



## Communication study

# Clinician empathy is associated with differences in patient–clinician communication behaviors and higher medication self-efficacy in HIV care



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## ABSTRACT

**Objective:** We examined associations of clinicians' empathy with patient–clinician communication behaviors, patients' rating of care, and medication self-efficacy.

**Methods:** We analyzed 435 adult patients and 45 clinicians at four outpatient HIV care sites in the United States. Negative binomial regressions investigated associations between clinician empathy and patient–clinician communication, assessed using the Roter Interaction Analysis System (RIAS). Logistic regressions investigated associations between clinician empathy and patient ratings of clinician communication, overall satisfaction, and medication self-efficacy.

**Results:** Clinicians in the highest vs. lowest empathy tertile engaged in less explicitly emotional talk (IRR 0.79,  $p < 0.05$ ), while clinicians in the middle vs. lowest engaged in more positive talk (IRR 1.31,  $p < 0.05$ ), more questions (IRR 1.42,  $p < 0.05$ ), and more patient activating talk (IRR 1.43,  $p < 0.05$ ). Patients of higher empathy clinicians disclosed more psychosocial and biomedical information. Patients of clinicians in both the middle and highest (vs. lowest) empathy tertiles had greater odds of reporting highest medication self-efficacy (OR 1.80, 95% CI 1.16–2.80; OR 2.13, 95% CI 1.37–3.32).

**Conclusions:** Clinician empathy may be expressed through addressing patient engagement in care, by fostering cognitive, rather than primarily emotional, processing.

**Practice implications:** Clinicians should consider enhancing their own empathic capacity, which may encourage patients' self-efficacy in medication adherence.

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## 1. Introduction

Empathy is defined as a primarily cognitive attribute that involves understanding someone else's emotions and experiences and, in the context of clinical care, a capacity to communicate this understanding, with the intention of helping to alleviate pain or suffering [1]. Empathy is widely considered to be an important component of effective patient care [1–6], allowing clinicians to

better understand the emotions and perspectives of patients [7]. Empathy can manifest as behaviors in interpersonal interactions and can be perceived by patients [8,9]. Empathic communication behaviors by clinicians have been associated with higher patient satisfaction [10–12], better control of patients' symptoms [13], and better patient compliance with medical regimens [14]. Clinicians who use more empathic communication are able to elicit more relevant information from patients about their illnesses and concerns [15].

In chronic disease, clinicians need to support patients as they engage in self-management and adhere to medications. In diabetes care, clinician empathy has been associated with objective measures of disease management such as blood sugar control and fewer complications of diabetes [16,17]. Empathic

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communication has also been shown to increase patients' cancer-related self-efficacy and sense of control [18]. When primary care patients rate their clinicians as having higher empathy, they demonstrate better adherence to recommended treatment. This effect of empathy on patient adherence appears to be mediated by the development of interpersonal trust and a therapeutic partnership between clinicians and patients [19]. It may also be that clinicians who exhibit more empathic communication are able to create more effective partnerships with patients, providing patients with the understanding and confidence necessary to take active roles in disease management and thus, achieving more favorable disease outcomes.

Advances in HIV care have transformed a fatal illness into a potentially manageable chronic disease. In order to achieve the benefits of reduced morbidity and mortality, strict medication adherence is required [20]. The context of HIV care can offer unique challenges, complicated by patients' perceived stigma and discrimination, barriers to trust, healthcare disparities, and comorbidities of mental health and substance use [21–23]. Effective patient–clinician relationships appear to help patients overcome these challenges and achieve positive outcomes. High-quality interactions with clinicians improve HIV medication adherence [24,25], satisfaction with care and health-related quality of life [26]. A general measure of relationship quality, feeling known as a person, is associated with better adherence and HIV viral suppression [27]. Qualitative studies have also demonstrated the perceived importance of compassionate clinicians in supporting adherence for People Living With HIV/AIDS (PLWH) [28].

Although positive patient–clinician relationships appear to promote improved outcomes in HIV care, a specific link between clinician empathy and outcomes has not yet been demonstrated in this context. Furthermore, studies in other contexts (such as oncology and diabetes care) which support the concept of clinician empathy in promoting self-management, have not linked clinician empathy to observed communication behaviors addressing both the cognitive and emotional needs of patients. The purpose of our study was to assess the associations of HIV clinicians' empathy with patient and clinician communication behaviors, patients' rating of care (clinician communication style and overall satisfaction), and medication self-efficacy. We hypothesized that clinicians' empathy would be associated with more positive patient experience of care and higher medication self-efficacy. We also hypothesized that clinician empathy would be associated with observed clinicians' socio-emotional communication (that facilitates emotional processing) as well as communication that fosters active patient engagement and self-management.

## 2. Methods

### 2.1. Study design, subjects, and setting

We conducted a cross-sectional analysis of data from the Enhancing Communication and HIV Outcomes (ECHO) Study, which was designed to assess possible racial/ethnic disparities in communication in HIV care and to determine which characteristics of interpersonal process are associated with more positive outcomes among patients with HIV [29–33]. Study subjects were HIV clinicians and patients at four HIV care sites in the United States (Baltimore, Detroit, New York, and Portland). The study received IRB approval from each of the four sites. Eligible clinicians were physicians, nurse practitioners, or physician assistants who provided primary care to HIV-infected patients at one of the study sites. Eligible patients were HIV-infected, age greater than 18, English-speaking, and had had at least one prior visit with their clinician.

### 2.2. Data collection methods

HIV clinicians who agreed to participate gave informed consent and completed a questionnaire. Research assistants then approached patients of participating clinicians in the waiting rooms, with the goal of enrolling 10 patients per clinician. After patients gave informed consent, including the audio-recording of their clinic visit, research assistants placed a digital audio-recording device in the examination room to record the patient–clinician encounter. Following the patient–clinician encounter, patients completed a one-hour interview with trained research assistants to gather data on demographic, social, and behavioral characteristics, as well as patient ratings of care and medication self-efficacy. Finally, research assistants abstracted clinical data, such as HIV viral loads, from patients' medical records.

### 2.3. Main measures

#### 2.3.1. Clinician empathy

Our independent variable was clinician self-rated empathic engagement, measured on the clinician questionnaire. We measured empathic engagement using the Turknett Leadership Group, Emotional Intelligence Quiz [34]. Emotional intelligence refers to the capacity to assess, interpret, and manage emotions and is required for the development of empathic perspective-taking and its use as a social competence [35,36]. Emotional intelligence can thus be understood as the clinician's inherent ability to be attuned to the emotions of others, which is then made evident through the expression of empathy for others. This scale was selected to measure the empathic *experience* of the clinician, rather than other self-report scales which focus on attitudes towards empathy [37,38]. In this scale, empathy is not necessarily confined to interactions with patients or in clinical practice but includes the role of empathy in a range of situations in daily life. This scale contains 14 items, and examples of items are “I often have tender, concerned feelings for people less fortunate than me,” “I am often quite touched by things that I see happen,” “Before criticizing someone, I try to imagine how I would feel if I were in their place,” and “When I see someone taken advantage of, I feel kind of protective towards them.” Possible responses are on a 5-point Likert scale and are anchored between ‘describes me very well’ (5) and ‘does not describe me very well.’ (1) Higher scores represent higher levels of empathy.

#### 2.3.2. Audio recorded measures of patient and clinician communication

Audiotapes were analyzed using the Roter Interaction Analysis System (RIAS), a widely used coding system to assess patient and clinician communication behaviors during medical encounters with well-documented reliability and predictive validity [39–42]. RIAS analysts assign one of 37 mutually exclusive and exhaustive categories to each complete thought expressed by either the patient or clinician (referred to as an utterance). Four broad types of exchange can be assessed by combining these categories to reflect socio-emotional communication (including explicitly emotional talk such as empathy and concern, positive talk including agreements, approvals and compliments, negative talk such as criticisms and disagreements, and social chit-chat), information-giving (including biomedical and psychosocial/lifestyle information), question-asking (including open-ended and closed-ended questions), and patient activation (such as asking for the others' opinions, confirming the others' understanding, or clarifying one's own understanding and cues of interest). Higher scores represent more frequent occurrence of each type of communication behavior.

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