Empathy and Interpersonal Accuracy in the Clinical Encounter

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Themes in Today’s Talk:

The empathy concept in theory and practice

Accuracy in perceiving patients

How patients evaluate male versus female clinicians
The Empathy Concept

Who doesn’t think empathy is a good thing?
The Empathy Concept

But what is it?
Definitions of “Empathy”

Accurate perception of another
Perspective taking
Personal distress
Compassionate, warm, accepting attitude; ‘being there’ for the other person
Caring about the other’s welfare
Getting to know the other’s background
Feeling what the other feels (vicarious responding, automatic emotional contagion)
Mental simulation (inner imitation) of other person
Definitions of “Empathy”

Theorists argue over whose definition is correct
Writers use terms such as “true empathy” as though it has an essence
Writers refer to “genuine” vs. “fake” empathy
Often they use the term without defining it at all

Many writers have commented on the complexity, inconsistency, and definitional ambiguity of the empathy concept…yet they keep using it
Dimensions of Definitions

Trait vs. state
Feelings vs. actions
Actions vs. motives/attitudes
Observed behavior vs. self-report of behavior
Macro (global impressions) vs. micro (specific behaviors)
Perception vs. behavioral response
Cognitive vs. affective
Automatic vs. deliberative
Moral vs. amoral
The Problem of Related Concepts

Overlap with related concepts such as compassion and sympathy: very inconsistent distinctions
Operationally Intractable Definitions

Defining empathy in a way that requires mind-reading the motives, attitudes, or subjective responses of the clinician

Examples:

How do you know whether the clinician is feeling the patient’s feelings?

How do you know the clinician knows that the patient’s feelings are not his/her own feelings?
Invisible Discrepancies

Definitions that seem the same but aren’t

Example: defining empathy as vicariously experiencing the patient’s emotions but one researcher includes only ‘caring’ emotions (feeling the other’s pain) while another includes potentially destructive emotions (getting angry when the patient does)
Not Taking a Stand at All

Kitchen sink approach
   Example: Jefferson Empathy Scale, a widely used self-report instrument in medical field
Jefferson Empathy Scale

- Perspective taking
- Understanding patient’s emotions
- Believing emotions are important in clinical care
- Attending to nonverbal cues
- Thinking like the patient does
- Believing empathy is important
- Having affection for patient
- Being touched by intense emotional relationship
- Engaging in psychosocial inquiry
- Having a sense of humor
- Enjoying reading non-medical literature/enjoying the arts
“Empathy” is Used Too Many Ways

Is empathy any cognitive, affective, motivational, or behavioral thing that seems prosocial or therapeutic?

Are different operational definitions related to each other?
Do they have the same antecedents and outcomes?

How to Achieve Clarity?
Don’t Use the Term “Empathy”

Researchers should name their concepts according to their specific operational definitions

- Physiological concordance
- Self-report of perspective-taking ability
- Asking patient about feelings
- Emotional contagion
- Specific behaviors (e.g., verbal reflection, sympathetic facial expression)
- Being accurate in interpreting cues

etc.
Don’t Use the Term “Empathy”

Researchers should name their concepts according to their operational definitions, for example:

- Physiological concordance
- Self-report of perspective-taking ability
- Asking patient about feelings
- Emotional contagion
- Specific behaviors (e.g., verbal reflection, sympathetic facial expression)
- Being accurate in interpreting cues
Accuracy in Interpreting Cues

In clinical research, accurate perception is nearly always inferred indirectly by observing clinician’s behavior.

Examples: verbal reflection, ‘active listening,’ saying something appropriate.

Not with an actual measure of perception accuracy.
Accuracy in Interpreting Cues

But this skill can be measured directly

*In vivo*: judging the meanings of a particular patient’s cues (e.g., emotions) during a clinical encounter

Testing: score on an instrument to measure accuracy of interpreting cues conveyed through face, body, voice, and words of target people
Tests for Measuring Interpersonal Accuracy

There are many validated tests available

Diagnostic Analysis of Nonverbal Accuracy (DANVA; Nowicki & Duke, 1994)

Profile of Nonverbal Sensitivity (PONS; Rosenthal et al., 1979; Banziger et al., 2011)

Geneva Emotion Recognition Test (GERT; Schlegel, 2014)
Pictures of Facial Affect (Ekman): Angry, fearful, disgusted, surprised, happy, or sad?
DANVA (Nowicki et al.): Happy, sad, angry, or fearful?
Reading the Mind in the Eyes Test (Baron-Cohen)

Playful, comforting, irritating, or bored?
Tests for Measuring Interpersonal Accuracy in Clinicians

Patient Emotion Cue Test (PECT; Blanch-Hartigan, 2011)

Test of Accurate Perception of Patients’ Affect (TAPPA; Hall et al., 2013)
Test of Accurate Perception of Patients’ Affect (TAPPA; Hall et al.)
What was the patient thinking and feeling at the end of the video clip?

A. Trying to understand what she's saying.

B. Uncomfortable with that option.

C. Annoyed that I've heard this before.

D. Confused about what to do.
Four Crucial Facts for Clinicians

#1 People vary in their skill in interpreting cues
#2 Clinicians do not stand out as unusually gifted in ‘reading’ people accurately
#3 Accuracy of perceiving others has many positive correlates—in and outside of clinical settings
#4 Accuracy of perceiving others is a trainable skill
Correlates of Interpersonal Accuracy in Non-Clinicians

- More tolerance and open-mindedness
- More satisfying personal relationships
- More altruism
- More “empathy” according to self-report measures
Correlates of Interpersonal Accuracy in Non-Clinicians

More effective in workplaces
Better leaders in organizations
Better salespeople
Produce more mutual value in a negotiation
Relevance to Clinicians

A clinician wants to:

- Be tolerant and open-minded towards patients
- Be altruistic and “empathic”
- Have good relationships with patients
- Be a good leader, negotiator, persuader
Clinicians Who are More Interpersonally Accurate are Better Clinicians

Higher clinical effectiveness ratings by supervisors (clinical psychologists in training)
Higher patient satisfaction ratings and better patient adherence to appointment schedules (physicians)
Better performance on clinical fieldwork exams (occupational therapy students)
Clinicians Who are More Interpersonally Accurate are Better Clinicians

Higher ratings of interpersonal skill made by standardized patients (medical students)
More likeable and compassionate with standardized patients (medical students)

Interpersonal perception accuracy is associated with desirable qualities and outcomes in clinical care
Training of Interpersonal Accuracy

Short-term training increases accuracy of interpersonal perception
Should be incorporated into clinical training

Most effective elements:

- Practicing on relevant stimuli
- Feedback on one’s right and wrong answers
- Having a chance to discuss stimuli and answer options with other test-takers
“Empathy” and Female Clinicians

Many of the things people call “empathy” are things women do more than men.

In medicine, the term “patient-centered” encompasses “empathy” and other aspects of prosocial communication style and interviewing skill.

Patient-centered care is now embraced in medical education worldwide.
“Empathy” and Female Clinicians

Female clinicians in medicine are more patient-centered, according to many studies and meta-analyses (Roter, Hall, & Aoki, 2002; Hall & Roter, 2002)
Behavior and Attitudes of Female Physicians

More psychosocial talk
More partnership building
Hold more patient-centered values
More emotion talk
More positive nonverbal behavior (smile, nod, mm-hmm)
More liking for their patients
More positive talk (agreement, respect, praise)
Spend longer with patients
Higher scores on patient-centeredness coding systems
More expressions of empathy
More accurate at judging emotion cues
BUT There is Gender Bias Towards Female Clinicians

Females’ superior communication skill/attitudes NOT reflected in patients’ satisfaction ratings (meta-analysis of Hall et al., 2011)

Patient-centeredness is more highly valued in male than female clinicians (Blanch-Hartigan et al., 2010; Hall et al., 2014, in press)
Gender Disparity in Evaluation of Male and Female Physicians’ Identical Behavior (Hall et al., in press)
Why this Disparity?

Overlap between “female” behavior and “patient-centered” behavior (overlapping schemas)

Patient-centered male clinicians are “great doctors,” while patient-centered female clinicians are just “good women”
Conclusions

“Empathy” has become an unworkable concept
Specific skills/behaviors should be identified as such
Interpersonal accuracy is an important skill in daily life and in clinical practice
Having “empathy” and related skills is more rewarded in male than female clinicians
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