** The published, peer-reviewed literature on patient-physician and patient-surgeon communication, medical student and resident education in empathy, and empathy research was reviewed. PubMed was queried for MESH terms including “empathy,” “training,” “education,” “surgery,” “resident,” and “communication.”

**RESULTS:** There is evidence of a decline in empathy that begins during the clinical years of medical school, which continues throughout residency training. Surgeons are particularly susceptible to this decline as by-product of the nature of their work, and the current lack of formalised training in empathic patient communication poses a unique problem to surgical residents.

**CONCLUSIONS:** The literature suggests that empathy training is warranted and should be incorporated into surgical residencies through didactics, role-playing and simulations, and apprenticeship to empathic attending role models. (J Surg Ed ■■■■-■■■. ©2017 Association of Program

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**KEY WORDS:** surgical education, empathy, review, patient satisfaction

**COMPETENCIES:** interpersonal and communication skills, patient care, professionalism

## INTRODUCTION

Empathy and its role in the clinical encounter has been interrogated and examined in research studies,<sup>1</sup> discussed in opinion articles,<sup>2</sup> and more recently gained increasing coverage and interest in the media.<sup>3</sup> Not only an essential component to building rapport in the patient encounter, empathy and its effects on physician communication style has also been shown to improve patient outcomes<sup>4,5</sup> and diagnostic accuracy,<sup>6</sup> and to reduce physician burnout<sup>7</sup> and malpractice risk.<sup>8,9</sup> Within the increasingly commodified modern health care system, there is growing concern over the detachment clinicians may come to feel for their patients. Multiple studies have offered evidence to the decline of empathy throughout medical training and have called for an empathy curriculum to combat this regression.<sup>10</sup> It has even been suggested to incorporate emotional intelligence (EI) as part of the evaluation of medical school applicants, to augment standard admission metrics that prioritise biomedical knowledge over humanism.<sup>11</sup> As may be expected, the majority of these discussions occur in medical education, internal medicine, and psychiatry, where there is an obvious requirement of a high degree of physician-patient rapport. Empirical investigation of surgeon empathy on patient outcomes is relatively recent, comprising mostly smaller scale descriptive studies whose results generally support the accepted notion that there is indeed a positive effect.<sup>12</sup> This article explores empathy in the surgeon-patient relationship, its importance in surgical residency education, and what it means to be an empathic surgeon. The literature suggests that there is a need to restructure surgical resident education to incorporate

T.N.P. is a consultant for the Summus Corp. and serves as the senior surgical advisor for Transenterix Corp. None of the authors received remuneration, reimbursement, or honorarium in the production of this manuscript and have no conflicts of interest to report. No funding was received from any of the following organisations: National Institutes of Health, Wellcome Trust, Howard Hughes medical Institute, and others.

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attention to the psychosocial aspects of patients' lives. Promoting instruction in empathy is critical to delivering quality health care, and cultivating ethical, and masterful surgeons.

## WHAT IS CLINICAL EMPATHY?

Empathy is the ability to understand and communicate understanding of another person's perspectives. It is a component of "EI," a multifaceted term used to describe the perception of emotions in oneself and others, and the self-regulation and use of that perception in performance.<sup>13</sup> Of note, empathy is not to be confused with pity, sympathy, or compassion. The latter are reactionary and emotive: the sensation of disquiet when acknowledging the suffering of another, the feeling of care and concern for another's plight, or the desire to alleviate another's distress.<sup>14</sup> Empathy, on the other hand, is a construct that has been described as both an affective and cognitive event.<sup>15</sup> It is at turns an emotive act (subjective experience of another's state), a dimension of personality (a practice motivated by altruism), a cognitive response (the capacity to identify and understand another), and a behaviour (communication of said understanding).<sup>16</sup> Colloquially, empathy is often understood as its purely emotive component and so becomes frequently conflated with sympathy, a subjective emotional experience of congruence with the patient that potentiates the risk of compromising judgment by becoming "too involved."

In the context of the physician-patient relationship, a purely emotive practice of empathy has limited utility, as over-identification with the patient is detrimental and threatens personal boundaries crucial for clinical objectivity. It is now understood that empathy is also a cognitive exercise requiring focus and intention, during which individuals comprehend another's frame of reference but are able to recognise this as distinct from themselves.<sup>15</sup> In other words, the cognitive act of empathy is to know patients' concerns and fears, without joining and sharing in the feeling of their suffering. Thus, while the deeply sympathetic physician may find his objectivity impaired, the empathic physician should be able to demonstrate concern and communicate understanding without jeopardising clinical neutrality or compromising care.<sup>6</sup> Conversely, even if the physician does not have sympathy for the patient, he can still demonstrate empathy.

## EMPATHY IMPROVES OUTCOMES

There is extensive literature supporting the fact that doctors who have and demonstrate empathy deliver better care, and a physician who provides compassionate care is more effective than one who does not.<sup>17</sup> Patients easily sense empathic behaviour by physicians and exhibit measurable physiologic responses to that empathic interaction.<sup>18</sup> An understanding of

the patients' experiences, thoughts, and emotions thus has a very real effect on patient outcomes. In the oncology outpatient clinic, patients who rated their physicians with higher scores for attentiveness and empathy were also more likely to report greater satisfaction, increased self-efficacy, and decreased emotional stress after the consultation.<sup>4</sup> Physician empathy was shown to be significantly associated with positive clinical outcomes in diabetic patients, including increased likelihood of good blood sugar and cholesterol control.<sup>5</sup> Even the patient with the common cold recovers from illness faster if treated with compassion. Patients who gave their physicians perfect empathy scores reported colds nearly a full day shorter in duration, and were found to have greater activation of a key inflammatory/immune cytokine compared to those with less than perfect empathic providers.<sup>19</sup>

A decade ago, Levinson et al.<sup>9</sup> reported that while communication styles predicted malpractice claims for primary care physicians, this was not the case for surgeons. They suggested the possibility that patient expectations for their surgeons' demeanours were perhaps intrinsically graded towards the more technical and businesslike.<sup>9,20</sup> However, it has become increasingly more supported that surgeons should practice empathy beyond the critical moments of reporting complications or poor surgical outcomes. Descriptive studies examining surgeon communication with patients find that surgeons overwhelmingly spend most of their time exchanging biomedical information, using close-ended questions, and rarely touching upon emotional and psychosocial aspects of care.<sup>12,20</sup> Studies tend to report surgeon response to empathic opportunities at only 10%-30%<sup>12</sup>; Braddock examined 89 orthopaedic surgeons and found that patients only fully disclosed 53% of their real concerns about surgery to the surgeon, rarely bringing up issues like lack of social support and other barriers to surgery.<sup>21</sup> Another study found that what characterises a "positive" surgical consultation is an increase in time spent "sharing understanding" and "involving the patient in management."<sup>22</sup> Patients are more satisfied in visits with surgeon self-disclosure of statements with medical or emotional relevance for the patient.<sup>23</sup>

Weng et al. surveyed 549 surgical patients and found that surgeons' EI, had a positive effect on patient-related outcomes. Empathy, in particular, appeared to have a significant positive and indirect effect on long-term patient satisfaction and health outcomes in terms of self-perceived health status and post-operative satisfaction with their surgeons. Of note, older surgeons were also shown to have higher EI, scores.<sup>24</sup> This is not unexpected, as it can be conjectured that repetition and experience alone allow older surgeons to eventually develop sophisticated empathic communication skills, in particular when delivering bad news. Nevertheless, the overall empathy deficit is problematic and it is clear that patients must at least perceive the performance of empathy by their surgeons.

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