
Showing you care: An empathetic approach to doctor–patient communication



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Our College recently convened a series of retreats bringing together faculty, administrators and employees to identify common concerns. Stakeholders working independently in small groups separately and collectively agreed that our major organizational concern was communication. This theme played out in various ways. From not knowing what was going on beyond an individual's immediate work area to broader interpersonal challenges. Some felt a lack of caring or appreciation. Often the word, "respect," was used. Perceived deficiencies extended to students, faculty, administrators, staff, and most troubling, to patients. Communication skills are recognized as essential to professional competence by the Commission on Dental Accreditation, the American Dental Education Association, and the Inter-professional Educational Collaborative. It is a theme that crosses disciplines and is foundational to patient-centered care. As scientifically driven evidence-based healthcare and technologies progress, the emotional, psychological, social and cultural needs of patients may be neglected. Communication skills centered on empathy and showing you care, yield benefits to both the doctor and patient in terms of satisfaction, compliance, and treatment outcomes. (Semin Orthod 2016; 22:88–94.) © 2016 Elsevier Inc. All rights reserved.

Introduction

Empathy is part of being human. Through empathy we connect to others and share in their felt experiences. Science is responsible for a remarkable transformation in health care. Yet there is increasing recognition that filtering a human being through tests and images and making objective evidence-based decisions is somehow incomplete. The emotional "truths" that propel people through life have been largely excluded from the process. Health professional groups, including The Commission on Dental Accreditation and the American Dental

Education Association, include standards that emphasize "patient centered care" in a "humanistic environment." This article will focus on the role of empathy in the doctor–patient relationship.

It is without question that communication skills are necessary to succeed in orthodontic practice. Many studies in health care suggest that communication between the doctor and the patient positively impacts on satisfaction, decreased malpractice claims, and improved health outcomes.^{1–4} One article in the orthodontic literature reported a dramatic decrease in treatment time when greater attention was paid to communication.⁵ While dental and medical education programs regard communication as a core competency, it appears infrequently (or is under reported) in the orthodontic literature.

The consequences of miscommunication can be dire, like the 71 million dollar malpractice settlement when emergency health care workers mistranslated the word "intoxicado" to mean intoxicated instead of the intended meaning of "feeling sick to the stomach" that caused a delay

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in making the correct diagnosis resulting in a potentially preventable quadriplegia.⁶

The doctor–patient relationship is deeper than a transactional relationship. Communication in this area goes beyond the exchange of information. Orthodontists need to understand the complete set of wants and needs of the patient; often going beyond objective findings in order to consider psycho-social dimensions that affect care. Empathy is a discrete and complex phenomenon that has subtle and foundational influences in the doctor–patient relationship. Because empathy affects the information that the patient discloses, this fact alone may significantly affect diagnosis, treatment planning, practice management, and other related skills and behaviors that lead to a more trusting relationship between the doctor and patient.

Empathy

Empathy is the experience of understanding another person’s condition from their perspective by placing yourself in another’s shoes and feeling what they are feeling. Empathy is known to increase prosocial (helping) behaviors. Researchers have differentiated between the two types of empathy. “Affective empathy” refers to sensations and feelings—an emotional response. This may include mirroring what a person is feeling, or anticipating what they may feel. For example, a guttural shriek when witnessing a person falling and possibly getting hurt. “Cognitive empathy,” sometimes called “perspective taking,” is the mental act of projecting oneself into another person’s perspective, and through this process being able to identify and understand another person’s emotions. In the example of seeing someone fall, this would equate to appreciating the embarrassment and frustration that person may feel.

There is some disagreement concerning the value of affective empathy in training health professionals. Some feel that by becoming too emotionally invested in a patients’ personal perspective, objective based health advice may be compromised.⁷ Others stress that the key component of empathy is the emotional connection with the patient, and without this affective bond, behavioral attempts at empathy, that is, “acting” as if you are really concerned, would not be as productive.⁸ Dr. Rita Charon has advocated the use of narratives, literature, shared

stories as methods to reveal the felt emotional experience of the patient, hence deepening the empathetic relationship.⁹

Empathy is rooted in our biology, in our brains and in our bodies. It has been observed in various species including rats.⁸ In the last decade, more attention has been focused on the role that mirror neurons play in empathy.¹⁰ Mirror neurons are cells in the brain that fire when we observe someone performing an action in the same way that they would fire if we performed that action. The primacy of mirror neurons in empathy has more recently been brought into question. However, their contribution to a neuronal understanding of empathy remains under investigation. Empathy is also modified by external factors such as social–cultural considerations and socio-economic status.¹¹

A patient-centered environment

Doctor–patient relationships are affected by the various aspects of the health care process and environment. These physical and social components inherent in this environment begin as early as the first phone greeting or online contact. Once inside the physical office, the environment includes structural elements like location, décor, furnishings, equipment, cleanliness, order, and soundscape. This environment is further supported in part by the entire orthodontic health care delivery team in that (1) each patient should feel as if they are the center of the universe with their wants and needs as the primary focus; (2) the environment promotes the feeling of safety and confidentiality; and (3) the staff exhibit caring and positive attitudes.

Implicit in this team centered office environment is a congenial supportive team that emulates empathetic communication practices. Effective and empathetic communication is not only useful in patient management but also in managing team member relationships. If the orthodontist intends to lead the team, each communicative interaction should be designed to increase awareness of the empathetic role each team member should display. All of the staff involved, whether engaged in support services or involved with direct patient care should be employing a “Show You Care” communication style thus reinforcing that the primary concern is the patient’s welfare.

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