

PATIENTS' PERCEPTION OF RELATIONAL EMPATHY DURING PHYSIOTHERAPY CONSULTATION

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ABSTRACT

Background & Introduction: Empathy is considered as an integral part of therapist clinician relationship which improves the progression of treatment. Studies have been conducted on physiotherapist perception of empathy, but rarely has it been emphasised to gain the patients' perception of empathy in a physiotherapy setting. This study explores patients' perception on empathy during clinical consultation in a physiotherapy setting. **Methods:** Data was collected via CARE measurement scale. Patients were recruited from both private and public hospitals of Lahore city. Twenty-five patients were taken from each hospital. The patients were given the questionnaire to fill in the answers of the following items after taking consent. The sum was calculated to evaluate the scores of empathies. **Results:** Descriptive analysis showed that mean score of empathy among the following hospitals were such; University of Lahore (Mean = 31.72, S.D = 9.117), Mansoorah hospital (Mean = 36.52, S.D = 6.758), General hospital (Mean = 30.04, S.D = 7.58), Jinnah hospital (Mean = 35.12, S.D = 7.114). An independent sample t-test was applied in order determine whether there is statistical evidence that the associated population means are significantly different. However, the results showed the variance in two samples were not statistically significantly different from each other. The resulting significance value was greater than 0.5 which was not statistically significant, meaning that the variances or the standard deviation were the same and our sample depicted the true value of the population and its results did not vary much from that of the population. **Conclusion:** Empathy perceived by the patient of their therapist was satisfactory and the difference in deliverance of empathy in private and public hospitals were on a smaller scale.

Keywords: Empathy, Patient perception, CARE, Consultation, Clinician-patient relationship

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INTRODUCTION

The word empathy arises from the word "einfühlung", the word is German which has the literal translation of 'feeling into'. It is the ability where the perception of the other is understood.

- Empathy can be classified into:
- Cognitive Empathy
- Emotional Empathy
- Moral Empathy
- Behavioral Empathy

Cognitive empathy allows the healthcare practitioner to help the patients acquire a better

grip on the perspective of their illness and the treatment required to treat their illness whereas emotional empathy from a healthcare practitioner guides the patient a way to deal with their stress regarding their illness and motivates them to adhere to their regimen.¹

The primary goal of a physiotherapist is to return the patient to independent functioning as soon as possible and relieve the patient from feelings of dependency so that he does not feel like an outcast. A physiotherapist makes efforts for his patients that eliminate the root cause that hinder his normal functioning and make him mobile to

his maximum or required extent.

The physiotherapist along with examination and treatment must make efforts to comfort the patient to eradicate or minimize a possible psychological factor influencing the pain to the least. For the patient to recover, not only physical strengthening is required, but a healthy mind can fill in the gaps to his recovery and lead a way to a healthier outcome. Desiring such an aftermath it is important that there is a well-grounded relationship between the therapist and the clinician. The ability of the physiotherapist to reflect is what ensures the establishment of an understanding and a nourishing Physiotherapist-patient relationship. One of the most important components for such a relationship to be established is empathy. The importance of it may be undermined due to several factors:

Physiotherapists have recognized their poor skills when it comes to factors such as cognitive, psychological or social dealing in terms of patient's pain. They acknowledged their concerns regarding their insufficient skills leading to an unintentional negative influence on these factors, hence, they preferred if the patients mentioned psychological, cognitive and social factors related to pain themselves, without them taking the responsibility to do so due to the fear of it leading to unwanted consequences. Skills acquired during training became difficult to implement due to these limitations.²

The ability of the physiotherapist to identify with and empathize with the patient's complaint ensures the quality of care.

Empathy in fact is a well-studied concept, however there is little work done on its development, as well as on information on its influence within health professions.³

Patient satisfaction in any healthcare setting is deemed an important component is assessing

the quality of care of the setting. The questions developed in CARE take under consideration the satisfactory and unsatisfactory aspects designed under the principal themes of expectation, the process of treatment and its outcomes, communication between the therapist.⁴

The influence of empathy may be quite underestimated in the field of physiotherapy.

Michelle Clair Hobbs, Craig Nelson & Otto Payton ran a one-on-one semi-structured interview to find evidence regarding the patient's perception of their relationship with the physiotherapist providing treatment and the length at which they felt involved in the process of decisions making, this also indicated that the patients were keener to follow through with their treatment regimes. This study showed how vital it is for the therapist to assess the patients need to be involved in the treatment being provided to increase the quality of care.⁴ Patients seem to adhere to their treatment regimen if their doctors show concern about their health getting better, in turn encouraging the patient to do better during the treatment.

Due to previous works done on benefits of empathy in a clinical setting, they all conclude that empathy increases the patients' feeling of being supported and listened to.

Between sympathy and empathy, a close relationship is found: Sympathy is defined as emotionally assuming oneself in a situation, a possibility of biasness arises with emotional involvement during clinical encounters, where sympathy and empathy should actually be distinguished. However, it may be added that pity is feeling the need to relieve a person from their suffering.⁵

Studies have shown that compassion of even 40 seconds can reduce patient anxiety; pain experiences are likely to increase with the

experience is negative occurring due to lack of belief in the help of the provider, expecting that the treatment will be unsuccessful and lack of empathy.

The CARE measure was developed with keeping in sight that the chief part regarding the effectiveness of empathy are based on the views of the patient in a clinical encounter.¹

The CARE model defines cognitive and behavioural empathy as: Cognitive/Behavioural: capability of understanding the situation of the patient, their feelings and perspective; communicating that which is understood to check the accuracy of it, and taking actions that help the patient based on what is reflected and understood.¹

- Cognitive empathy is the ability to predict the thoughts of the patient's or the reason behind their train of thoughts.
- Behavioral empathy is the ability to speculate the underlying reason behind a certain act or behavior.

CARE Measure is considered by most healthcare practitioners and patients as being highly relevant for daily consultations in settings that are both increasingly or moderately deprived.⁶

However, since physicians may overestimate their own empathic engagement, patients' perceptions of the physician's empathy must also be considered. Lack of interaction between patient and doctor empathic understanding can be explained by the inevitable difference of perceptions. Most researches on empathy have been focused on the perspective of the physicians, whereas the patients' point of view or thoughts on the topic has been scarcely investigated.⁷

Lack of empathy is supposed to have a negative effect on the satisfaction of the patient and

therefore the treatment, hence the empathy by one's healthcare practitioner has a positive effect on patients' satisfaction. In some countries like the USA, patients' judgement about the doctor's performance makes up about 20% of the doctor's pay. The CARE measure was developed to gain the patient's opinion of the doctor's consultation during clinical encounters. About 76% patients have rated the items included for measurement to be important during consultation.¹

There has been an acknowledgement of the absence of empathy during clinical encounters, its background may include emphasis placed during education on other aspects as well as the following four reasons:

- Experiences with clinical supervisors that were deemed negative
- Vulnerability during the educational years which negatively affected the confidence of the student.
- Lack of social support
- Immense work load and increased hours of work shifts.

Empathy and sympathy are often incorrectly used interchangeably, there should be a clear-cut understanding of both terms for accurate implication. 'Empathy' is the ability to comprehend what the individual is suffering through and putting yourself in their shoes whereas 'Sympathy' means acknowledge the pain and suffering of the other person and then consoling them. Empathy is a personal understanding, recognition of suffering as compared to sympathy which is understanding the experience of others, sharing the suffering of another. Empathy for a person is when you can imagine how they might be feeling without those feelings being communicated directly.

In some cases, people can be overly empathetic and which can lead to them being overwhelmed by the negative feelings they take on from their

encounters. So, it is very critical to recognize one's limits and boundaries during their clinical encounters so they don't take more than they can on their plate, as well as do their job efficiently whilst achieving patient satisfaction.

Being understanding of someone's suffering creates a bond that eventually turns to trust and willingness to listen and do better to overcome the suffering, giving greater importance to the advice being given and the tendency to discuss their condition in better and greater details. Which is a very important factor in a clinical setting, for the patient to be clear about his/her condition. Because lack of empathy will most probably exhibit lack of interest being shown in their condition, the more likely will they be vaguer about their condition or in other words, unwilling to share their feelings and experiences. This could adversely affect the progress of the treatment which may either hinder the improvement of the patient that has come seeking for treatment.

Empathy has an effect on patient psychological behavior and it has become a well known fact that these effects have an even larger effect on physiological outcomes. There is an interlink between psychological effects and physiological outcomes of an individual.

OBJECTIVE

Primary objective:

To determine the perception of the patient about relational empathy during Physiotherapy consultation.

Secondary objective:

To compare the empathy between private and public hospitals.

Sample selection criteria:

Inclusion Criteria:

- Living in Lahore¹²
- Average socio-economic status.³⁰
- Between the age of 18 and 65¹²

- Having a nationality of Pakistan¹²

Exclusion Criteria:

- Dementia⁷
- Aphasia⁷
- No consent or unwillingness to participate, or any difficulty with the language that would prevent their understanding or ability to answer the questionnaire.⁷

METHODOLOGY

The study conducted is a cross-sectional study in which sample of patients was recruited from private and public hospitals. The private hospitals from that was used for data collection was 'The University of Lahore Teaching' Hospital and 'Mansoorah Hospital' whereas the public hospitals visited were 'Jinnah hospital' and 'General Hospital'. The reason for choosing two public and two private hospitals was to divide the sample size equally between the hospitals and compare the results obtained between public and private hospitals. Consent was taken from the head of the department of the hospitals as well as the participating patient, it had either been their first visit or had been getting treatment from the doctor regularly. The patients were handed the questionnaire and asked to fill in the following questions. The patients chosen were at least a matriculate pass to ensure that they were literate enough to read and understand the questions and answer accordingly. Twenty-five patients were taken from each hospital mentioned above. Some patients selected from private hospitals belonged above average socioeconomic status. The average socioeconomic status was determined on the basis of the report updated in 2017.³¹

The questionnaire that was used is CARE, which is an abbreviation of "consultation and relation empathy". The final version of CARE that has been used, which is applicable in medical education in post and undergraduates, excluding to assess the quality of examination. This questionnaire consists of ten questions that have been designed and the vast definition of clinical



Table 3. Statistics of Mansoorah Hospital

	Making you feel at ease	Letting you tell your story	Really listening	Being interested in you as a whole person	Fully understanding your concerns	Showing compassion & care	Being positive	Explaining things clearly	Helping you take control	Making a plan of action with you
N	25	25	25	25	25	25	25	25	25	25

and maximum value being 48.

• Descriptive analysis of Mansoorah Hospital:

Table 4. Statistics of Mansoorah hospital

	Total sum	Gender	Hospital
N	25	25	25
Mean	36.52	.40	1.00
Std. Deviation	6.758	.500	.000
Minimum	21	0	1
Maximum	49	1	1

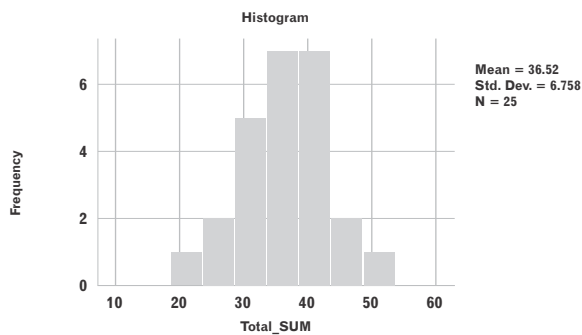


Figure 2

Total number of patients selected in Mansoorah Hospital were 25, mean of sum of empathy was 36.52 ± 6.758 with minimum value 21 and maximum value 49.

• Descriptive analysis of General Hospital:

Table 5. Statistics of Genereal hospital

	Making you feel at ease	Letting you tell your story	Really listening	Being interested in you as a whole person	Fully understanding your concerns	Showing compassion & care	Being positive	Explaining things clearly	Helping you take control	Making a plan of action with
N	25	25	25	25	25	25	25	25	25	25

Table 6. Statistics of General hospital

	Total sum	Gender	Hospital
N	25	25	25
Mean	30.04	.88	.00
Std. Deviation	7.580	.332	.000
Minimum	16	0	0
Maximum	43	1	0

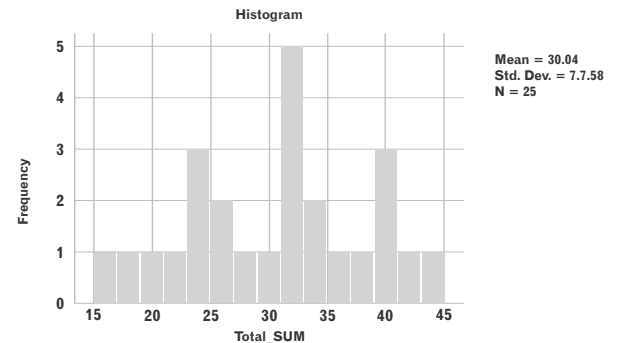


Figure 2

Total number of patients selected in General Hospital were 25, mean of sum of empathy was 30.04 ± 7.58 with minimum value 16 and maximum value 43.

• Descriptive analysis of Jinnah Hospital:

Table 7. Statistics of Jinnah hospital

	Total score of empathy	Gender	Hospital
N	25	25	25
Mean	35.12	.52	.00
Std. Deviation	7.114	.510	.000
Minimum	21	0	0
Maximum	47	1	0

Total number of patients selected in Jinnah

Hospital were 25, mean of sum of empathy was 35.12 ± 7.114 with minimum value of 21 and maximum 47.

• Our secondary objective was to determine the difference between score of empathy between private and public hospitals, where we applied

independent sample T-test.

standard deviation of males and females. We

Table 8. Group statistics and independent tests

	Hospital	N	Mean	Std. Deviation	t	Sig.(2-tailed)	Mean difference	95% confidence interval of the difference	
								Lower	upper
Total empathy score	Public	50	32.58	7.715	-.961	.339	-1.540	Lower	upper
	Private	50	34.12	8.305	-.961	.339	-1.540	-4.721	1.641
								-4.721	1.641

In group statistics compare the mean and standard deviation of the public and private hospitals. For our analysis, the most concerned measure is the mean of the public and private hospitals. We hypothesized that the empathy levels differ across public and private hospitals, however the results from the table show that the means of empathy scores in public and private hospitals do not differ to a such a large extent. To check the significance of these results, the independent samples t-test is conducted, the results of which are shown in the following table. The results from independent sample test first compares the equality of variances through Levene's test which is testing the homogeneity of variances assumption.

The T-test assumes that the variance in two samples are not statistically significantly different from each other. The resulting significance value is greater than 0.5 which is not statistically significant, meaning that the variances or the standard deviation are the same and our sample depicts the true value of the population and its results do not vary much from that of the population. The results from independent samples test shows a significance value of greater than 0.01 which means that our hypothesis about the mean values of empathy differ across private and public groups is rejected, and that there is not much difference between levels of empathy experienced by the patients of private hospitals as compared to public hospitals.

In group statistics compare the mean and

analyze the mean of the male and female patients. We hypothesized that the empathy levels differ with gender, however the results from the table show that the means of empathy scores in male and females do not differ to a such a large extent. To check the significance of these results, the independent samples t-test is conducted, the results of which are shown in the following table. The results from independent sample test first compares the equality of variances through Levene's test which is testing the homogeneity of variances assumption. The T-test assumes that the variance in two samples are not statistically significantly different from each other. The resulting significance value is greater than 0.5 which is not statistically significant, meaning that the variances or the standard deviation are the same and our sample depicts the true value of the population and its results do not vary much from that of the population. The results from independent samples test shows a significance value of greater than 0.01 which means that our hypothesis about the mean values of empathy differ among males and female patients is rejected, and that there is not much difference between levels of empathy experienced by male patients as compared to female patients.

DISCUSSION

The current study undergoing research aimed to determine if the physiotherapists are empathetic towards the patient during consultation and treatment. This was conducted in a city of Pakistan. The second aim

of the study was to determine whether the perceptions differ across private and public hospitals, if the deliverance of empathy varied within private and public sectors. However, also taken under account was whether gender differences also defined the differences in perception. Millie Allen and Lisa Roberts centred their research around the perception of the senior physiotherapists, junior physiotherapists and students studying in the physiotherapy field. Their aim was to determine the significance of empathy as perceived by the healthcare providers in physiotherapy as well the ones pursuing a career in physiotherapy. However, their sample population was taken from those with some amount of clinical experience in the musculoskeletal area of the field. In their study they emphasized on the importance of empathy to establish a healthy relationship between the patient and the therapist. They also described the link and the difference between sympathy and empathy to give a more precise understanding of the following.

Whereas in our study we have focused on taking the patient population from the physiotherapy department as a sample. This study had not targeted a specific branch in the field of physiotherapy but instead just sampled a general population of patients seeking treatment in the field of the physiotherapy with the aim to assess empathy from different branches of empathy as the conditions of the patients vary across. Here, the importance of empathy within the field that deals with treatment of patients is emphasized, as well as the difference between sympathy and empathy is described to give a clearer understanding between two terms.

Margot Phillips, Áine Lorié, Helen Riess, Diego Reinero, Linda Zhang; mention that empathy is a verbal as well as non-verbal exhibition through behaviour. They make a very valid statement

about the multicultural patients being treated to have a different point-of-view of their doctors, that culture is a cause for having varied perceptions of the doctor. They also state that due to cultural differences and some patients belonging to minority racial groups that the behaviour of the doctors also takes a different turn in terms of the interaction turning into an inhospitable one. These conditions are undesirable as it gives rise to biasness and unfavourable health outcomes as the direct effect of lack of adherence to treatment plan, lack of faith in the doctor.

In the current study the sample has been taken from the city of Lahore in Pakistan. Pakistan is said to have culture diversity, the migration of the rural population in urban areas due to growing poverty being a cause. Customs and traditions are also adapted through the large impact of India before segregation of the subcontinent and have been passed on through generations. The different ethnic classes of Pakistan include Punjab, Sindh, Balochi, Hindko, Brahui and the rest constituting about 8% of the population. Hence, here access to perception of empathy from patients belonging to various cultural backgrounds, including the predominant and minority groups of Pakistan was acquired.

Del Canale, Hojat M, et al.; stated that the patients were more inclined into taking care of themselves and to do better after their physician's behaviour was warmer, friendlier and more understanding of the patient's health. The scale used was Jefferson's scale of empathy, that was filled in by the physician and the health outcomes of the patients were assessed. A positive outcome was obtained that indicated that the positive behaviour of the physician as seen by the patient had an impact on the health outcomes of the patients and benefited the health of the patient. Thus, establishing that there was a relationship

between the empathy provided by the doctor and clinical outcomes.

In the study being conducted, the scale used to measure empathy was Consultation and relational empathy (CARE). This scale can be used in a physiotherapy setting whereas Jefferson's scale of empathy is specific in its use of assessing the empathy of the physician. The CARE measure was specific in its design to assess the perception of the patient regarding the empathy of their consulting doctor.

Cecílio-Fernandes, Bernardo, et al; investigate if the relationship between physicians' self-assessed empathy and patients' measures of physicians' empathy and if environmental factors that could influence patients' perceptions. The questionnaire that they used to conduct their research on the perceived empathy of the physician was done through Jefferson's scale of empathy and they used CARE measure to assess the empathy perception of the patients. The lack of correlation that was found between self-assessed empathy levels and patients' perceptions suggested that the patients be included in the process of empathy evaluation. Their results also concluded that the patients that were seeking treatment in a private setting gave a much higher empathy score. In their study, they have also stated that the gender of the physician had an influence on the score.

In the research being conducted, the perception of the patient was one the main focuses of the study. The perception of the patients was given significance in order to evaluate the scores of empathies in the hospitals. It was done through the help of Consultation and relational empathy (CARE) measure, due to its purpose of development that was to acquire patients' perception. In this study the perception of the physiotherapists that were consulting the patients was not taken due to less time duration

to conduct a research. However, a comparison has been done between the total scores of empathies in the private and public hospitals as environmental factors may also be the cause of differences in the perception of the patient, but a significant difference wasn't indicated in the results between their empathy scores.

Kitchen & Hills; performed a study if the satisfaction of the patient was related to determining the quality of care and behaviour of the patients in terms of their own health. They conducted the study through developmental interviews that accounted for the patient's satisfaction. The criteria of their sample were outpatients of physiotherapy that had received treatment within the previous four months and had completed their treatment course, with either acute or chronic diseases. Positive results were obtained from the patients that commented that their therapist had knowledge of their problems, was empathetic and understanding, and motivated them to get better. Along with that, the patients preferred a quick follow up of their health and when their therapist assisted them and advised them to take control of their health.

In the recent study being done, the questionnaire that had been used had ten variables that calculated the sum of empathy through gaining the patients' insight on the topic. The criteria of the sample included those patients that had met their consulting doctor for the first time for their treatment and as well as patients who had been making visits to the physiotherapy department for over a month for treatment. The questionnaire used, takes into account whether their therapist helped them control of their health, fully understood their concerns, explained things properly and clearly and if they had a positive attitude, behaviour, if they were positive about the outcomes and as well as honest but not negative about their health.

CONCLUSIONS

Under the light of the primary objective of this study, it is revealed that the mean of the total scores of empathies obtained between the four hospitals of Lahore, the mean scores show a positive relation in the deliverance of empathy in the areas from where the data and samples were collected.

It is also observed that in accordance of our secondary objective, the results indicated that there is no a significant difference between the mean scores of empathies between the two private and two public hospitals. So, it is concluded that the perception of the empathy being provided to the patient do not vary at a large scale.

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AUTHORSHIP AND CONTRIBUTION DECLARATION

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