

ORIGINAL ARTICLE

Empathy of Healthcare Professionals During Covid-19 Crisis

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ABSTRACT

Background: Empathy is one of the most vital parts of medical ethics that is a prerequisite for good clinical practice, yet the level of empathy of the doctors has not been up to the mark.

Objective: To measure empathy of healthcare professionals during COVID-19 crisis

Materials and Methods: This was a cross sectional study done in almost all public and private tertiary care hospitals of Peshawar. The study duration was 6 months (10 September 2021-10 February 2022) after the approval of research proposal. The sampling method was non probability convenient sampling. The inclusion criteria were health professionals involved in the care of the COVID 19 patients like pulmonologists, physicians, trainee doctors, nurses and chest physiotherapists. Exclusion criteria were the doctors from other specialties who were not taking in the management of such patients. Empathy scale was used to collect responses of the participants. The data was analyzed using SPSS latest version

Results: Significant association was seen between Consultants, Nurses and PGRs with that they were not interested in patient's personal matters as these are not relevant to medical treatment. i.e. p-value <0.001. Significant association was seen between Consultants, Nurses and PGRs they Viewed things from patient's perspectives might confuse me and make me too distracted to take the right clinical decision (cognitive). i.e. p-value=0.026

Conclusion: The level of empathy did get affected to a colossal extent during the COVID-19 pandemic as reflected by the above results.

Keywords: Empathy, COVID 19, healthcare professionals

INTRODUCTION

Empathy can be defined as sympathetic response of one person to agony or pain of another one, and it has following components: thinking from others perspective, showing genuine concern, distress of oneself, and mental faculty to visualize things. Global health crisis outbreak such as COVID 19 has caused large no of casualties throughout the world depriving the people of their dear ones.(1)

Since the emergence of COVID-19 pandemic, even in countries like UK and USA have been stretched to their maximum extent and are, in some countries, at the verge of collapse. Whenever there is a pandemic, health professionals are the ones at the receiving end dealing with sick patients fighting for their lives. Physician burnout is a term we have been hearing in this context. "I am tired as I am working more than ever, but others don't have to die," Erickson told Medscape Medical News. "It's been very hard in terms of physical, emotional and mental well being ". Dealing with deaths is very stressful in the daily life even for normal individuals. But people who are dealing with critical patients are fatigued to such an extent that they have forgotten the very basis of medical ethics like altruism and empathy(2)

Studies have shown that terms such as "empathy fatigue" and "compassion fatigue" are experienced by doctors for patients who are unvaccinated for COVID-19. They are of the view that such patients are adding to the menace of spreading the disease as they are not following standard operating procedures for guarding against the pandemic. Empathy does require excellent intellect and thought processing, but as stress enhances, empathy declines automatically. It's a survival mechanism, Nelson says. On the other hand its essential to follow principles such as empathy, altruism and justice even in the most stressful circumstances as they are trademarks of a good professional with sound medical knowledge and clinical judgment.(3)

The rationale of this study is to determine the toll COVID 19 pandemic has taken on health professionals in terms of emotional health. COVID-19 has stretched health systems to a great level and there is a need for measuring the impact of it on empathy of health care professionals.

MATERIALS & METHODS

This cross sectional study was done on 100 patients at all public and private tertiary care hospitals of Peshawar. The study duration was 6 months (10 September 2021-10 February) 2022 after the approval of proposal by ERB letter. The inclusion criteria were health professionals involved in the care of the COVID 19 patients like pulmonologists, physicians, trainee doctors, nurses and chest physiotherapists. Exclusion criteria were the doctors from other specialties who were not taking in the management of such patients. Consent was obtained from the corresponding heads of tertiary care hospitals/institutions prior to the data collection. Empathy scale was used to collect responses of the participants, and it is a validated instrument. Likert-scale was used to assess the responses of the participants and to the extent they agree or disagree to the questions asked according to empathy scale questionnaire.

Analysis: The analysis was performed by using the SPSS latest version with the applications of appropriate descriptive. The mean and standard deviation were applied with frequencies as well as percentages of participants taking into account their gender and type of speciality. The average score for respondents along with sum both the empathy scores (cognitive and affective) being calculated. The no. and percentages of responses for individual level of agreement for all the questions in empathy scale were also ascertained. The t-test was used for comparison of empathy scores and for determining the level of significance difference between males and females in the empathy mean scores. ANOVA was used to determine the significance differences between their level of practices and different specialization with $P < 0.05$ as significant.

RESULTS

No significant difference was seen between post graduate residents, Consultant and Nurses regarding that it is of great value to have right away sense of empathy towards ill people. Significant association was seen between Consultants, Nurses and PGRs with that they were not interested in patient's personal matters as these are not relevant to medical treatment. i.e. p-value <0.001. Significant association was seen between Consultants,

Nurses and PGRs they Viewed things from patient' perspectives might confuse me and make me too distracted to take the right clinical decision(cognitive). i.e. p-value=0. 026. The statistical

significant association was also seen for question " Patient talk to me about their personal problems as I try to understand their suffering (cognitive)" with a p value of 0.04

Table 1: 7: Strongly Agree 6: Agree 5: Slightly Disagree 4: Undecided 3: Slightly Disagree 2: Disagree 1: Strongly Disagree

| Questions | Response | Consultant | Nurse | PGR | Total | Chi-Square/ p-value |
|-----------|----------|------------|-------|-----|-------|---------------------|
| 1 | 7 | 14 | 12 | 19 | 45 | 5.51/ 0.4799 |
| | 6 | 8 | 10 | 7 | 25 | |
| | 5 | 10 | 4 | 6 | 20 | |
| | 4 | 2 | 3 | 5 | 10 | |
| | 3 | 0 | 0 | 0 | 0 | |
| | 2 | 0 | 0 | 0 | 0 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 2 | 7 | 12 | 10 | 13 | 35 | 6.203/ 0.798 |
| | 6 | 15 | 10 | 10 | 35 | |
| | 5 | 4 | 7 | 4 | 15 | |
| | 4 | 3 | 3 | 1 | 7 | |
| | 3 | 1 | 1 | 2 | 4 | |
| | 2 | 2 | 0 | 2 | 4 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 3 | 7 | 5 | 5 | 10 | 20 | 4.420/ 0.926 |
| | 6 | 7 | 3 | 12 | 22 | |
| | 5 | 4 | 3 | 7 | 14 | |
| | 4 | 2 | 4 | 10 | 16 | |
| | 3 | 4 | 4 | 4 | 12 | |
| | 2 | 0 | 0 | 0 | 0 | |
| | 1 | 4 | 4 | 8 | 16 | |
| 4 | 7 | 4 | 4 | 3 | 11 | 17.31/ 0.0677 |
| | 6 | 8 | 4 | 2 | 14 | |
| | 5 | 5 | 5 | 0 | 10 | |
| | 4 | 7 | 7 | 6 | 20 | |
| | 3 | 0 | 0 | 0 | 0 | |
| | 2 | 4 | 4 | 11 | 15 | |
| | 1 | 7 | 8 | 15 | 30 | |
| 5 | 7 | 20 | 18 | 30 | 58 | 7.279/ 0.506 |
| | 6 | 1 | 4 | 5 | 10 | |
| | 5 | 2 | 5 | 5 | 12 | |
| | 4 | 0 | 0 | 0 | 0 | |
| | 3 | 5 | 5 | 5 | 15 | |
| | 2 | 2 | 3 | 0 | 5 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 6 | 7 | 30 | 24 | 21 | 75 | 4.405/ 0.975 |
| | 6 | 4 | 4 | 3 | 11 | |
| | 5 | 0 | 2 | 2 | 4 | |
| | 4 | 3 | 1 | 1 | 5 | |
| | 3 | 1 | 2 | 2 | 5 | |
| | 2 | 0 | 0 | 0 | 0 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 7 | 7 | 24 | 16 | 20 | 60 | 9.605/ 0.142 |
| | 6 | 5 | 10 | 20 | 35 | |
| | 4 | 3 | 1 | 1 | 5 | |
| | 4 | 0 | 0 | 0 | 0 | |
| | 3 | 0 | 0 | 0 | 0 | |
| | 2 | 0 | 0 | 0 | 0 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 8 | 7 | 3 | 5 | 4 | 12 | 13.14/ 0.216 |
| | 6 | 35 | 15 | 20 | 70 | |
| | 5 | 3 | 2 | 5 | 10 | |
| | 4 | 1 | 2 | 0 | 3 | |
| | 3 | 2 | 0 | 0 | 2 | |
| | 2 | 2 | 0 | 0 | 2 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 9 | 7 | 20 | 10 | 14 | 44 | 16.36/ 0.089 |
| | 6 | 10 | 15 | 15 | 40 | |
| | 5 | 3 | 1 | 1 | 5 | |
| | 4 | 0 | 02 | 1 | 3 | |
| | 3 | 4 | 0 | 0 | 4 | |
| | 2 | 1 | 0 | 2 | 3 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 10 | 7 | 4 | 4 | 2 | 10 | 18.49/ 0.047 |
| | 6 | 5 | 6 | 2 | 13 | |
| | 5 | 7 | 10 | 23 | 40 | |
| | 4 | 9 | 12 | 6 | 27 | |
| | 3 | 0 | 2 | 3 | 5 | |
| | 2 | 3 | 1 | 1 | 5 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 11 | 7 | 2 | 2 | 0 | 4 | 21.14/ 0.048 |
| | 6 | 1 | 0 | 3 | 4 | |
| | 5 | 3 | 3 | 1 | 7 | |
| | 4 | 6 | 7 | 12 | 25 | |
| | 3 | 3 | 1 | 1 | 5 | |
| | 2 | 3 | 1 | 1 | 5 | |
| | 1 | 30 | 13 | 7 | 50 | |
| 12 | 7 | 0 | 2 | 2 | 4 | 15.10/ 0.235 |
| | 6 | 1 | 2 | 1 | 4 | |
| | 5 | 2 | 3 | 3 | 7 | |

| | | | | | | |
|----|---|----|----|----|----|------------------|
| | 4 | 8 | 8 | 7 | 25 | |
| | 3 | 1 | 2 | 2 | 5 | |
| | 2 | 2 | 3 | 0 | 5 | |
| | 1 | 12 | 8 | 30 | 50 | |
| 13 | 7 | 17 | 18 | 23 | 58 | 8.518/ 0.202 |
| | 6 | 11 | 9 | 8 | 28 | |
| | 5 | 4 | 4 | 0 | 8 | |
| | 4 | 0 | 3 | 3 | 6 | |
| | 3 | 0 | 0 | 0 | 0 | |
| | 2 | 0 | 0 | 0 | 0 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 14 | 7 | 9 | 15 | 14 | 38 | 33.05/ <0.001 |
| | 6 | 6 | 12 | 10 | 28 | |
| | 5 | 12 | 2 | 0 | 14 | |
| | 4 | 0 | 3 | 3 | 6 | |
| | 3 | 0 | 0 | 0 | 0 | |
| | 2 | 0 | 07 | 7 | 14 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 15 | 7 | 15 | 15 | 8 | 38 | 17.34/ 0.026 |
| | 6 | 5 | 5 | 18 | 28 | |
| | 5 | 6 | 6 | 2 | 14 | |
| | 4 | 2 | 2 | 2 | 6 | |
| | 3 | 0 | 0 | 0 | 0 | |
| | 2 | 4 | 3 | 7 | 14 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 16 | 7 | 28 | 26 | 24 | 78 | 10.20/ 0.423 |
| | 6 | 1 | 1 | 3 | 5 | |
| | 5 | 0 | 2 | 2 | 4 | |
| | 4 | 2 | 3 | 0 | 5 | |
| | 3 | 1 | 1 | 3 | 5 | |
| | 2 | 0 | 0 | 0 | 0 | |
| | 1 | 0 | 2 | 1 | 3 | |
| 17 | 7 | 14 | 16 | 8 | 38 | 8.490/ 0.387 |
| | 6 | 11 | 10 | 7 | 28 | |
| | 5 | 6 | 5 | 3 | 14 | |
| | 4 | 1 | 3 | 2 | 6 | |
| | 3 | 0 | 0 | 0 | 0 | |
| | 2 | 3 | 3 | 8 | 14 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 18 | 7 | 32 | 10 | 26 | 68 | 5.664/ 0.225 |
| | 6 | 15 | 5 | 8 | 28 | |
| | 5 | 0 | 2 | 2 | 4 | |
| | 4 | 0 | 0 | 0 | 0 | |
| | 3 | 0 | 0 | 0 | 0 | |
| | 2 | 0 | 0 | 0 | 0 | |
| | 1 | 0 | 0 | 0 | 0 | |
| 19 | 7 | 12 | 15 | 9 | 36 | 8.038/0.782 |
| | 6 | 9 | 13 | 23 | 45 | |
| | 5 | 1 | 2 | 1 | 4 | |
| | 4 | 1 | 2 | 2 | 5 | |
| | 3 | 1 | 1 | 3 | 5 | |
| | 2 | 0 | 1 | 1 | 2 | |
| | 1 | 1 | 1 | 1 | 3 | |
| 20 | 7 | 33 | 8 | 25 | 66 | 16.50/0.169 |
| | 6 | 9 | 2 | 4 | 15 | |
| | 5 | 0 | 2 | 2 | 4 | |
| | 4 | 2 | 3 | 0 | 5 | |
| | 3 | 2 | 1 | 2 | 5 | |
| | 2 | 0 | 1 | 1 | 2 | |
| | 1 | 1 | 1 | 1 | 3 | |

DISCUSSIONS

These results are similar to the results of Bratek, et al. Interestingly Richards, Petty, and Zelenski found their opposite to the present ones. (4) Their sample of health workers and pupils in genetic counselling found that first year students had greater perspective taking than ones graduating. However, this didn't take into consideration the people with higher number of years of practice in their respective fields. Health professionals do set the important limits for accurate development of their professional empathy. It has to be noted that inattention and lack of care for the patients do lead to dehumanization. On the contrary, excessive intimacy with the patient can cause resonances. (5) Its vital to regulate emotional distance and keep a balance which can be a coping strategy for burnout and secondary traumatic stress encountered. Furthermore, the present study showed that both age and gender have an enormous effect on total empathy levels. According to past studies female have higher empathy levels than opposite genders. In contrast to what was presented in Extremera Pacheco and Fernández Berrocal's research, the students had reduced empathy with enhancing age. This data should be a

platform for further research in terms of whether age has an impact on level of empathy. COVID-19 has given lead to a lot of ethical issues (6)

Past experience with national calamities, health pandemics, and traumatic incidences are indicative of more support requirement for prone and affected doctors allowing them to function properly and be self aware of their feelings as well as share their experience with patients which can help them in remaining determined and brave during these stressful events. (7) That's because healthcare not a scientific field, it is a combination of empathy, and sound skills of communication required as prerequisite to convey that empathy. (8)

Empathy has been proven to be effective weapon against professionals burnout. (9) On the other hand, studies show that although it is cornerstone of clinical practice and management empathy makes a doctor vulnerable for stress-related signs and symptoms such as compassion tiredness and extensive burnout. (10) The behavioural and emotional effort required for empathy might strain the already overwhelmed health care professional who is dead tired and exhausted dealing with clinical care. (11)

Therefore, some distance between clinicians and their patients is absolutely vital for better function. Moreover, other dimensions such as personal authenticity and hope do interact with empathy-related processes and outcomes and should be considered as other aspects to be trained in medical education program.(12)

Strengths & Limitations: The main strength of this cross-sectional study is that it was relatively quick and inexpensive to conduct. Since the sample size was small, more studies are needed to generalize these results

CONCLUSION

The level of empathy was low among the health care professionals during the COVID 19 pandemic which is a matter of concern and the factors should be thoroughly investigated in further studies

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