



Empathetic attitudes of undergraduate paramedic and nursing students towards four medical conditions: A three-year longitudinal study

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SUMMARY

Introduction: In the healthcare context empathy is the cognitive ability to understand a patient's perspectives and experiences and to convey that understanding back to the patient. Some medical conditions are frequently stigmatised or otherwise detrimentally stereotyped with patients often describing healthcare practitioners as intolerant, prejudiced and discriminatory.

Objectives: The purpose of this study was to find how a group of paramedic students and nursing/paramedic double-degree students regard these types of patients and to note any changes that may occur as those students continued through their education.

Methods: The 11-questions, 6-point Likert scale version of the Medical Condition Regard Scale was used in this prospective cross-sectional longitudinal study. This study included paramedic students enrolled in first, second, third and fourth year of an undergraduate paramedic or paramedic/nursing program from Monash University.

Results: A total of 554 students participated. Statistically significant differences were found between double-degree and single-degree students ($p < 0.0001$), year of course ($p < 0.0001$) and gender ($p = 0.02$) for patients presenting with substance abuse. Similar results were found for patients with intellectual disability and attempted suicide. No statistically significant results were found for acute mental illness.

Conclusions: This study has demonstrated significant differences in empathy between paramedic and nursing/paramedic double-degree students in regard to patients with these complex medical conditions. Paramedic/nursing students generally showed a positive change in empathy towards these complex patients by their third year of study; however, they also showed some alarming drops in empathy between second and third year.

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Introduction

In the healthcare context, empathy is the cognitive ability to understand a patient's perspectives and experiences and to convey that understanding back to the patient (Coulehan et al., 2001; Hojat et al., 2001). Being able to establish empathy with a patient is a vital skill for all healthcare professionals as it allows the patient to feel respected, validated and valued and, importantly, it improves patient outcomes (Beckman et al., 1994; Hojat et al., 2011a, 2011b; Levinson et al., 1997). In addition, empathy improves the quality of information they give, improves quality of care, increases both patient and healthcare professional satisfaction, assists in patient participation and decreases the chance of miscommunication and the frequency of lawsuits (Beckman et al., 1994; Coulehan et al., 2001; Kim et al., 2004; Levinson et al., 1997; Mercer and Reynolds, 2002). In the context of paramedic practice, empathy is no different and plays a vital role in patient care (Boyle et al., 2010a, 2010b).

There are some subtle differences in the literature over the definition of empathy and how it compares with similar concepts such as sympathy, sorrow, compassion and pity (Hojat et al., 2011a). Empathy is the trust-building characteristic of putting oneself into the psychological frame of mind of another, so that the other person's feelings, motives and actions are understood (Hojat, 2007). Empathy is different from sympathy, sorrow and pity in that to be empathetic one understands cognitively how the person feels rather than actually experiencing those feelings for themselves (Hojat, 2007; Hojat et al., 2011a, 2011b).

Despite empathy being a cornerstone trait for any healthcare professional its use is not always universal (Williams et al., 2013a, 2013b). Some medical conditions, for example, those with intellectual disability, acute mental illness, substance abuse or those who attempt suicide, are frequently stigmatised or otherwise detrimentally stereotyped with patients often describing healthcare practitioners as intolerant, prejudiced and discriminatory (Berlim et al., 2007; Brown et al., 2010; Tzeng et al., 2010). Stigmatisation of patients with acute mental illness and those who attempt suicide have been extensively studied and shown to distance the healthcare provider from the patient leading to intensified feelings of fear, despair and helplessness (Berlim et al., 2007; Emul et al., 2011; Kishi et al., 2011; Minas et al., 2011; Scheerder et al., 2011; Tor and Poon, 2008; Tzeng et al., 2010). Patients with intellectual

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disabilities are commonly stereotyped by healthcare professionals who often overestimate or underestimate patient capabilities (Edwardraj et al., 2010; Goreczny et al., 2011; Heidgerken et al., 2005) with the literature suggesting that such negative stereotypes are a primary cause of why individuals with disabilities do not access health care services (Goreczny et al., 2011).

Research has found that conditions relating to substance abuse elicit the most adverse stigma in healthcare professionals. Affected individuals are commonly seen as being unenjoyable to work with, untreatable and unworthy of medical intervention and resources (Brown et al., 2010; Christison and Haviland, 2003; McLaughlin et al., 2006; Neale et al., 2008; Wynn et al., 2009). These attitudes are a major barrier to effective healthcare as they impede effective communication and can lead to poorer emotional well-being for the patient, poorer health outcomes and avoidance of further medical health (Emul et al., 2011; Link et al., 1997; Tor and Poon, 2008).

Studying the attitudes and beliefs of undergraduate students towards different medical conditions is an important step in reducing the issue of negative attitudes in healthcare (Brown et al., 2010). Improving these attitudes towards stigmatised patients is best achieved at the student level while initial attitudes and perceptions are being formed (Persky and Eccleston, 2011). One such way of improving stigmas may be directly related to how much knowledge the student has of the specific condition they are caring for (Dunn et al., 2008; Emul et al., 2011; Gilchrist et al., 2011; Kelleher and Cotter, 2009; While and Clark, 2010). In 2009, a study examining the perceptions of Hong Kong students towards people with schizophrenia found that, after an 30 min educational lecture followed by the viewing of a video that dispelled myths surrounding this condition, students showed a significant reduction in stigmatising attitudes at post-test (3.21 to 2.34, $p < 0.05$) (Chan et al., 2009). This study also showed the student's perceived 'social distance' between themselves and individuals with schizophrenia reduced at both post-test (3.31 to 2.66, $p < 0.001$) and follow-up test (2.91, $p < 0.05$), and student knowledge of the condition increased after a follow-up test (22.44 to 25.41, $p < 0.05$) (Chan et al., 2009).

A number of studies have shown that during the course of undergraduate education, a student's capacity for empathy and the extent they stigmatise patients with certain conditions can change and this change can be positive (McKenna et al., 2011) or negative (Chen et al., 2007; Nunes et al., 2011). Although research findings are inconsistent, the fact that some studies have shown changes in student empathy is welcoming news for educators, consumers and the healthcare industry as is an indication that empathy can be changed through educational intervention and improved curricula.

By examining student paramedic attitudes towards particular medical conditions, universities can reassess their curriculum to ensure their graduating paramedics rely on solid medical knowledge rather than on stereotypes, misinformation and intolerant ideas to provide high standard empathetic patient care (Hojat, 2007). The objective of this study was to examine the attitudes of undergraduate paramedic students towards patients presenting with intellectual disability, substance abuse, acute mental illness and those who attempted suicide (hereby referred to as complex conditions). This study was taken over a 3-year period.

Methods

Design

A prospective cross-sectional longitudinal study.

Participants

Participants for this study included students enrolled in first, second, third and fourth year of an undergraduate paramedic/nursing program from Monash University (MU). MU runs nationally accredited undergraduate paramedic programs similar to courses by 15 other universities.

Instrumentation

The Medical Condition Regard Scale (MCRS) was developed to capture a health professional's bias, emotions and expectations in treating a patient with any specific condition and to allow for comparison between them (Christison et al., 2002). This study uses the 11-item MCRS which is designed in such a way that it can be used to measure empathic attitudes towards any specific medical condition. In this study, the following four medical conditions were used: intellectual disability, substance abuse, attempted suicide and acute mental illness.

The MCRS 11-questions are rated on a 6-point Likert scale (1 = strongly disagree, 6 = strongly agree) (maximum score 66). Five questions are worded negatively, which are later reversed scored for data analysis to assist in the reduction of confounding errors due to acquiescence responding. The MCRS has demonstrated good construct validity and reliability with medical students (Christison et al., 2002) and more recently with paramedic students (Williams et al., 2013a, 2013b).

Procedures

At the conclusion of lectures for each year level of the undergraduate paramedic programs, students were invited to participate in this study by a non-teaching member of staff. Students were provided with the questionnaire and a statement explaining the purpose of the study and were informed that participation was anonymous and voluntary. Students were given as much time as they desired and were made aware that they could leave at any point time. The questionnaires took students approximately 15 min to complete and consent was implied by its completion and return. Data were collected once a year from each year level over 3 years from 2008 to 2010.

Data Analysis

Data storage, tabulation and generation of inferential and descriptive statistics was provided through SPSS (Statistical Package for the Social Sciences Version 20.0, SPSS Inc., Chicago, Illinois, U.S.A) program. Demographic data were summarised through means and standard deviations. Comparative differences between age groups, gender, year level, degree type and university were generated through inferential statistics. Unless otherwise stated, all tests were two tailed, with a p value < 0.05 demonstrating results of statistical significance.

Ethics

Ethics approval was initially obtained from the Monash University Human Ethics Research committee.

Results

Participant Demographics

The 554 participants involved in this study were enrolled in the respective undergraduate paramedic or paramedic/nursing programs from MU (36% response rate). The majority of participants were enrolled in second year $n = 235$ (42.6%), predominately female $n = 376$ (69.1%), under the age of 25 $n = 459$ (83.0%) and participating in a single paramedic degree $n = 362$ (65.3%): Table 1. This profile is consistent with the broader profile of students enrolled in the undergraduate paramedic programs within Australia. (See Table 2.)

Findings

Overall self-reported empathetic regard for each medical condition included: intellectual disability $\mu = 49.19$ (SD = 7.98), substance

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