Empathy among male and female medical professionals: A cross-sectional study



Chibi Rushitha¹, Kumaran V², Nithiya S³, Devandiran RS⁴, Sai Sailesh Kumar Goothy⁵

¹Assistant Professor, Department of Community Medicine, Government Medical College, Tiruppur, ^{2,3,4}Assistant Professor, Department of Community Medicine, Government Tiruvannamalai Medical College and Hospital, Tiruvannamalai, Tamil Nadu, ⁵Associate Professor, Department of Physiology, Sri Madhusudan Sai Institute of Medical Sciences and Research, Muddenahalli, Karnataka, India

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ABSTRACT

Background: The measurable index for selflessness in medical professionals is empathy with patients. Thus, the relationship between a doctor and a patient is mainly based on empathy. Several studies measured the empathy scores before and after medical education and there are ambiguous results. Aims and Objectives: The present study was undertaken to assess the empathy among medical professionals in a tertiary care institute in North-east India. Materials and Methods: Three hundred undergraduate students were part of the study. Willing participants were recruited for the study. The standard tool to assess the empathy JSE-S was used in the study. This tool consists of 20 questions. Results: The empathy scores of female participants were significantly higher compared to male participants (P<0.0001). In both the residences wise that is a hostel and home, female participants' empathy scores were higher than males (P<0.0001). Conclusion: The study explains higher empathy scores in both male and female students. In comparison, females are having higher scores than males. The study highlights need for future multicentric studies in this area to better understand the empathy of medical students and plan the curriculum accordingly.

Key words: Medical students; Empathy; Physicians; Patient satisfaction

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INTRODUCTION

In the medical profession, the most important skills required are communication skills and interpersonal relationships. ^{1,2} Proper communication with the patients helps the physician to understand the problem correctly and ends with accurate diagnosis and effective treatment. This also increases the satisfaction score of the patients. ³ When there is adequate communication happens between the physician and the patients, it leads to a decrease in the incidence of medical errors. ⁴ Selflessness increases the communication skills among the students of the medical profession. ⁵ Selflessness is the most important character every medical student should develop. ⁶ The measurable index for selflessness in medical professionals

is empathy with patients. Thus, the relationship between a doctor and a patient is mainly based on empathy.⁷ As empathy is an important professional feature, all the students must be trained in this aspect. This kind of training helps them to become successful physicians. The Jefferson Scale of Physician Empathy is the available standard questionnaire to assess empathy.⁸ Several studies measured the empathy scores before and after medical education and there are ambiguous results.^{9,10} Hence, the present study was undertaken to assess the empathy among medical professionals in a tertiary care institute in North-east India.

Aims and objectives

The present study was undertaken to assess the empathy among medical professionals.

Address for Correspondence:

Dr. Devandiran RS, Assistant Professor, Department of Community Medicine, Government Tiruvannamalai Medical College and Hospital, Tiruvannamalai, Tamil Nadu, India. **Mobile:** 9940471531. **E-mail:** dr.dev1988@gmail.com

MATERIALS AND METHODS

The present study was a cross-sectional study. A total of three hundred undergraduate students were part of the study. Willing participants were recruited for the study. Those who are not willing were excluded from the study. The age group of the participants was 18-24 years. Both male and female students were part of the study. The standard tool to assess the empathy JSE-S was used in the study. This tool consists of 20 questions. This questionnaire was developed by Dr. Mohammadreza Hojat. It has three versions one for students and another for physicians and health-care professionals. It can be administered on paper and online mode. It was translated in 59 languages. The hard copy of the questionnaire was distributed among the students and they were given instructions about filling it. After filling out, the questionnaires were collected back for assessment.¹¹ The institutional human ethical committee approved the study protocol (IEC-44-23). Informed consent was obtained from all the participants. Data were analyzed using SPSS 20.0 version. A Student's t-test was applied to observe the significance of the difference in the scores. Data were presented as mean and SEM.

RESULTS

Demographic data were presented in Tables 1 and 2 presents the empathy scores of male and female

Table 1: Demographic data of the male and female participants (n=300)

Variable	Males (n=100)	Females (n=200)	P-value
Age (years)	19±0.20	20±0.14	<0.0001***
Height (cm)	160±5.80	153±3.18	0.2510
Weight (kg)	70±2.40	55±1.27	<0.0001***

Data were presented as mean and SEM. ***P<0.001 is significant

participants in different semesters. The empathy scores of female participants were significantly higher compared to male participants (P<0.0001). Table 3 presents the empathy scores of male and female participants residence-wise. In both the residences wise that is a hostel and home, female participants' empathy scores were higher than males (P<0.0001).

DISCUSSION

Understanding other's emotional status is critical portion for a successful medical professional. This is called as empathy. It improves the interpersonal relationships between the physician and the patients. Patient satisfaction was higher when a physician with high empathy attended to the patients. In short, empathy is beneficial for both the physician and the patient. For physicians, it helps for easy and accurate diagnosis. For patients, it helps for better treatment outcomes. Hence, the medical curriculum must be designed in such a way that the students will be trained in empathy toward the patients. Students should be trained in empathy if possible, with hands-on experience. Medical teachers should train the students in this aspect.

Empathy plays a pivotal role in molding the individual as a successful physician and also improves treatment outcomes. ¹² When the physician has more empathy, it increases the communication between him and his patients which causes an increase in the patient's confidence in the physician. ¹³ Better treatment outcomes were reported by earlier studies in patients who underwent treatment with physicians of more empathy. ^{14,15} The present study found higher scores of empathy in both males and females. Females exhibited significantly higher scores than males in all the semesters. However, some studies have reported a decline in empathy scores during medical education. ¹⁶⁻¹⁸ The

Table 2: Empathy scores of the male and female participants (n=300)						
Variable	Males (n=100)	Females (n=200)	P-value			
My understanding of how my patients and their families feel does not influence medical or surgical treatment	3.76±0.14	4.22±0.127	0.0259*			
My patients feel better when I understand their feelings	4.42±0.19	5.12±0.11	0.0009***			
It is difficult for me to view things from my patient's perspectives	3.11±0.12	3.56±0.10	0.0110*			
I consider understanding my patient's body language as important as verbal communication in caregiver patient's relationships	5.1±0.12	4.8±0.12	0.1155			
I try to imagine myself in my patient's shoes when providing care to them	4.6±0.17	4.9±0.11	0.1349			
Because people are different, it is difficult to see from my patient's perspective	4.8±0.15	4.2±0.07	0.0001***			
I try not to pay attention to my patient's emotions in history taking or in asking about their physical health	3.8±0.12	4.5±0.12	0.0003			
Attentiveness to my patient's personal experiences does not influence treatment outcomes	4.2±0.13	4.7±0.11	0.0071**			
I have a good sense of humor that I think contributes to a better clinical outcome	4.3±0.16	3.9±0.12	0.06			
My patients value my understanding of their feelings which is therapeutic in its own right	5.2±0.13	4.9±0.106	0.0892*			

Data were presented as mean and SEM. *P<0.05 is significant, ***P<0.001 is significant.**P<0.01 is significant

Table 3: Empathy scores of the male and female participants (n=300) Variable Males (n=100) Females (n=200) P-value 4±0.122 5.2±0.093 0.0001*** Patients' illnesses can be cured only by medical or surgical treatment therefore emotional ties to my patient do not have a significant influence on medical or surgical Asking patients about what is happening in their personal lives is not helpful in 3 9+0 134 4.4±0.086 0.0012** understanding their physical complaints 3.8±0.090 I try to understand what is going on in my patient's minds by paying attention to their 4 2+0 113 0.0209* nonverbal cues and body language I believe that emotions have no place in the treatment of medical illness 5±0.13 5.4+o 1011 0.0193* Empathy is a therapeutic skill without which success in the treatment is limited 4.2±0.11 4.7±0.120 0.0079** 4.7±0.14 4.8±0.12 0.6117 An important component of the relationship with my patients is my understanding of their emotional status as well as those of their families I try to think like my patients in order to render better care 3.6±0.11 3.9±0.085 0.0368* I do not allow myself to be influenced by strong personal bonds between my patients 5.1±0.14 5.4±0.113 0.1119 and their family members I do not enjoy reading the non-medical literature of arts 5.6±0.15 5.8±0.0078 0.1914 I believe that empathy is an important therapeutic factor in the medical or surgical 5.1±0.05 5.6±0.120 0.0043** treatment

Data were presented as mean and SEM. *P<0.05 is significant, ***P<0.001 is significant.**P<0.01 is significant

possible reasons that contribute to the decrease in empathy explained are lack of sleep and excessive working hours. ¹⁹ In contrast, other studies reported that there is no decrease in empathy during medical education. ^{20,21} Similarly, few studies reported that empathy declined only in males and not females. ¹⁹ The higher scores of empathy observed in the present study were consistent with the earlier studies. ²²⁻²⁴ In contrast, few studies reported that empathy decreases during medical training. ^{19,25} As observed in the present study, earlier studies also reported higher empathy scores in females. ²⁶ Further, this difference is statistically significant when compared with males. ²⁷

Limitations of the study

The study was conducted at one center, hence the results may not be generalized.

CONCLUSION

The study explains higher empathy scores in both male and female students. In comparison, females are having higher scores than males. The study highlights need for the future multicentric studies in this area to better understand the empathy of medical students and plan the curriculum accordingly.

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REFERENCES

 Batalden P, Leach D, Swing S, Dreyfus H and Dreyfus S. General competencies and accreditation in graduate medical education. Health Aff (Millwood). 2002;21(5):103-111.

- https://doi.org/10.1377/hlthaff.21.5.103
- Epstein RM and Hundert EM. Defining and assessing professional competence. JAMA. 2002;287(2):226-235. https://doi.org/10.1001/jama.287.2.226
- Stewart M, Brown J, Boon H, Galajda J, Meredith L and Sangster M. Evidence on patient-doctor communication. Cancer Prev Control. 1999;3(1):25-30.
- Hickson GB, Clayton EW, Entman SS, Miller CS, Githens PB, Whetten-Goldstein K, et al. Obstetricians' prior malpractice experience and patients' satisfaction with care. JAMA. 1994;272(20):1583-1587.
- Zick A, Granieri M and Makoul G. First-year medical students' assessment of their own communication skills: A video-based, open-ended approach. Patient Educ Couns. 2007;68(2):161-166. https://doi.org/10.1016/j.pec.2007.05.018
- Lown BA, Chou CL, Clark WD, Haidet P, White MK, Krupat E, et al. Caring attitudes in medical education: Perceptions of deans and curriculum leaders. J Gen Intern Med. 2007;22(11):1514-1522. https://doi.org/10.1007/s11606-007-0318-x
- Stepien KA and Baernstein A. Educating for empathy. A review. J Gen Intern Med. 2006;21(5):524-530. https://doi.org/10.1111/j.1525-1497.2006.00443.x
- Hojat M, Gonnella JS, Nasca TJ, Mangione S, Veloksi JJ and Magee M. The Jefferson scale of physician empathy: Further psychometric data and differences by gender and specialty at
 - item level. Acad Med. 2002;77(10 Suppl):S58-S60. https://doi.org/10.1097/00001888-200210001-00019
- Hojat M, Gonnella JS, Mangione S, Nasca TJ, Veloski JJ, Erdmann JB, et al. Empathy in medical students as related to academic performance, clinical competence and gender. Med Educ. 2002;36(6):522-527.
 - https://doi.org/10.1046/j.1365-2923.2002.01234.x
- Lee BK, Bahn GH, Lee WH, Park JH, Yoon TY and Baek SB. The relationship between empathy and medical education system, grades, and personality in college of medicine students and medical school students. Korean J Med Educ. 2009;21(1): 117-124.
 - https://doi.org/10.3946/kjme.2009.21.2.117
- Mostafa A, Hoque R, Mostafa M, Rana MM and Mostafa F. Empathy in undergraduate medical students of Bangladesh: Psychometric analysis and differences by gender, academic year,

- and specialty preferences. ISRN Psychiatry. 2014;2014:375439. https://doi.org/10.1155/2014/375439
- 12. Stewart MA. Effective physician-patient communication and health outcomes: A review. CMAJ. 1995;152(9):1423-1433.
- 13. Halpern J. What is clinical empathy? J Gen Intern Med. 2003;18(8):670-674.
 - https://doi.org/10.1046/j.1525-1497.2003.21017.x
- Rakel DP, Hoeft TJ, Barrett BP, Chewning BA, Craig BM and Niu M. Practitioner empathy and the duration of the common cold. Fam Med. 2009;41(7):494-501.
- Hojat M, Louis DZ, Markham FW, Wender R, Rabinowitz C and Gonnella JS. Physicians' empathy and clinical outcomes for diabetic patients. Acad Med. 2011;86(3):359-364.
 - https://doi.org/10.1097/ACM.0b013e3182086fe1
- Hojat M, Vergare MJ, Maxwell K, Brainard G, Herrine SK, Isenberg GA, et al. The devil is in the third year: A longitudinal study of erosion of empathy in medical school. Acad Med. 2009;84(9):1182-1191.
 - https://doi.org/10.1097/ACM.0b013e3181b17e55
- Hasan S, Al-Sharqawi N, Dashti F, AbdulAziz M, Abdullah A, Shukkur M, et al. Level of empathy among medical students in Kuwait University, Kuwait. Med Princ Pract. 2013;22(4):385-389. https://doi.org/10.1159/000348300
- Shariat SV and Habibi M. Empathy in Iranian medical students: Measurement model of the Jefferson scale of empathy. Med Teach. 2013;35(1):e913-918.
 - https://doi.org/10.3109/0142159X.2012.714881
- Rosen IM, Gimotty PA, Shea JA and Bellini LM. Evolution of sleep quantity, sleep deprivation, mood disturbances, empathy and burnout among interns. Acad Med. 2006;81(1):82-85. https://doi.org/10.1097/00001888-200601000-00020
- Hong M, Lee WH, Park JH, Yoon TY, Moon DS, Lee SM, et al. Changes of empathy in medical college and medical school

- students: 1-year follow up study. BMC Med Educ. 2012;12:122. https://doi.org/10.1186/1472-6920-12-122
- Wen D, Ma X, Li H, Liu Z, Xian B and Liu Y. Empathy in Chinese medical students: Psychometric characteristics and differences by gender and year of medical education. BMC Med Educ. 2013;13:130.
 - https://doi.org/10.1186/1472-6920-13-130
- Kataoka HU, Koide N, Ochi K, Hojat M and Gonnella JS. Measurement of empathy among Japanese medical students: Psychometrics and score differences by gender and level of medical education. Acad Med. 2009;84(9):1192-1197.
 - https://doi.org/10.1097/ACM.0b013e3181b180d4
- Magalhães E, Costa P and Costa MJ. Empathy of medical students and personality: Evidence from the five-factor model. Med Teach. 2012;34(10):807-812.
 - https://doi.org/10.3109/0142159X.2012.702248
- Chen DC, Kirshenbaum DS, Yan J, Kirshenbaum E and Aseltine RH. Characterizing changes in student empathy throughout medical school. Med Teach. 2012;34(4):305-311. https://doi.org/10.3109/0142159X.2012.644600
- Neumann M, Edelhäuser F, Tauschel D, Fischer MR, Wirtz M, Woopen C, et al. Empathy decline and its reasons: A systematic review of studies with medical students and residents. Acad Med. 2011;86(8):996-1009.
 - https://doi.org/10.1097/ACM.0b013e318221e615
- Abe K, Niwa M, Fujisaki K and Suzuki Y. Associations between emotional intelligence, empathy and personality in Japanese medical students. BMC Med Educ. 2018;18(1):47. https://doi.org/10.1186/s12909-018-1165-7
- Iqbal S, Bilal K, Ahmad W, Haroon Ur Rasheed M, Nazir U, Javed Z, et al. Empathy among medical students: A crosssectional survey. J Ayub Med Coll Abbottabad. 2020;32(Suppl 1) (4):S681-S685.

Authors' Contributions:

NS and DRS- Concept, and design of the study results interpretation, review of the literature and preparing the first draft of the manuscript; CR and KV- Concept, and design of the study, results interpretation, review of the literature, and preparing the first draft of the manuscript; CR and DRS, SSKG- Concept, and design of the study, statistical analysis and interpretation, revision of the manuscript.

Work attributed to:

Government Medical College, Tiruppur, Tamil Nadu, India.

ORCID ID:

Chibi Rushitha - O https://orcid.org/0000-0002-4979-6850

Dr. Kumaran V - 10 https://orcid.org/0000-0002-4660-266X

Dr. Nithiya S - 10 https://orcid.org/0000-0002-1349-8501

Dr. Devandiran RS - 10 https://orcid.org/0000-0002-5928-2167

Dr. Sai Sailesh Kumar Goothy - 10 https://orcid.org/0000-0002-2578-6420

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