

# Identifying Provider Strategies to Maintain Humanism in Medicine

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# Identifying Provider Strategies to Maintain Humanism in Medicine

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## Background

“Warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug (Lasagna, 2015).” Taken from the ethical standards of physicians, the modern Hippocratic Oath makes evident that the practice of medicine involves more than science; it must employ the concepts of humanism. Humanism is one of the concepts at the core of the medical field as well as at the core of the SELECT program. According to the Arnold P. Gold Foundation for Humanism in Medicine, “Humanism in health care is characterized by a respectful and compassionate relationship between physicians, as well as all other members of the healthcare team, and their patients.” There is evidence in the literature that the use of empathy in the practice of medicine leads to greater patient satisfaction, better patient compliance, and lower rates of malpractice litigation (Bertakis, Roter, & Putman, 1991), (DiMatteo, Hays, & Prince, 1986), (Beckman, Markakis, Suchman, & Frankel, 1994). Empathy is a valuable tool to be practiced in medicine for both the provider and for the patient.

Physicians (especially those physicians that choose to work with medically underserved populations) often cite an interest in providing humanistic care to patients as a factor in choosing medicine as a career. Physicians must actively maintain their empathy in a field where large workloads can lead to stress and frustration. There are times in a health provider’s career where they are at risk of losing their dedication to the practice of humanistic medicine. The third year of medical school is often cited to be the time that medical students lose much of their empathy (Hojat, et al, 2009). There is evidence in the literature that there are many ways to increase or maintain empathy in the practice of medicine including the following: improving interpersonal skills, audio- or video-taping of encounters with patients, exposure to role models, role playing (aging game), shadowing a patient (patient navigator), hospitalization experiences, studying literature and the arts, improving narrative skills, theatrical performances, and the Balint method (Hojat, 2009).



## Problem Statement

The objective of this scholarly project was to explore and identify how health care providers at the 17th Street Hospital of the Lehigh Valley Health Network who primarily provide care to the underserved population of Allentown, Pennsylvania, maintain their commitment to the humanistic practice of medicine.

## Methodology

A structured interview questionnaire was developed to be completed in approximately 30-45 minutes with participants. The interview consisted of eleven discussion questions that explored participants’ ideas about the humanistic practice of medicine and asked them to identify how they maintain their commitment to providing humanistic care. A structured individual interview was completed with each participant. A total of ten participants were interviewed for the scholarly project.

A thematic analysis was completed by following the methods used by a thematic analysis study that involved interviews with children to identify children’s understanding of obesity risks (Fielden, 2011). This method included the steps of reading the transcriptions multiple times, assigning each line of the transcriptions a code, assigning codes to themes, and identifying the most recurrent themes in the data. By reading the transcriptions multiple times, I became more familiar with the data and possible themes that might arise. Each idea in the transcribed text that was pertinent to the interview questions was codified. All the data was codified and given consideration in the thematic

## Methodology - continued

analysis. The next step was to look for themes. Each of the codes was organized into a tree or map of branching groups by consolidating the codes into groups and subgroups. This mapping of groups facilitated the identification of themes in the data.

In order to be included as a subtheme, I chose themes that had been identified by at least 40% of the participants. To be included as a major theme, 60% of the participants had to have identified information that was codified under that theme. These percentage values were chosen subjectively.

## Results

Ten interviews were conducted with ten physicians who practice at the Lehigh Valley Health Network 17th Street Hospital serving a large percentage of underserved populations including Medicare, Medicaid, and uninsured patients. These ten physicians practice in primary fields where they function as a first line of support for the patient. Of the ten physicians, eight were practicing in outpatient internal medicine and two were practicing in obstetrics and gynecology. The participants included six males and four females. There was a wide range in the amount of clinical years practiced by the participants from 5 to 37 years. Approximately 7 hours of audio was collected from the interviews. Transcriptions of the audio totaled over 25 pages of data. Thematic analysis identified many minor themes and two major themes.

The thematic analysis of the interviews identified the minor themes of “the importance of finding personal connections with patients,” “thinking of patients and colleagues as they are part of your family,” and “sacrificing personal time on administrative and documentation responsibilities.” The thematic analysis identified the overarching major themes of “the importance of self-care” and “importance of reflection on patient care”.

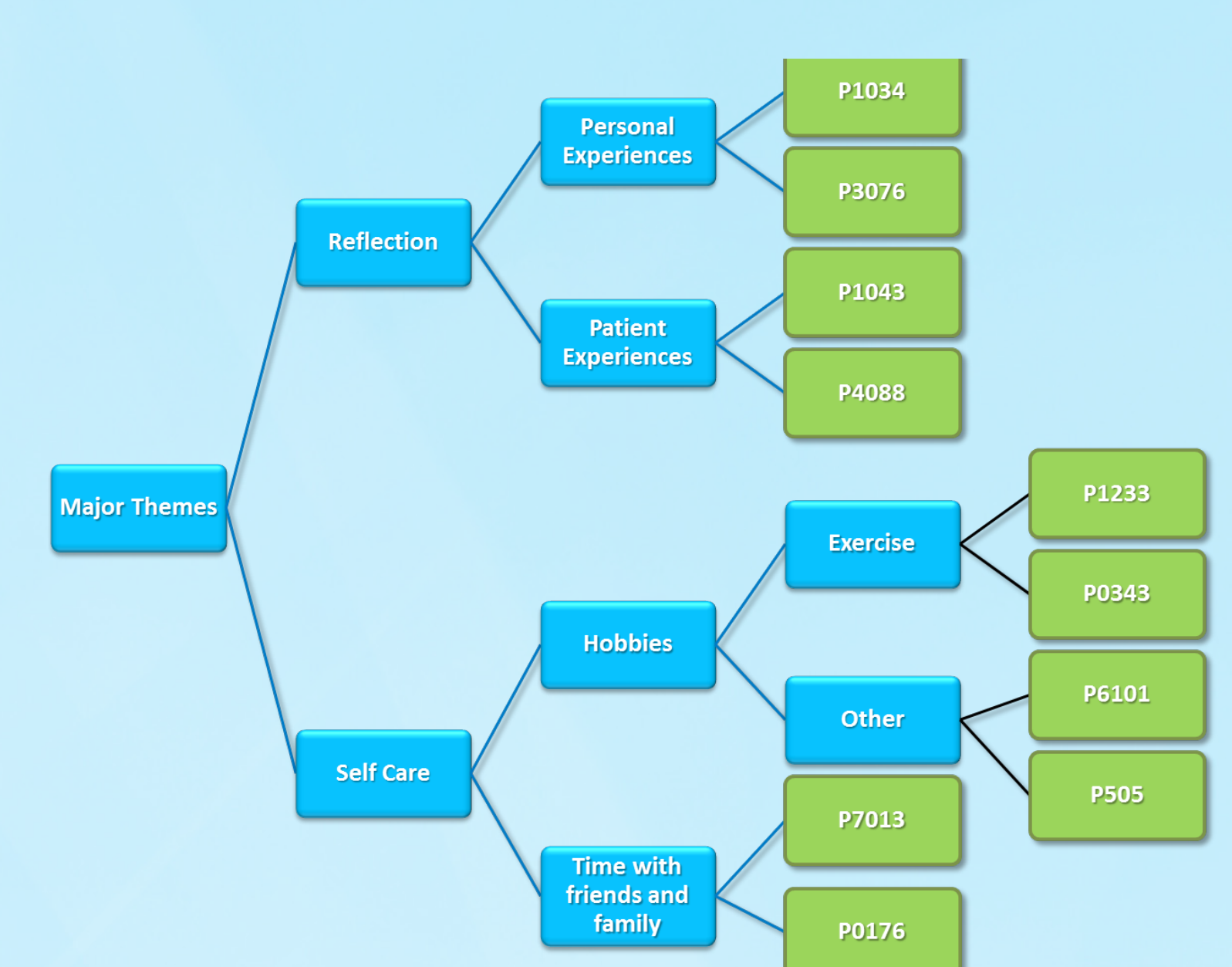
Figure 1: Questionnaire

Structured Interview Questionnaire

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Department: \_\_\_\_\_

1. How would you describe your relationships with those colleagues that you interact with on a daily basis?
2. Do you think you have influenced your colleagues in any way? How?
3. Can you give me a specific example where a colleague positively influenced you? Negatively?
4. Do you ever share personal information with your patient?
5. How would you define humanism in the practice of medicine?
6. How do you incorporate humanism in your practice of medicine?
7. How has this changed over the course of your career?
8. What are the barriers to providing humanistic care in your practice?
9. Do you feel you are able to overcome these barriers? How?
10. How do you take care of yourself or prepare yourself to provide this care to your patients?
11. What advice do you have for healthcare providers who want to provide humanistic care?

Figure 2: Title



## Discussion

The results of the thematic analysis suggest “self-care” activities (hobbies, time with friends and family, and exercise) and reflection on personal and professional experiences are tools that helped physicians maintain a dedication to empathy in the practice of medicine. When physicians take the time to take care of themselves, they feel that they are better able to take patients. Having time for hobbies, especially exercise related hobbies, were often cited as a release of stress and a way to dedicate one’s self to healthy living. When doctor’s feel healthy, it may be easier to give patient’s our best care.

Reflection also was repeatedly brought up in patient interviews in many different ways during the interviews, and it was identified as an important tool to rededicate one’s self to providing empathetic care. By reflecting on difficult patient cases, doctors felt they learned from past experiences how to be better physicians. Reflecting on personal experiences with the medical field and then applying that information to how they provide care was also recognized as an important way to increase the amount of empathy in the practice of medicine.

The need for increased time for self-care and reflection in order to provide humanistic care seems to be at odds with the current direction of the medical field of increasing documentation responsibilities and increasing patient loads. The current direction of the medical field may lead to physicians spending less time providing humanistic care. Decreased time for humanistic care could lead to decreased patient satisfaction, poorer patient compliance, and increased rates of medical litigation.