

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/mjafi



Student Research

Cross sectional assessment of empathy among undergraduates from a medical college



Lt Col R. Shashikumar ^{a,*}, Med Cdt Richa Chaudhary ^b, Surg Cmde V.S.S.R. Ryali ^c, Col P.S. Bhat ^d, Kalpana Srivastava ^e, Lt Col J. Prakash ^a, D. Basannar ^f

- ^a Associate Professor, Dept of Psychiatry, Armed Forces Medical College, Pune 411040, India
- ^b Medical Cadet, Armed Forces Medical College, Pune 411040, India
- ^cCommandant, INHS Kalyani, Visakhapatnam, India
- ^d Senior Advisor (Psychiatry), INHS Asvini, Colaba, Mumbai, India
- e Scientist 'F', Dept of Psychiatry, Armed Forces Medical College, Pune 411040, India
- ^fScientist 'E', Dept of Community Medicine, Armed Forces Medical College, Pune 411040, India

ARTICLE INFO

Article history: Received 28 February 2013 Accepted 16 February 2014 Available online 12 April 2014

Keywords: Empathy Undergraduate medical students Choice of specialty

ABSTRACT

Background: Empathy is essentially a desirable quality among clinicians and can be developed during medical education. Studies from outside India have shown that higher empathy is related to better competency and choice of specialty may be related to empathy levels in them. Change in empathy levels among undergraduate medical students with progressive training has been often ascribed to reasons such as curriculum content, timing of clinical rotations. Gender differences in empathy levels also vary among different countries. Since many of such factors differ in India there is a need therefore to understand empathy and its correlates among medical students in India.

Method: A cross sectional study was undertaken in a large medical college among the undergraduates of first, third, fifth, seventh and ninth semesters to measure their empathy levels. The evaluation was done using the Jefferson's Scale for Physician's Empathy- Student version.

Results: The study revealed highest empathy at entry level and a significant fall by seventh semester (p = 0.002). Female students had significantly higher empathy levels than male students (p = 0.012) across all semesters. The variance in empathy scores according specialty chosen is not statistically significant (p = 0.2468).

Conclusion: The progressive decline in empathy levels with years in medical college here is seen much later than in western studies. Female students are more empathetic than male students. The relation of mean empathy scores and choice of specialty is inconclusive and at variance from other studies.

© 2014, Armed Forces Medical Services (AFMS). All rights reserved.

^{*} Corresponding author. Tel.: +91 9657167900 (mobile). E-mail address: sribuj@yahoo.com (R. Shashikumar).

Introduction

The word empathy is derived from Greek word 'empatheia' meaning affection or passion with a quality of suffering. Empathy is essentially a cognitive phenomenon but it also involves affective sensitivity to patients' need and a behavioral ability to convey and communicate the same to him/her. William Osler had very aptly summed up empathy when he said "it is as important to know what kind of a man (sic) has the disease as to know what kind of a disease has the man". Hozat had found in a study that medical graduates with higher empathy did better in clinical competence than on academic competence. Empathy among physicians is known to vary depending on their personality, choice of specialty.

While some western studies among medical students found significant fall in empathy levels when they progressed from non-clinical to clinical training years, 7-10 others like from Iran, Korea and Japan did not find any significant change in empathy; on the contrary the Japanese study reported increased empathy when students moved to clinical rotation. 11-13 These differences probably could be due to differences in curriculum content and timings of clinical rotations. The curriculum in India differs from western countries in that clinical rotation starts from second year itself and from Korea and Japan in that there is no humanities content in the curriculum. 12,13 Studies have shown that medical students who plan to pursue people oriented specializations such as internal medicine, family medicine, psychiatry and pediatrics showed higher empathetic scores and across all years of study in medical school than those who choose to pursue technology oriented specialties such as radiology, surgery and anesthesiology^{8,14}. These changes were reported more among male students and those selecting noncore subject such as other than internal medicine, family medicine, obstetrics and gynecology and psychiatry.7 Paula Neures et al had reported decline in empathy not only among medical student but also in dentistry, pharmacy, nursing, and veterinary medicine students.15

Studies have suggested that female are more receptive to emotions than male, have evolved with more caring attitude towards offspring as compared to male which contributes to better understanding and being more empathetic. 4,16 Hojat et al had found that female students scored significantly higher on empathy than male students among medical students (p < 0.01). Newton et al had in study found female students to have same empathy as male students but had significant decline across medical years of education only in those who chose noncore (non-people oriented subjects) for specialization (2.25-fold decrease). However a study from Iran did not find any significant difference at all though female students did score more than male students. 11

Female students were found to have more empathy than male students across various years of medical education. 4.7,8.13 However a Japanese study found no decline in empathy scoring as students progressed from non-clinical to clinical training. 12 In view of such varying empathy findings from different countries, we need to understand empathy among medical students in Indian context. Do our female students have more empathy than male students? Does choice of specialty correlate with levels of empathy? Do they

differ in any way from those of US and Japan? There has been no study among Indian medical students as yet.

This study was undertaken to measure empathy among medical students of various years with an objective to compare the empathy scores among the medical students of various semesters, to compare the empathy scores among male and female medical students and to compare the empathy scores among students who opted for technology oriented specialization with those who opted for people oriented specialization or were either undecided/chose other subjects.

Material and method

The study was conducted in a premier medical college on a single day. Prior sanction of the ethical committee and academic authorities was obtained. The students were briefly explained the nature of study, their consent was taken. They were assured of keeping the contents confidential. All forms were coded to avoid identification of the student by the authors. The coding was done by a person not associated with the study. The course of medical education is divided into nine semesters of six months duration each. This college has 105 male students and 25 female students in each semester. All first semester students were present for the evaluation, however some from other semesters were absent on that day. The first semester had just completed a month following admission and third semester had just a month of clinical rotation. The final semester was just three months away from final examinations. No exclusion criteria were used.

The Jefferson's scale for physician empathy(JSPE) student version was administered in their respective classrooms. Demographic particulars such as age, gender and choice of specialty were also asked for. The permission of the principal author of JSPE was obtained for utilizing and analyzing the data. The scale was completed in about 30 min and returned to the researcher.

The effect of specialization on empathy was assessed by grouping the choice of subjects of students into technologically oriented (Pathology, Surgery and surgical subspecialties, Radiology, Radiation Oncology, Anesthesiology, Preventive and Social Medicine, Otorhinolaryngology); people oriented (Internal medicine, Family medicine, Pediatrics, Neurology, Rehabilitation medicine, Psychiatry, Emergency medicine, Obstetrics and gynecology, Ophthalmology & Dermatology) as done by Hojat et al.¹⁴ Those who chose any other subject or were undecided were classified as others.

Scales for measuring empathy has been as varied as the definitions of it have been. Interpersonal reactive index (IRI) is a 28 item scale with 4 subcategories measuring different dimensions of empathy such as 'perspective taking' 'empathetic concern' and 'personal distress' .IRI taps both emotional and cognitive empathy.¹⁸ The balanced emotional empathy scale (BEES) is a well established 30 item scale for measuring empathy especially vicarious empathy, however it being gender sensitive males score lower than females.⁷ Emotional empathy scale measures emotional empathy, it includes 33 items.¹⁹ However none of them have been developed in a

Download English Version:

https://daneshyari.com/en/article/3161348

Download Persian Version:

https://daneshyari.com/article/3161348

<u>Daneshyari.com</u>