

## Clinical Empathy and Dispositional Empathy among Medical Professionals

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### ABSTRACT

The present study aims to understand the level of Clinical empathy and Dispositional empathy among doctors. Empathy becomes more important when talking in the health provider sector, because this is where it comes in action. Data was collected from 100 doctors from various specializations across different hospitals in Delhi. The Jefferson Scale of Physician Empathy (JSE), the HP version of this was used to assess the clinician's empathy as this focuses on empathy in clinical setting. And the International Reactivity Index (IRI) (Davis, 1980, 1983) was used for measuring dispositional empathy. This study explores correlation between empathy and dispositional empathy. Results show that Clinical empathy and Dispositional empathy were significantly related.

**Keywords:** *Clinical empathy, reactivity index, Doctor, Medical, Dispositional empathy*

With ever so increasing demand of medicine in India, doctors are nearly the highest paying job, but looking at the work they need to do it is way different from just doing a job. A doctor doesn't just need to be someone to cure his patient with physical treatment but there are studies which quote that emotional support is also very much needed in a good recovery of a patient. As we look closely with the increasing population in India and the level of diseases and illnesses, it becomes nearly impossible to treat every patient with that much care and compassion. In a recent article by Times of India it stated that India has around 1:1596 allopathy doctor patient ratio which is very less, meaning every doctor has around 1596 patients to treat. According to WHO the ratio should be less than 1:1000. After such a difference in the ratio it can be understood how much decline would be there in the way patients are treated. Especially if we would have to look into the government hospital the ratio difference increases there. Looking into this account the ministry has increases the intake seats in MBBS to 12,870, in the existing 67,281 government seats. (R.S., 2019)

In the light of above literature research, an urge to study empathy in doctors. With ever so increasing demand of doctors and they been titles and treated as God in our country,

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checking how much do they empathise with their patient was important. And how do they differentiate it with sympathy.

### Empathy

Empathy is the experience of understanding someone else's contemplations, sentiments, and condition from his or her perspective, as opposed to from one's own. Empathy encourages prosocial or helping practices that originate from inside, instead of being constrained, with the goal that individuals carry on in an increasingly humane way.

In the field of behavior sciences, empathy is what constitutes every aspect. From an emotional wellness viewpoint, the individuals who have abnormal amounts of sympathy are bound to work well in the public arena, revealing "bigger groups of friends and additionally fulfilling connections". Empathy is fundamental in structure fruitful relational connections of assorted types, in the nuclear family, work environment, and past. Absence of compassion, in this way, is one sign of conditions like narcissistic identity issue. Moreover, for emotional wellness experts, for example, advisors, having empathy for customers is a vital piece of effective treatment. "Specialists who are exceedingly empathetic can help individuals in treatment face past encounters and get a more prominent comprehension of both the experience and emotions encompassing it," Good Therapy clarifies. (Good Therapy, 2015)

The basic segment of the doctor–patient relationship might be connected to positive patient results. Despite the fact that this idea is steady with the applied perspective on doctor–patient relationships (Jr, Markoul, Arora, & RM, 2009) experimental information supporting the relationship between doctors' Clinical empathy and substantial clinical results are hard to discover.

Distributed reports additionally recommend that markers of empathic commitment in patient consideration, for example, physician– persistent correspondence, verbal collaboration, nonverbal prompts (substantial stance, motions), just as length of the experience can prompt expanded patient satisfaction, (Kim, Kaplowitz, & Johnston, 2004) and better compliance. (Falvo & Tippy, 1988) Relationships have been accounted for certain proportions of empathy and psychotherapeutic effectiveness (Greenberg, Elliott, Bohart, & Watson, 2001) patients' sentiments of being important, (Colliver, Willis, Robbs, Cohen, & Swartz, 1998) doctors' precision of diagnosis, (AJ., 1981) and exactness of prognosis. (Dubnicki, 1977) as far as anyone is concerned, in any case, no observational examination has utilised a psychometrically stable proportion of doctors' empathy to analyse the connection between doctors' empathy and research facility proportions of middle of the road clinical results.

Before we conclude onto our results it is important to actually define empathy in more detail. It can be understood as a personality attribute that helps to actually know what the other person is going through. It is usually confused with sympathy in majority of literature but both hold totally different meaning. Through Hojat's point of view the qualification between these two terms "empathy" and "sympathy" in this manner: "empathetic doctors share their comprehension, while sympathetic doctors share their feelings with their patients". All things considered, the exact idea of empathy isn't out and clear. (Hojat M G. J., 2002) Issues, for example, discussed separately by Evans et al. and Kunyk states regardless of whether or how it might contrast from builds, for example, 'emotional intelligence'. Without a doubt, the meaning of 'enthusiastic insight' as the 'Capacity to screen one's own and other individuals' emotions...and to utilize passionate data to direct reasoning and

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conduct' is adequately near certain meanings of empathy to warrant the incorporation of the terms 'emotional intelligence' and 'emotional quotient' in a deliberate survey as picked up from Dictionary of Psychology. (Kunyk, 2001)

### *Relevance of Empathy in Medicinal Practice*

Empathy has been portrayed as an essential component of polished skill in practice of medicine. The significance of empathy is the establishment for positive connections among patients and doctors has been talked about in medicinal training and human services. Doctor's empathy and powerful relational abilities increment patients' fulfilment, improve patients' consistence, and upgrade doctor's capacity to analyse and treat their patients. Improved results might be an after-effect of better consistence or the enactment of mental variables that are shaped in confiding treating someone.

The fact that everything revolves around a person's mental health, even physical health can be altered just by giving the person an emotional support. This brings us to the part that to heal the physical wound of the patient a great deal of emotional support should be provided to the patient by the physician.

Empathy encourages trust and revelation. Doctors express empathy not just by getting a handle on the individual implications of patients' words, yet in addition via (consequently) coordinating patients' nonverbal style, for instance, their vocal tones. The adherence to the clinician increases as soon as the patient feels a non-verbal connection with his clinician. (Suchman AL, 1997) Further, there is a developing group of proof proposing that empathy straightforwardly improves helpful viability. (Butow, 1997) Drawn in correspondence has been connected to diminishing patient nervousness, and, for an assortment of ailments, diminishing uneasiness has been connected to physiologic impacts and improved results. Empathy of a physician can be told by how well he conveys any bad news to his patients or their family members. (RIETVELD, 1998)

Empathy in medicine is increasingly significant. For instance, doctors connected with, psychosocially situated correspondence style copy out less every now and again than others. (Roter, 1998) The genuine significance of restorative practice is all of a sudden lit up as far as shrouded individual implications. Doctors who enable their patients to move them improve their own involvement of doctoring. (Cole MB, 2003)

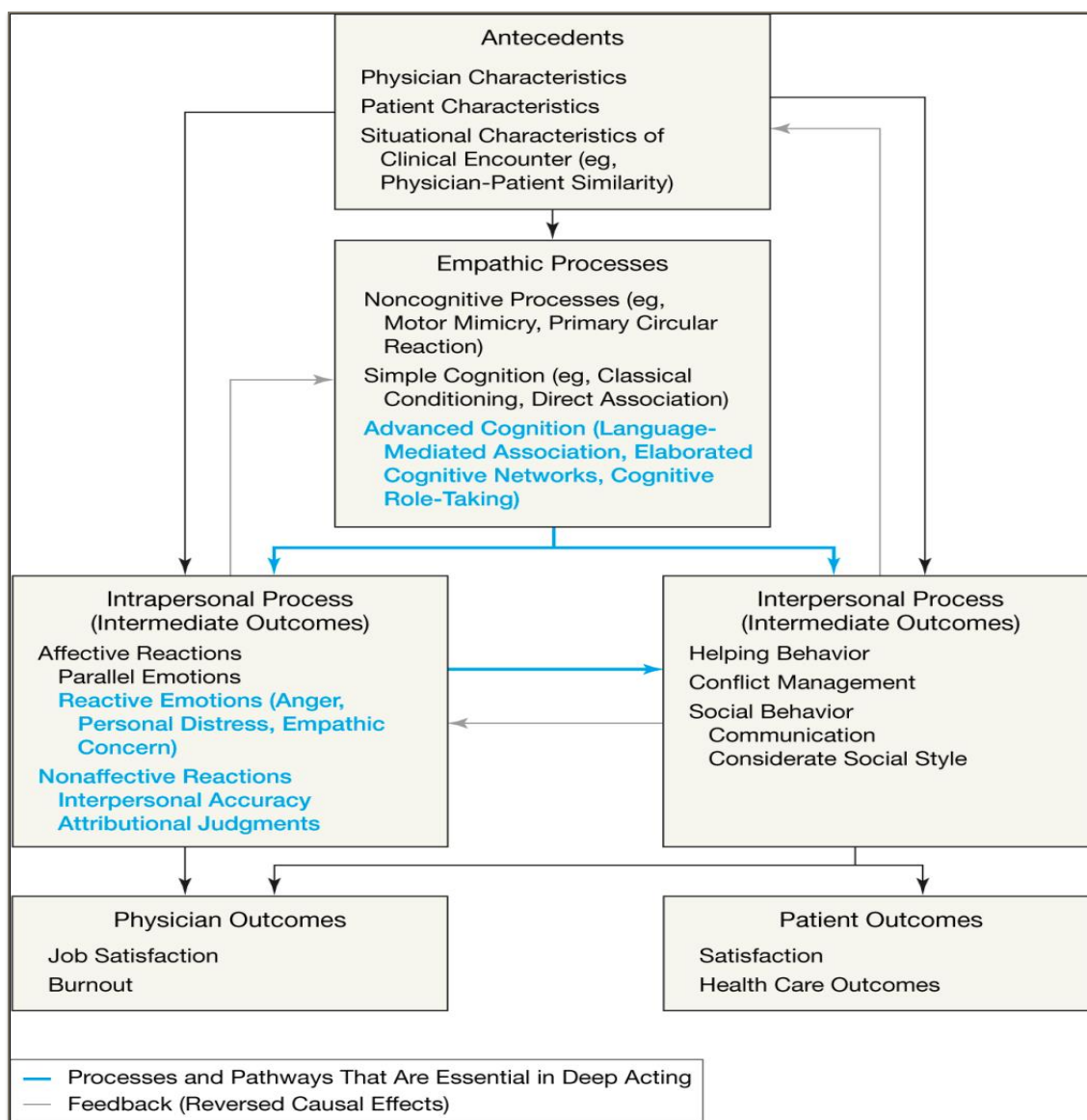
In doctors Learning Objectives for Medical School Education, the Association of American Medical Colleges, 1998 expresses that, "physicians must be compassionate and empathetic in caring for patients". Correspondingly, the American Medical Association's first standard of medicinal morals attests the accompanying: "A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights". These announcements represent that the field of medicine isn't just dedicated to delivering and maintaining the most learned and able doctors, yet in addition the most minding and empathetic. (American Association of Medical Colleges : Learning Objectives for Medical Student Education: Guidelines for Medical Schools. , 1998)

### *Clinical Empathy*

Empathy is a complex multi-dimensional idea that has moral psychological emotive and social segments. Clinical empathy includes a capacity to: (a) comprehend the patient's circumstance, point of view, and sentiments (and their appended implications); (b) to impart that understanding and check its precision; and (c) to follow up on that comprehension with

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the patient in a supportive (helpful)manner. Empathic processes and intra-personal outcomes (blue, boldface) and paths linking them (blue, thick lines) play an essential role in deep acting. They tend to be weaker or distorted when surface acting is the dominant method used to meet the requirements of display rules. (MH., Measuring individual differences in empathy: evidence for multidimensional approach., 1983)



**Figure 1** Davis' Theory, manners of empathy and results a clients and doctors are to occur. (MH., Empathy: a social psychological approach, 1996)

Advanced cognition, increased reactive emotions, such as empathic concern and distress, greater interpersonal accuracy and better attributional judgments about patients as well as the paths they travel through to affect interpersonal outcomes are all defining aspects of deep acting. The Figure is based on an organisational model proposed by Davis. (MH., Empathy: a social psychological approach. , 1996)

Mercer and Reynolds,2002 explained clinical empathy as the capacity to comprehend the patient's circumstance, point of view, and emotions (and connected implications), impart

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that understanding and check its exactness, and follow up on that comprehension with the patient in an accommodating (helpful) manner. Clinical empathy is known to build patients' feeling of fulfilment, along these lines encouraging them to heal physically. (Mercer SW R. W., 2002)

### *Dispositional Empathy*

A much deeper level of empathy, where a person seeks another person's perspective, that is, he/she try to experience or feel what the other might be feeling. It can be said that it is different from situational empathy, where you respond to a provoking situation.

It can be suggested that empathy may be a disposition that's relatively stable across the lifespan. (Sara H. Konrath, 2010) As construed in Davis' Interpersonal Reactivity Index (IRI) (Davis, 1983) (Davis DA, 2006), empathy are often parsed into four dimensions. Perspective-Taking (PT) assesses the tendency to spontaneously adopt the psychological point of view of others. Empathic Concern (EC) assesses feelings of compassion and concern for unfortunate others. Fantasy (FS) assesses respondents' tendencies to move themselves imaginatively into the emotions and actions of fictional characters. Personal Distress (PD) assesses "self-oriented" feelings of private anxiety and unease in response to others' tense experiences. (Davis DA, 2006)

### *Measuring Empathy in Physician*

Empathy can in this way be characterized at three dimensions: as a frame of mind (affective), as a competency (cognitive), and as a behaviour. (Suchman, 1997) (Shapiro, 2002) (Norfolk T, 2007) (Neumann M, 2009) (Irving, 2004)

Competency can be subdivided into empathic ability, a correspondence aptitude, and the expertise to develop an association with a patient dependent on common trust. Empathic ability is the methodology by which the doctor can evoke the internal universe of the patient and get however much data as could be expected from the patient, while in the meantime perceiving the patient's problem. (Irving, 2004) (Lussier MT, 2007) Communication expertise is utilized to check, illuminate, support, comprehend, reproduce, and consider the impression of a patient's considerations and feelings. (Norfolk T, 2007) (Reynolds WJ, 2000) The aptitude to develop a trusting and long-standing patient– doctor relationship urges doctors to resound with the patient inwardly. These long haul connections are imperative for recounting and tuning in to the narratives of illness. (Charon, 2001) (Lumma-Sellenthin, 2009)

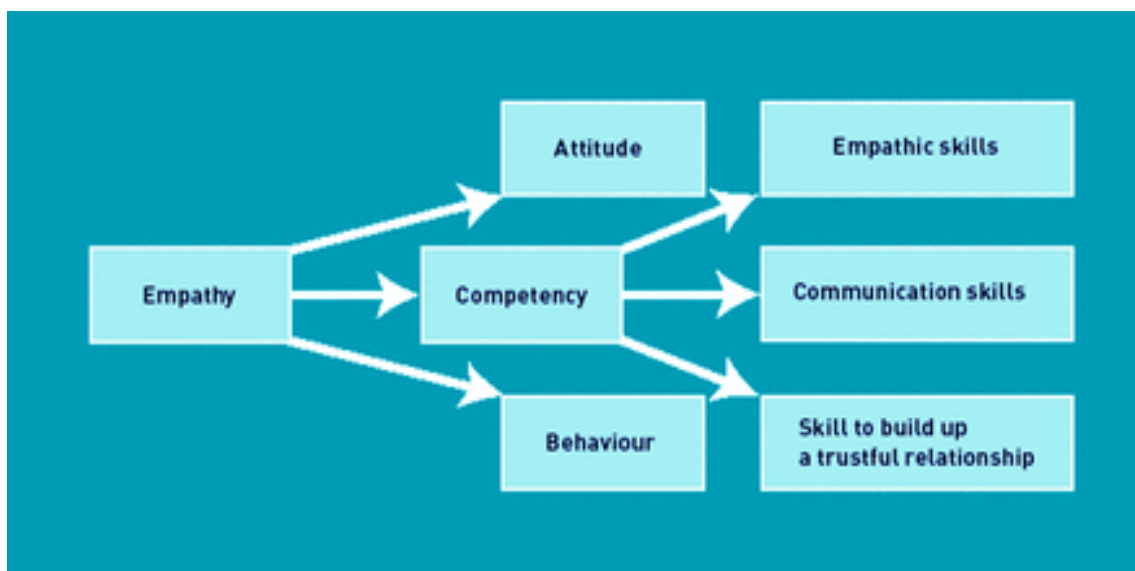
The two patients and doctors notice compassion as the reason for a sympathetic patient-focused strategy when all is said in done practice, and as an essential part of professionalism. (Mercer SW R. W., 2002) (Reynolds WJ, 2000) countless, about 80%, would prescribe an empathic doctor to other individuals. (Vedsted P, 2008)

Reynolds et al report a low dimension of compassion in expert relationships. In their view, this is far reaching in present day prescription and numerous beneficiaries of expert help may not feel that their circumstance is comprehended by professionals. (Reynolds WJ, 2000) An examination by Kenny et al proposes that doctors and patients have an alternate point of view on doctors' relational abilities: the impression of the therapeutic experience have been portrayed as being different to the point that they seem, by all accounts, to be from 'various worlds'. (Kenny DA, 2010)

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*Empathy might be estimated from three alternate points of view:*

- Self-rating (first individual appraisal) – the evaluation of sympathy utilizing institutionalized polls finished by those being surveyed.
- Patient-rating (second individual appraisal) – the utilization of polls given to patients to survey the compassion they experience among their carers.
- Observer rating (third individual evaluation) – the utilization of institutionalized appraisals by a spectator to rate compassion in connections between wellbeing work force and patients, including the utilization of 'institutionalized' or recreated tolerant experiences to control for watched contrasts auxiliary to contrasts between patients.



*Figure 2 Ho SS, Konrath S, Brown S and Swain JE (2014) Empathy and stress related neural responses in maternal decision making. Front. Neurosci. 8:152. doi:10.3389/fnins.2014.00152 (Konrath S, 2014)*

In a progression of reports by the Association of American Medical Colleges, 1998 on the Medical School Objectives Project, it was expressed that restorative schools are relied upon to teach benevolent doctors who "must be empathetic and compassionate in thinking about patients." Physicians' comprehension of a patient's point of view—and their appearance of minding, concern, and empathy—are among the recorded instructive targets. In any case, without a reasonable structure and an operational proportion of doctor empathy, it is absurd to expect to evaluate how much these goals are ever accomplished. (American Assosation Medical Colleges : Learning Objectives for Medical Student Education: Guidelines for Medical Schools. , 1998)

### **Rationale**

Empathy can be defined as one of the most important personality defining factor in human beings. But coming to institutes and organizations which is directly related to human interaction, empathy becomes more important in the field of action. It's very important for the patient to get the understanding and empathy from its physicians as many studies have quoted the effect of empathy on the rate of healing in patients.

So, through this study we are trying to analyse the amount of empathy doctor is able to impart, and also if the doctor actually has empathetic feeling in the first place.

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This study was also performed because of unavailability of such studies in Indian population, most studies are done on graduating students and no study actually analyses what happen in the practicing world of medicine which should be the main focus.

### METHODOLOGY

#### *Hypothesis*

There will be a significant correlation among medical professional's Clinical empathy and Dispositional empathy

- There will be a significant correlation between clinical empathy and Perspective Taking.
- There will be a significant correlation between clinical empathy and Empathic Concern.
- There will be a significant correlation between clinical empathy and Personal Distress.
- There will be a significant correlation between clinical empathy and Fantasy.

#### *Participant*

The research sample consisted of 104 participants, they constituted of doctors of different specialties and were included in the research through simple random sampling. A total of (N=104) from Delhi, both male and female (male-75, female-25), and majorly between the age group of 25-40 year.

#### *Research Design*

Correlation Research

Tools Used to Assess:

Empathy among doctors were assessed by two different scales

- **Jefferson Scale of Physician Empathy (JSE)**, the HP version of this was used to assess the clinicians empathy as this focuses on empathy in clinical setting. It contains 20 Likert-type items (7-point scale). Data support its validity and reliability;  $r = .38, p < .001$ . (Ward J, 2009)
- **International Reactivity Index (IRI)** (Davis, 1980, 1983) is a measure of dispositional empathy. The instrument contains four seven-item subscales, Perspective Taking, Empathic Concern, Personal distress and Fantasy each tapping a separate facet of empathy. (Davis DA, 2006)

### RESULT

The aim of present study to explore empathy among medical professionals by using two scales and assessing their clinical as well as dispositional empathy and seeking correlation between the two empathy.

**Table 1: Showing Pearson's Correlation between Clinical Empathy and Dispositional Empathy (4 sub-scales) among medical professionals (N=100)**

	FS	EC	PT	PD
Pearson Correlation Clinical Empathy	.722**	.836**	.778**	.725**

\*\* significant at 0.001

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The Pearson's Correlation of Dispositional Empathy in doctors calculated through International Reactivity Index (IRI) is reported in Table 1: Showing Pearson's Correlation between Clinical Empathy and Dispositional Empathy (4 sub-scales) among medical professionals

The Pearson's  $r$  data analysis revealed a significant positive correlation between Clinical empathy and sub-scales of Dispositional Empathy [Fantasy Scale(FC)( $r=.72$ ,  $>0.01$  level);Empathy Concern( $r=.83$ ,  $>0.01$  level);Personal Distress Scale ( $r=.72$ ,  $>0.01$  level);Perspective-Taking Scale ( $r=.77$ ,  $>0.01$  level)].

### DISCUSSION

The Aim of present study is to understand the level of Clinical empathy and Dispositional empathy among doctors. Empathy becomes more important when talking in the health provider sector, because this is where it comes in action. Data was collected from 100 doctors.

The hypothesis for the current study was to see if there is significant correlation among medical professional's clinical and dispositional empathy. We also liked for correlation between clinical empathy with different sub-scales of dispositional empathy (Perspective Taking, Empathic Concern, Personal distress and Fantasy).

Results (Table 1: Showing Pearson's Correlation between Clinical Empathy and Dispositional Empathy (4 sub-scales) among medical professionals (N=100), shows that there is significant correlation between Clinical and Dispositional Empathy. which suggest that Doctors have ample amount of concern and compassion towards people and which deify the fact the doctor's loose empathy with such hectic and workload. As defined Dispositional Empathy is when the person's empathy stays for lifetime and is deep rooted.

Rationale of emphasis on assessing empathy in doctors is first of all it is directly linked to the patient care and speedy recovery as seen in many studies. And further, physicians tend to sympathize with their patients as it is the reflex reaction or on other times be compassionate towards them which is totally counter intellectual. Therefore, use of empathy is so much emphasized in medical and clinical setting. (Hojat M L. D., 2011) (Hojat M L. D., 2011) (Hojat, 2017)

There is some research evidences that clinicians with high compassion scores have more occupation fulfillment and less burnout. (Larson EB, 2005)Empathy has been connected to improved patient satisfaction, (Derksen, 2013) better concordance with restorative counsel, diminishing of uneasiness and trouble, improved conclusion and clinical outcomes. (Hojat M G. J., 2002) (Mercer SW H. D., 2008) (Levinson W, 2000)Perhaps the best comprehended pathway by which sympathy improves wellbeing results is in the age of trust between the patient and doctor. (Halpern J. , 2011; Roter, 1998; Gleicherrcht E, 2013)

A health care study found that empathy and compassion were associated with better adherence to medication, fewer malpractice lawsuits, and better patient satisfaction. By expressing empathy, one patient at a time, advances the humanistic approach to healthcare. (KILLAM, 2014)

Other than the practicing physicians, Empathy has seen to have its impact on patients as well. Empathy is the key characteristic in better communication between the patient and the



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physician. The term empathy has been defined, in relation to healthcare professions, as the ability to master understanding of a patient's experience, concern, perspective, and his or her ability to impart those understandings. (Sinclair S, 2017; Halpern J. , 2003; Hojat M L. D., 2013; Hojat M G. J., 2015; Hojat M G. J., 2002) As a health professional, empathy plays an important role in ensuring success as it is the core of the health-care. It also has been identified as being an important component for all health professionals. (Grubb., 1977; B, 2012; H., 2009; Colliver JA, 2010; BE., 2015) A significant component of being a health professional is empathy. (Larson EB, 2005; Weiner SJ, 2007; Sinclair S B. K., 2017; Sinclair S M. S.-B., 2016) As a result, a group of scientists propose that empathy is the 'most powerful tool' for healthcare practitioners to maximise health system outcomes as it is an essential component of medical 'professionalism'. (Hegazi I, 2013)

During researchers various visits to different hospitals in the union territory there were observations that I made which I think should be taken into account. Firstly, as we mentioned it earlier too, the ratio of doctor patient in India is very low, with this comes the problem of clearly examining one patient at a time. What I observed was, not even a single doctor was free, even the interns who were still pursuing their degree were also working half of their classes. With this, and also things like they have to work for 12hours a day all throughout the week is so humanely not possible. The fact that there is not mental and physical rest for doctors with seeing so many patients in a day.

Secondly, every patient is terminally or chronically ill, having to go through this every day without any rest can result in burnout of doctors.

Thirdly, one of the prominent things that emerged as a pattern was writing patient's report or discharge. This was something majority of young doctors were seen doing and half of their shift time was gone into this. Every time every second doctor was found doing this. This actually consumed a lot of their time.

Fourth would be no schedule. Yes, every doctor is given a proper schedule but within that there is no time when they are supposed to have breaks. Its upto them when they can find free time and then take rest of even have lunch. There were so many instances when I would see doctors running across the hallway between the lunch timings.

Not having a proper schedule does affect the stability and things are all over the place. With this and also managing to be top up with the current education in medicine, whole of their life is devoted in the hospital.

One of the items in the doctor's questionnaire asked them if they enjoy art, to this the majority told me that it's been years that they actually had time to spend on their hobbies or art they like. The other few questionnaires ask questions like how do they relate to characters of a movie or a book, to this also their reply was the same, they don't have the time to enjoy any extra circular activity. Everything outside of medicine seems farfetched to them. Their touch with the outside world is totally disconnected.

From the above point, a very prominent thing can be concluded that with time doctors start losing touch with the outside world and all they have in touch are the sufferer. The only people they meet in a day are the patients. With this and their teachings, it seems nearly impossible to have that much empathy for every patient you see going through the same hardships.

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But what is important is to look more humanely and teach them how empathy can be implemented so that they do not lose it with course of years. And the point that it actually helps relieving their own burnout if they empathise with their patient is something majority of the doctors don't know.

### CONCLUSION

The goal of this research was to explore Empathy among medical professionals. In the field of medicine empathy is defined as Clinical Empathy where it is more as a professional skill related to cognitive processing and differs from sympathy. But, doctors believe a certain level of detachment is needed for a reliable treatment process.

From here on, the curiosity began, as to if a medical professional is losing its characteristic of being an empathetic person and how Clinical Empathy is different from Dispositional Empathy.

After collected data from major hospitals in Delhi (AIIMS, Safdarjung, RML etc.) among 104 doctors, the results were computed and seen that there is a significant correlation between Clinical and Dispositional Empathy, showing medical professionals do have empathy towards their patients and empathy as a human characteristic.

While this study tried to cover major areas, but there are few limitations which can be taken over for further studies. The sample size of the research could have been more for more apt and reliable research, for it to resonate more with the population. While each doctor was approached individually and some also had time boundations, the setting was not a proper laboratory setting, if all could have gathered in one place, there would have be less internal errors to the study. This study can be taken forwards by studying more the grounds of how the work culture is for doctors and do they can avoid burnout.

### REFERENCES

- AJ., B. (1981). Hidden reasons some patients visit doctors. *Ann Intern Med*.
- American Assosiation Medical Colleges : *Learning Objectives for Medical Student Education: Guidelines for Medical Schools*. . (1998, January). Retrieved 2019, from <https://www.aamc.org/>:  
<https://members.aamc.org/eweb/upload/Learning%20Objectives%20for%20Medical%20Student%20Educ%20Report%20I.pdf>
- Butow, P. M. (1997). The dynamics of change: Cancer patients' preferences for information, involvement and support. . *Annals Of Oncology*.
- Charon, R. (2001). The patient–physician relationship. Narrative medicine: a model for empathy, reflection, profession, and trust. *JAMA*.
- Cole MB, M. V. (2003). Therapeutic relationships re-defined. . *Occup Ther Ment Health*.
- Colliver, J., Willis, M., Robbs, R., Cohen, D., & Swartz, M. (1998). Assessment of empathy in a standardized-patient examination. *Teach Learn Med*.
- Davis DA, M. P. (2006). Accuracy of physician self-assessment compared with observed measures of competence, a systematic review. . *JAMA: The Journal of the American Medical Association* .
- Davis, M. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. . *Journal Of Personality And Social Psychology*.
- Derksen, F. B.-J. (2013). Effectiveness of empathy in general practice: a systematic review. *British Journal Of General Practice*.

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- Dubnicki, C. (1977). Relationships among therapist empathy and authoritarianism and a therapist's prognosis. *Journal Consult Clinical Psychology*.
- Falvo, D., & Tippy, P. (1988). Communicating information to patients: Patient satisfaction and adherence as associated with resident skill. *Journal Fam Pract*.
- Good Therapy*. (2015, 6 8). Retrieved 2019, from <https://www.goodtherapy.org/blog/psychpedia/empathy>
- Greenberg, Elliott, L., Bohart, & Watson. (2001). Empathy. *Psychotherapy: Theory, Research, Practice, Training*. *APA Psych Net*, 38(4), 380–384. .
- Halpern, J. (2011). From detached concern to empathy. . *Oxford: Oxford University Press*.
- Halpern, J. (2003). What is Clinical Empathy. *J Gen Intern Med*. , 670-674.
- Hojat M, G. J. (2002). Physician empathy: definition, components, measurement, and relationship to gender and specialty. *Am J Psychiatry*.
- Hojat M, L. D. (2011). Physicians' empathy and clinical outcomes for diabetic patients. *Acad Med* .
- Hojat M, L. D. (2011). A brief instrument to measure patients' overall satisfaction with primary care physicians. *Fam Med*.
- Hojat, M. D. (2017). Patient Perceptions of Clinician's Empathy: Measurement and Psychometrics. . *Journal of patient experience* , 4(2), 78-83.
- Irving, P. &. (2004). Empathy: towards a conceptual framework for health professionals. *International Journal Of Health Care Quality Assurance*.
- Jr, S. R., Markoul, G., Arora, N., & RM, E. (2009). How does communication heal? Pathways linking clinician–patient communication to health outcomes. *Patient Educational Counselling* .
- Kenny DA, V. W. (2010). Interpersonal perception in the context of doctor-patient relationships: a dyadic analysis of doctor–patient communication. *Social Science & Medicine - Journal - Elsevier* .
- Kim, S. S., Kaplowitz, S. A., & Johnston, M. V. (2004). The Effects of Physician Empathy on Patient Satisfaction and Compliance. *PubMed* .
- Konrath S, H. S. (2014). Empathy and stress related neural responses in maternal decision making. *Front. Neurosci.* , 8:152.
- Kunyk, D. &. (2001). Clarification of conceptualizations of empathy. *Journal Of Advanced Nursing*.
- Larson EB, Y. X. (2005). Clinical empathy as emotional labor in the patient–physician relationship. . *JAMA* .
- Levinson W, G.-B. R. (2000). A study of patient clues and physician responses in primary care and surgical settings. *JAMA*.
- Lumma-Sellenthin, A. (2009). Talking with patients and peers: medical students' difficulties with learning communication skills. *Med Teach*.
- Lussier MT, R. C. (2007). Communication tips. Feeling understood: expression of empathy during medical consultations. *Canadian Family Physician* .
- Mercer SW, H. D. (2008). Capturing patients' views on communication with anaesthetists: The CARE Measure. *Clin Governance*.
- Mercer SW, R. W. (2002). Empathy and quality of care. *British Journal of General Practice* .
- MH., D. (1996). Empathy: a social psychological approach. . *Choice Reviews Online*.
- MH., D. (1983). Measuring individual differences in empathy: evidence for multidimensional approach. *J Pers Soc Psychol*.
- Neumann M, B. J. (2009). Analyzing the ‘nature’ and ‘specific effectiveness’ of clinical empathy: a theoretical overview and contribution towards a theory-based research agenda. *Patient Education and Counseling - Journal - Elsevier* .

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- Norfolk T, B. K. (2007). The role of empathy in establishing rapport in the consultation: a new model. *Medical Education* .
- R.S. (2019). *Times of India*. Retrieved 2019, from <https://timesofindia.indiatimes.com/city/bengaluru/with-1921-india-has-healthy-doctor-patient-ratio/articleshow/63586736.cms>: <https://timesofindia.indiatimes.com/city/bengaluru/with-1921-india-has-healthy-doctor-patient-ratio/articleshow/63586736.cms>
- Reynolds WJ, S. B. (2000). Do nurses and other professional helpers normally display much. *Journal of Advanced Nursing - Wiley Online Library* .
- RIETVELD, S. P. (1998). The relationship between negative emotions and acute subjective and objective symptoms of childhood asthma. . *Psychological Medicine*.
- Roter, D. H. (1998). Effectiveness of Interventions to Improve Patient Compliance. . *Medical Care*.
- Sara H. Konrath, E. H. (2010). Changes in Dispositional Empathy in American College Students Over Time: A Meta-Analysis. *Sage Journals* , 180-198.
- Shapiro, J. (2002). How do physicians teach empathy in the primary care setting? *Academic Medicine* .
- Suchman AL, M. K. (1997). A model of empathic communication in the medical interview. . *JAMA .The Journal Of The American Medical Association*.
- Suchman, A. (1997). A model of empathic communication in the medical interview. . *JAMA: The Journal Of The American Medical Association*.
- Vedsted P, H. H. (2008). Association between patients' recommendation of their GP and their evaluation of the GP. *Scandinavian Journal of Primary Health Care* .
- Ward J, S. M. (2009). Reliability and validity of the Jefferson Scale of Empathy in undergraduate nursing students. . *J Nurs Meas.* , 17(1):73-88.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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