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Attachment and empathy in Australian undergraduate paramedic, nursing and occupational therapy students: A cross-sectional study

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ABSTRACT

This study examines *attachment* and *empathy* in undergraduate health care students at one Australian university. A cross-sectional survey was conducted in 2014 with 600 students across three health professions from four university courses; paramedic, nursing, occupational therapy and a combined paramedic/nursing course. Attachment styles were measured with the Relationship Scales Questionnaire, and empathy levels with the Jefferson Scale of Empathy–Health Profession–Student version. Student demographic data were also collected. The results indicated paramedic students scored highest on the Secure attachment style and nursing students scored highest on the Insecure attachment style. Paramedic/nursing students recorded the highest empathy scores and nurses scored the lowest. On the Dismissing attachment style the mean difference between the four student groups was found to be statistically significant ($p = 0.003$). A small but significant correlation was found between attachment style and empathy scores. The findings suggest that attachment style has an impact on empathy levels. Results will assist educators in designing appropriate curricula to promote an understanding of attachment style and empathy as positive graduate attributes and essential factors in providing high-quality care to patients.

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1. Introduction

Attachment is an emotional bond between two individuals based on the expectation that one or both members of the pair will provide care and protection in times of need (Kaya, 2010). Empathy is a cognitive attribute that involves “an understanding of patients’ experiences combined with a capacity to communicate this understanding and an intention to provide help to the patient” (Fields et al., 2011, p288). In the context of health care interactions, attachment and empathy are key components in the formation of therapeutic relationships between practitioner and patient. The success of the relationship, and in many cases the clinical outcome itself, are largely dependent on the empathic responsiveness of the practitioner, who may be influenced by specific attachment needs and fears (Maunder & Hunter, 2012). The investigation of

attachment theory offers healthcare academic educators and practice education providers a useful framework and construct for examining health care students’ attachment styles and identifying problems such as poor empathy levels.

2. Literature review

Originally developed by Bowlby (1969, 1973, 1980), attachment theory was first used to describe and conceptualise infant–mother attachments and has since been extended to explain individual differences in how adults approach intimate relationships (Bartholomew & Horowitz, 1991; Brennan, Clark, & Shaver, 1998). As the child develops into adulthood, new interpersonal relationships modify the working model developed in early childhood as a result of interactions with parents or significant others (Fraley, 2002).

The theory proposes that the working models of attachment learned during infancy persist into adulthood. It has been demonstrated that a child who grows up in a nurturing, empathic and responsive environment typically goes on to develop adaptive neu-

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robiological structures that enable them to down-regulate their arousal when anxious or distressed and up-regulate their arousal when unmotivated and low in mood. This ability to regulate emotions assists them to bring themselves back to an optimal level of emotional and cognitive functioning (Schore & Schore, 2008).

States of mind that determine responses to events such as rejection, separation, personal threat and loss are summarised as an *attachment style* (Maunder & Hunter, 2012). Attachment styles are built on positive and negative dimensions of the self and others, and measure individuals' internal sense of self-worth, expectations of others' behaviour and availability towards them, and tendencies to seek out or avoid close relationships (Griffin & Bartholomew, 1994a,b). The two dimensions combine to produce four attachment styles:

- **Secure** pattern with low levels of avoidance and relationship anxiety and consistency and appropriateness of responses
- **Preoccupied** pattern with low avoidance and high relationship anxiety leading to support-seeking behaviours and low self-esteem
- **Dismissing** pattern with high avoidance and low relationship anxiety characterised by compulsive self-reliance and dismissal of one's own and others' emotional needs
- **Fearful** pattern with high avoidance and high relationship anxiety resulting in a cautious approach to relationships and inconsistent behaviours (Bartholomew & Horowitz, 1991).

The Preoccupied, Dismissing and Fearful styles are known collectively as *insecure* attachment styles.

Each attachment style represents a pattern of trust or caution, dependency or self-reliance, expression or suppression of fear and distress, and describe behaviours, attitudes and expectations associated with strong feelings in our closest personal and professional relationships. Attachment style offers an explanation for how people react to others' needs and reactions during periods of stress. Accordingly it is important that any research examining empathy incorporates attachment theory as a key co-construct to investigate. This is particularly germane within the health professions where illness and treatment are often 'triggers' for feelings of fear and distress (Maunder & Hunter, 2012) and attachment style may determine the success, or otherwise, of the provider-patient relationship in terms of understanding the patient's experience and the ability to communicate that understanding (Fields et al., 2011).

In the healthcare setting, empathy is widely recognised as a key component in establishing rapport and ensuring effective communication (Brown et al., 2010). By acknowledging difficult and often painful situations a positive connection between the healthcare provider and the patient is created, with benefits for treatment compliance and more accurate diagnoses (Nunes, Williams, Sa, & Stevenson, 2011). The literature, however, indicates that empathy often declines as health professional students progress through their course of study (Hojat, Mangione, & Nasca, 2004; Nunes et al., 2011; Sherman & Cramer, 2005), with many students failing to acknowledge the relevance of this essential skill in relation to their own future careers (Fields et al., 2011). As a cognitive attribute, there are grounds to assume that empathy can be taught and one solution for addressing deficits is through the application of appropriate teaching techniques within health professional curricula and the engagement of students in experiential styles of learning (Brunero, Lamont, & Coates, 2010; Hojat, 2009).

While there is a large body of research investigating attachment style in work-related health contexts, a search of several healthcare databases did not yield any empirical research exploring attachment as a factor in undergraduate healthcare students' empathy levels. Previous studies have largely focused on physicians' relationships with their patients in a primary care setting, and searches

revealed only a few key papers specifically investigating nurses' and OTs' attachment styles. There are no-known studies that have looked at the attachment style of paramedicine providers.

The wider research demonstrates that individuals who are able to regulate their emotions are more likely to develop a secure attachment (Hazan & Shaver, 1987) and express and exhibit greater levels of empathy (Schore & Schore, 2008). Within the OT and nursing fields, the evidence suggests that secure attachment is associated with greater provider work satisfaction, improved rates of patient compliance, more accurate prognosis, reduced stress and anxiety and optimal physiological results (Hawkins, Howard, & Oyeboode, 2007; Meredith, Merson, & Strong, 2007; Meredith, Poulsen, Khan, Henderson, & Castrisos, 2011; Morley, 2009; Roney, Meredith, & Strong, 2004). Insecure attachment styles typically result in lower levels of provider well-being and worse health outcomes for patients (Ahrens et al., 2012; McWilliams & Bailey, 2010).

In other health professions, secure attachment was found to have benefits for the quality of care delivered, provider self-perception, and the maintenance of positive health behaviours (Ahrens, Ciechanowski, & Katon, 2012; Dozier et al., 1994; Maunder, Panzer, & Viljoen, 2006; Rubino, Barker, Roth, & Fearon, 2000).

3. Aim

The aim of this study is to identify attachment style and empathy levels in a sample of Australian health science students. Furthermore we aim to explore adult attachment as a factor in students' empathy levels. The findings will assist academic and fieldwork educators in designing appropriate teaching and learning strategies based on the association between attachment and empathy. Targeted educational strategies highlighting the importance of attachment and empathy in the provision of high quality patient care may foster the development of empathy in health care students prior to entering the workforce. The results will also provide baseline data for further longitudinal analysis as students graduate and enter the health care workforce.

4. Methods

4.1. Participants and data collection

A cross-sectional study employing a convenience sample of 600 undergraduate students at one Australian university during semester one (March) 2014 was undertaken. Students enrolled in paramedic; nursing; paramedic/nursing (double degree); and occupational therapy courses across first, second, third and fourth years were eligible to participate. The paramedic and nursing programs are 3-year degree courses and the occupational therapy and paramedic/nursing programs are 4 years.

At the conclusion of lectures for each year level of each of the undergraduate courses, students were invited to participate in the study. Students were provided with an explanatory statement and were informed that participation was voluntary and anonymous. A non-teaching member of staff facilitated the process to avoid teacher-student power relations and students were administered the questionnaire. The questionnaire included the Relationship Scales Questionnaire (RSQ), the Jefferson Scale of Empathy-Health Profession-Student version (JSE-HP-S) and a short seven question demographic survey, and took approximately 15 min to complete. Consent was implied by return of the completed questionnaire.

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