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ENHANCING OF EMPATHY AS A RESULT OF REDUCTION IN DISTRESS THROUGH TRIGGER OF EMOTIONS BY FEATURE FILMS IN LEARNING AND ALLURING ENVIRONMENT

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ABSTRACT

With respect to empathic behavior the new physicians not fulfilling the requirements to the satisfaction of patient and recently studies that focused on medical students agreed that self-assessed empathy decreased significantly during last two decades. Therefore many strategies have been applied to increase empathy among medical students however recent literature shows a significant decline during last twenty years. One of the main reasons is that medical students' exposure to patients with and unrealistic expectations leads to distress.

There is a need to discover an effective and best learning tool which instead exposing students directly to real patients; first develop feelings and understanding of patients. Hence it is hypothesized that feature film could be a method based on a persuade model which demonstrates an imaginative immersion into others' stories that are not real will understanding of patients and minimize the effect of distress.

This article presents a theoretical framework for enhancing empathy, among medical students, by steady exposure to patients through films that demonstrate positive or negative empathic behavior of a physician with clarification that physicians cannot solve all problems followed by role-play and then real patients. It is expected that when medical students are then exposed to real patients they will not be under stress and lose their empathy.

It is speculated if applied practically, will be easily transferable and beneficial for several stakeholders including medical students, health care managers and patients and community.

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INTRODUCTION

The word "Empathy", has its origin in the German word *Einfühlung* meaning, "feeling into" (U, 1873). However the concept of empathy is phenomenal and has two aspects affective and cognitive. Mercer and Reynolds' widely accepted definition describes physician empathy as the ability of a physician to "(a) understand the patient's situation, perspective and feelings (and their attached meanings), (b) communicate that understanding and check its accuracy and (c) act on that understanding with the patient in a helpful (therapeutic) way" (Mercer and Reynolds, 2002). While Hojat described "Empathy is a predominantly *cognitive* (rather than emotional or affective) attribute that involves an *understanding* (rather than feeling) of experiences, concerns and perspectives of the patient, combined with a capacity to *communicate* this understanding." (Hojat *et al.*, 2007)

Such empathic behavior may lead to patients' reporting more about their symptoms and concerns, (Beckman and Frankel, 2003), physicians' increased diagnostic accuracy (Larson and Yao, 2005), patients' receiving more illness-specific information (Irving and Dickson, 2004), patients' increased participation in education, patients' increased compliance and satisfaction, patients' greater enablement, and patients' reduced emotional distress and increased quality of life (Kim *et al.*, 2004). This therapeutic relevance emphasizes the importance of developing and supporting physician empathic behavior during medical school and residency.

With respect to empathic behavior the new physicians not fulfilling the requirements to the satisfaction of patient (West and Shanafelt, 2007) and recently, a systematic review (Neumann *et al.*, 2011) further reinforced it by showing that ten out of the 11 studies that focused on medical students agreed that self-assessed empathy decreased significantly during last two decades between the students' third year of study and their

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first experience with a patient. Additional to this many medical universities are still following the same traditional formula like curriculum to just a mountain of knowledge throw upon the heads of new born medical students and after completing of two to three years of basic sciences education throw them into an exhausting situation at teaching hospitals (Hojat *et al.*, 2009).

Reasons for declining empathy

There are several possible portrayals are present to explain the causes of declining empathy however a critical experience during initial clinical practice of students is thought to be a main reason (Neumann *et al.*, 2011). The sudden exposure increases responsibility for the patient, which is often guided by their unrealistic expectations that medicine can always cure and that there is always “a right thing” to do. Students’ and residents’ expectations may lead them to react to the stress of overwhelming responsibility in undesirable ways—such as detached concern and decreased empathy—as they concentrate only on molecules, organs, reports, and data rather than on the patient. This explanation corresponds with the results of a recent study of physicians’ brains that demonstrated that medical expertise down-regulates the sensory processing elicited by the perception of pain in others. Without emotion regulation skills, repeated exposure to the suffering of others in healthcare professionals may be associated with the adverse consequences of personal distress, burnout and compassion fatigue (Decety J, 2010).

Though some authors interpret distress as a means of survival and self-protection and as a coping mechanism (Shapiro, 2008). Whereas the distress hypothesis (Neumann M, 2009) based on recent neurophysiologic studies on mirror neurons explained that the more a clinician is confronted with the distress of patients, the more he himself undergoes distress. Mirror neurons display physiological correlations of empathy, which can be activated both during an action or sensation in the body and when the same action is merely observed in another person and suffer serious damage through extreme experiences of callousness or inconsiderateness (J., 2005). Hence relationship of doctor and patient should nurture in span of the time to develop emotions gradually by demonstrating them some other activities.

What have been done so far?

There are several efforts have been made to develop strategies to cultivate the doctor patients relationship to improve empathic behavior. These efforts have been incorporated and experimented even in several universities through so many approaches like problem-based, community-oriented and mix approach curriculum to enhance the skills, attitudes and practices or behavior of medical students, but how successful are they is still questionable. Reports on the application of these techniques have been primarily descriptive in nature (Goldie, 2008, Swick *et al.*, 1999) and didn’t measure the long term impact. Moreover unfortunately, studies are failed to illustrate any improvement in its place show decline in empathic behavior during the medical school and residency training process. (Hojat *et al.*, 2004).

Since it is an established fact that there is a problem somewhere in training, certainly it is not neglected by medical professionals and as mentioned by Hojat M (Hojat, 2009), there are several ways already applied to inject the empathy into medical training even if it is not part of formal education. For example a study (Blasco, 2001) emphasized the value of studying literature and arts in medical education for enhancing empathy. However none of these were longitudinal studies and even measurements based on application of invalid and unreliable tools except a few studies (Hojat *et al.*, 2005, Neumann *et al.*, 2011). Different other measures were also being used such as role-playing (Piccoli *et al.*, 2005), exposure to patients & Reflection (narrative writing) (Kumagai, 2008) etc., demonstrate an increase in empathy for short term. These all methods somehow the other use patients as reference for learning which is identified as one of reasons for declining in empathy.

Why feature films?

Consequently there is a need to discover an effective and best learning tool which instead exposing students directly to real or simulated patients; first develop feelings and understanding of patients as a whole person. Therefore it is assumed that feature film is the best methods based on a persuade model which demonstrates an imaginative immersion into others’ stories that are not real which hypothetically minimize the effect of distress. Feature film may present a more holistic and realistic view of relevant course concepts than textbooks (Bluestone, 2000) and it can provide a common experience base for all students, even of otherwise unfamiliar issues (Anderson, 1992, Gregg, 1995). At its best, film can reach the emotions of students, thus potentially increasing the likelihood of students connecting personally to the content presented (Bluestone, 2000) and enable them to see theory in action (Anderson, 1992, Gregg, 1995). Therefore, discussing and reflecting on movies that demonstrate positive or negative empathic behavior of physicians and clarify that physicians cannot solve all problems might be helpful to enhance empathy easily.

DISCUSSION

Neuman and his colleagues (Neumann *et al.*, 2011) mentioned several reasons for declining of empathy however a critical experience during initial clinical practice of students is thought to be a main reason. It depicted that this exposure increases responsibility for the patient, which is often guided by unrealistic expectations that medicine can always cure. This overwhelming behavior on side is good to motivate students to do extraordinary work for patients but on the other side put under stress of overwhelming responsibility in undesirable ways. The side effect of this behavior is to detached concern and decreased empathy.

During last decade several strategies have been applied to resolve the problem however unfortunately not very successful so far. Hojat M (Hojat, 2009) has brought up in his book and papers that several ways already applied to inject the empathy into medical training even if it is not part of formal education. For example a study (Blasco, 2001) emphasized the value of studying literature and arts in medical education for enhancing empathy. Long-term impact measure is still doubtful because of problems in methodology and using a valid and reliable

(Hojat *et al.*, 2005, Neumann *et al.*, 2011). Additionally other measures were also being used such as role-playing (Piccoli *et al.*, 2005), exposure to patients & Reflection (narrative writing) (Kumagai, 2008) etc, demonstrate an increase in empathy but again for short while. There is another problem found almost in all methods that they use patients as reference for learning which is made out as one of reasons for declining in empathy.

Based on above discussion it is confirmed that empathy is declining and so far social scientists and medical educationists are failed to maintain and enhance empathy in medical students. Of course it is a complex process and one method or tool cannot enhance empathy. We need to find out several ways for upholding empathy in medical students. If we review the whole scenario, there are two aspects of this problem; one is exposure to real situation which ultimately build on another problem i.e., distress. Therefore we need a method that demonstrates an imaginative story immersion into others, indeed role-play being not a real situation to some extent solve this problem however truly speaking again they expose to a patient seating in front of them and also literature (Piccoli *et al.*, 2005) illustrate some reservation.

Although it is not straightforward to develop any plan whether formal or informal to enhance empathy because there are several factors are lying behind it but we can address at least one factor that is distress. I supposed feature film is could be the best methods because it is based on a persuade model which demonstrates an imaginative immersion into others' stories that are not real which hypothetically minimize the effect of distress. Feature film may present a more holistic and realistic view of relevant course concepts than textbooks(Bluestone, 2000) and it can provide a common experience base for all students, even of otherwise unfamiliar issues(Anderson, 1992, Gregg, 1995,). At its best, film can reach the emotions of students, thus potentially increasing the likelihood of students connecting personally to the content presented(Bluestone, 2000) and enable them to see theory in action (Anderson, 1992, Gregg, 1995,). Therefore, discussing and reflecting on movies that demonstrate positive or negative empathic behavior of physicians and clarify that physicians cannot solve all problems might be helpful to enhance empathy easily (Figure 1).

In addition, feature films provide good opportunities to demonstrate two kinds of emotions: representational emotions include feelings of suspense, curiosity, fearing for characters, getting angry at them, admiring them, and so on and other are artifact emotions include beauty of a film admires its editing, use of sound, or deployment of technology. Certainly one can argue that individuals have different intellectual ability, self-efficacy regarding the training task, motivation level, and personality traits that largely affect trainee motivation for learning which ultimately affect performance (Sackett *et al.*, 1998). In fact feature films provide a narrative model framed in emotions and images that are also grounded in the everyday universe for almost for everyone. While emotionally captivating, they trigger the audience's opinions, and foster their critical thinking and when used to raise open discussion, students feel free to share their points of view because movies are impersonal, so no one feels offended. In addition, this learning tool provide opportunities to demonstrate that a physician cannot solve all problems in a safe, not stressful environment. Therefore it is assumed that it would be a useful at the start of the medical training program; off course, thereafter simulated and real patients should be used as well to enhance transfer to the workplace.

In fact feature films are being used as learning tool since two decade however a more subtle and less officially recognized and acceptable educational activity (R., 2001) that might leads towards further exploration of perception of faculties for using films as learning tool. Although it has been demonstrated that feature films are a quick strategy to help convey concepts in numerous areas of academic fields such as history taking (R., 2001) and communication skills (Alexander *et al.*, 1994, Weber CM, 2007) and some other reports (Banos, 2007) also support the use of whole-length films and movie clips, or trigger films to teach medical professionalism, medical ethics, and humanities however none of these efforts show that it has been used particularly for enhancement of empathy. Indeed this activity is different from conventional method and an impact of powerful visualization (Konrath *et al.*, 2011) makes it a powerful learning tool for long lasting and improved retention.

There is an evidence that clips of films (Alexander *et al.*, 1994, Weber CM, 2007) are effective to use overall for development of professionalism but literature doesn't show any evidence for

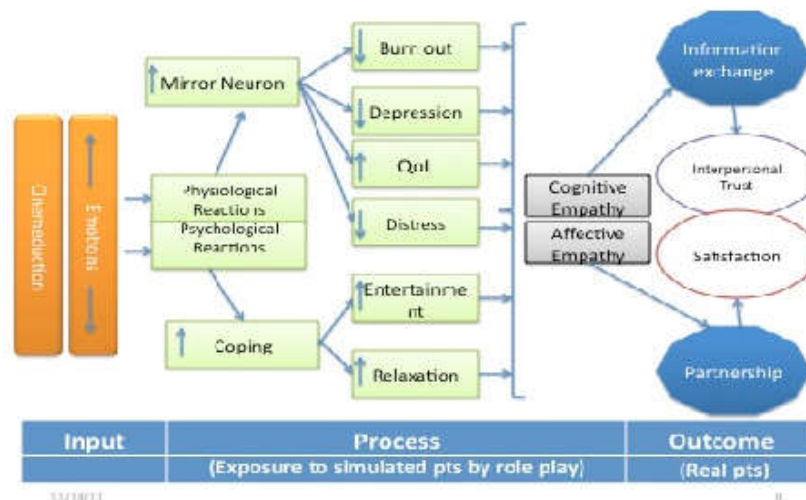


Figure 1 Conceptual frame work

using clips to enhance empathy. I suggest to select full-length movies because of two reasons; it shows full context of patients and helpful for more thorough development of characterization (Burton, 1988) and not being used as learning tool so far for enhancing empathy. This session will incorporate in curriculum and will take on average one to one and half hour (Figure 2).

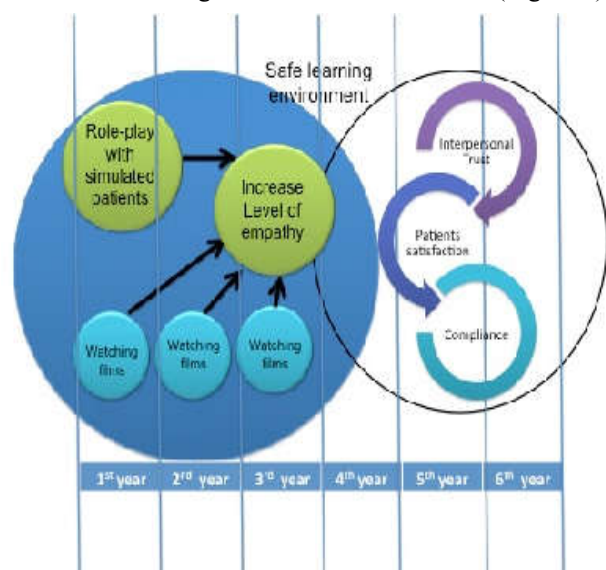


Figure 2 Hypothetical pre-clinical pathway for enhancing empathy

Though there are several disadvantages of multimedia including feature films but it has a lot of advantages so the benefits outweigh the problems. It is a matter of utilization therefore this article is an attempt to employ the new technology which is more attractive for youngster to enhance empathy. The students will learn in less stress environment with entertainment can label as an “Edutainment” that enhances their capabilities and self-efficacy. Eventually this enhancement has its own impact on society and as well as on country. The literature shows that high empathy increases the patients’ satisfaction and ultimately compliance which is now days a major problem especially for chronic diseases like asthma, hypertension and diabetes (Hojat *et al.*, 2011) etc. The poor compliance creates complications and finally increased the burden on family, society and on country in terms of money and stress of other caregivers due to increased visits to hospitals.

Hence we need to explore that what kind of feature films may trigger emotions to develop empathic behavior then how medical students and faculty feel about it then follow up them to assess that any effect of feature films on short term and long term bases. In the last but not the least to assess that this training can transfer to workplace because the learned behavior must be generalized to the job context and maintained over a period of time on the job (Baldwin and Ford, 1988).

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