

Communicative compathy and chronic care

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Abstract

The concepts of sympathy and empathy are well entrenched in social and medical literature. In this article, we explore a relatively less explored construct, compathy. Compathy, defined as feelings that are shared with others, is a higher level of emotional maturity, which helps in achieving better quality care. We propose further discussion and debate on how to measure, attain, and maintain compathy in chronic care practice.

Keywords: Care giver health, chronic disease, communication, diabetes, person centred care.

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Introduction

Emotions define our humanity. An emotional powerplay is always at work when we interact with other people. This is relevant for healthcare professionals, especially chronic care providers, who are exposed to multiple emotional challenges during the course of their vocation. Persons living with diabetes, obesity or other chronic diseases present with not only biomedical complaints, but psychosocial concerns as well.¹ These concerns have to be addressed in order to achieve optimal health.

The personal and emotional issues that come to the consulting table need to be handled in a sensitive manner. The health care professional's communication style plays an important role in determining outcomes of treatment. In fact, patient education itself has a therapeutic value, and effective counselling works as value-added therapy.^{2,3} The CARES framework of professional abilities lists confident competence, authentic accessibility, reciprocal respect, expressive empathy, and straightforward simplicity, as characteristics of an astute diabetes care professional.¹ In this opinion piece, we explore and expand upon the concept of compathy in chronic care.

Empathy

The word 'sympathy' means 'feelings of pity and sorrow for

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someone else's misfortune', with the Urdu translation being *hamdardi* or *daya*. Empathy, on the other hand, is defined as 'the ability to understand and share the feelings of another'. Urdu uses the same word to describe empathy as well. Empathy is considered an essential quality of humanity, and of humane health care.⁴ A medical conversation should be marked by a demonstration of empathy, rather than sympathy. This allows the person living with a disease to feel secure that his or her concerns are being acknowledged and addressed. At the same time, it encourages a sense of self-empowerment, as opposed to self-pity or self-deprecation.

Compathy

There is a higher state of such emotion, however. This is termed as compathy. Compathy refers to feelings that are shared with others. The difference is explained as follows: empathy means being able to put oneself in another's shoes, while compathy is the ability to feel another's emotions as if one is in the other's heart.⁵

Compathy has been described as a characteristic of quality nursing.⁶ We suggest that all chronic care providers should strive to attain compathy with their patients. Compathy, as an emotion is beneficial not only for the patient, but also for the health caregiver and for the patient-provider relationship. Compathy is the highest level in a Maslowian hierarchy of emotions. The health care professional with a compathetic attitude is able to have a compassionate, but nonjudgmental relationship with the patient.⁷ The virtue of compathy includes the concepts of change and flexibility as well. It allows person centred care to flourish by respecting the individual's specific needs and wishes.

As patient reported outcomes will be incorporated more and more in assessing comprehensive care standards in chronic conditions, health care professionals should hone their compathy skills to comprehend which outcomes are more important and relevant to our patients. For example, in a person with diabetes with proliferative retinopathy and uncontrolled glycaemia, the physician's primary concern may be control of diabetes and non-progression of retinopathy. The patient, however, would want to maintain vision so that she can ensure independent functioning for herself. The treatment that aligns with the physician's goal might be photocoagulation, whereas a compathic understanding of patient related outcomes would prioritize anti VEGF treatment.

Caregiver Compathy

Another definition, of compathy, or physical empathy, has also been suggested. The authors suggest that compathy is the physical manifestation of caregiver distress that occurs in the presence of a patient in physical pain or distress.⁸ Such compathy has also been termed as the contagion of physical distress. This phenomenon is mentioned in medical literature as sympathetic symptoms (in husbands of pregnant women, for example).

Attainment and Measurement

Compathy is considered by some to be an inherent trait, and by others, to be one that can be learnt. It is more difficult for some to master, than for others. If we evaluate this statement (with compathy), we realize that this is true for all aspects of knowledge. Mastery is a life-long process, which continues to evolve. Similarly, health care professionals can continue to improve their compathy, while communicating and conversing with others.

Communicative Compathy, Confident Compathy

Compathy is an emotion that is helpful to both the person receiving, as well as the one offering care. However, it is of no value if the feeling is not communicated. Communication requires that the health care professional is able to express himself or herself with confidence and clarity that the receiving person can perceive and appreciate. Along with emotional maturity, therefore, professionals should strive to improve their communication skills.

Professional autognosis and self-care

This discussion brings in to another point, that of self care. Chronic care professionals should undertake, on an ongoing basis, an exercise of professional autognosis or self-diagnosis. This will help in self awareness of one's emotional as well as physical health.⁹ This, in turn, will support self discipline, thus leading to better health.

Summary

The concepts of compathy, and confident communication of compathy, are essential to the effective delivery of chronic care delivery. We hope that this deliberation will kickstart discussion and debate on this important aspect of health care.

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