REVIEW ARTICLE

Chilean Dentistry students, levels of empathy and empathic erosion: Necessary evaluation before a planned intervention
Levels of empathy, evaluation and intervention

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Abstract *Objectives:* To estimate the general empathy levels and the potential for empathic growth in Dentistry students and demonstrate that the empathic erosion model is not med.

Material and methods: Exploratory and cross-sectional study. Population: First- to fifth-year Dentistry students at Universidad San Sebastián, Santiago Campus (Chile). The total student population (N) was 800. The participants completed the Jefferson Scale of Empathy in its Spanish version for medical students, validated and adapted in Chile. A two-factor analysis of variance (model III) was applied to find differences in the means between academic years, between genders, and in the interaction between these two factors. The data were described using simple arithmetic graphs and then processed with SPSS 22.0. The total growth potential was estimated.

Results: The Sample (n) consisted of 534 students (66.88% of the population studied, 2016). Differences were found between academic years and genders in general empathy and some of its components.

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Conclusion: The behavior of empathy levels is not in line with the concept of empathic erosion. This suggests that empathic erosion is a particular and not a general phenomenon. There exists a considerable growth potential for empathy and its components.

Contents

1. Introduction

The dentist-patient relationship has been regarded as an interaction between two people with different personal interests (Dörr, 2004). Therefore, this relationship must be established from both a clinical and a human perspective, because it contains subjective and intersubjective elements that contribute to the patient's recovery process. The above has forced medical science to incorporate analysis theories of a psychodynamic and biopsychosocial nature, not only to explain the origin, maintenance, and resolution of diseases (Ardila, 2004), but also to contribute to the patient's general care process (González-Martínez et al., 2015). Therefore, dentists need to be able to engage in an empathetic communication with their patients (Mofidi et al., 2003).

Empathy in health care can be regarded as a cognitive and behavioral attribute that concerns a person's ability to understand how the patient's experiences and feelings influence and are influenced by the disease and its symptoms, as well as the ability to communicate this understanding to the patient (Hojat et al., 2002). The literature shows that empathy has been linked to a number of attributes, including prosocial behavior, the ability to obtain the patient's clinical history, an increase in the patient's and the doctor's satisfaction level, better therapeutic relationships, and good clinical outcomes (Alcorta et al., 2005). Several measurements of empathy have been psychometrically assessed for research uses (by health sciences students and practicing medical doctors). These measurements have not yielded sufficient evidence for the predictive validity of these instruments as parameters in MD selection processes. However, other available measurements can sufficiently back the use of this tool in the study of empathy in medical training and the clinical care of patients (González-Martínez et al., 2015; Mestre et al., 2009).

The aims of the present study was to estimate the general empathy levels (and those of each of its components or dimensions) of Dentistry students at Universidad San Sebastián, Santiago Campus, Chile, considering two factors: year and gender, along with the interaction between them, comparing the estimated empathy values between the different factors studied.

2. Material and methods

This study is exploratory and cross-sectional. Bioethically, it adheres to the Declaration of Helsinki. The population consists of first- to fifth-year Dentistry students at Universidad San Sebastián, Santiago Campus (Chile). The total student population was 800. The participating students belonged to the following years: first = 109, second = 118, third = 119, fourth = 86, and fifth = 103. The Gender factor was distributed in the sample thus: female = 349 and male = 186. Data collection was carried out from July to September 2016. The participants completed the Jefferson Scale of Empathy in its Spanish version for medical students (JSE-version S), validated and adapted in Chile for Dentistry students (Rivera et al., 2011). Before it was administered, the JSE was examined by three experts (leading academics with a Dentistry degree) in order to verify its cultural and content validity (Rivera et al., 2011). The scale was confidentially administered (by a neutral operator and not by the authors). Students' understanding of the culturally adapted scale was measured through a pilot test.

2.1. Statistical analysis

The data underwent normality (Kolmogorov-Smirnov) and homoscedasticity (Levene) tests. The internal reliability of the data was estimated with Cronbach's alpha, both in general and considering the values yielded as the researchers eliminated each of the elements (questions), the intraclass correlation coefficient, Hotelling's T-squared distribution, Tukey's test of additivity. Means and standard deviation were also estimated. A two-factor analysis of variance (model III) was applied to find differences in the means between academic years, between genders, and in the interaction between these two factors. The data were described using simple arithmetic graphs and then processed with SPSS 20.0. The total growth