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# Associations between PIF, empathy and shame among Trainee physicians

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Medical Education

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# SHAME

Shame is a powerful, deeply uncomfortable, self-denigrating emotion that influences behaviour and identity by sensitizing individuals to the perceived opinions of others<sup>[1,2]</sup>.

Shame inheres in the experience of seeing oneself as critically flawed in relation to some internalized ideal, thereby judging one's self as globally deficient or unworthy<sup>[3]</sup>.

[1] Tracy JL, Robins RW. Target Article: "putting the self into self-conscious emotions: a theoretical model". *Psychol Inq.* 2004;15:103–25.

[2] Lazare A. Shame and humiliation in the medical encounter. *Arch Intern Med.* 1987;147:1653–8.

[3] Scheff T. Goffman on emotions: the pride-shame system. *Symb Interact.* 2014;37:108–21.



- A pro-social device promoting group cohesion and preventing social disintegration ;
- Receives East Asian cultural influence <sup>[4]</sup>.

[4] Song T R . *Shame and guilt in the Japanese culture: A study of lived experiences of moral failures of Japanese emerging generation and its relation to the church missions in Japan.*[D]. Trinity International University. 2009.

When physicians fail to live up to the values essential to maintaining their **professional identity formation (PIF)** [5].



**SHAME**

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MEDICAL JOURNAL**

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**Shame, guilt and the medical practitioner**

Wayne Cunningham and Hamish Wilson



**Experience of  
illness**



**Complaint**

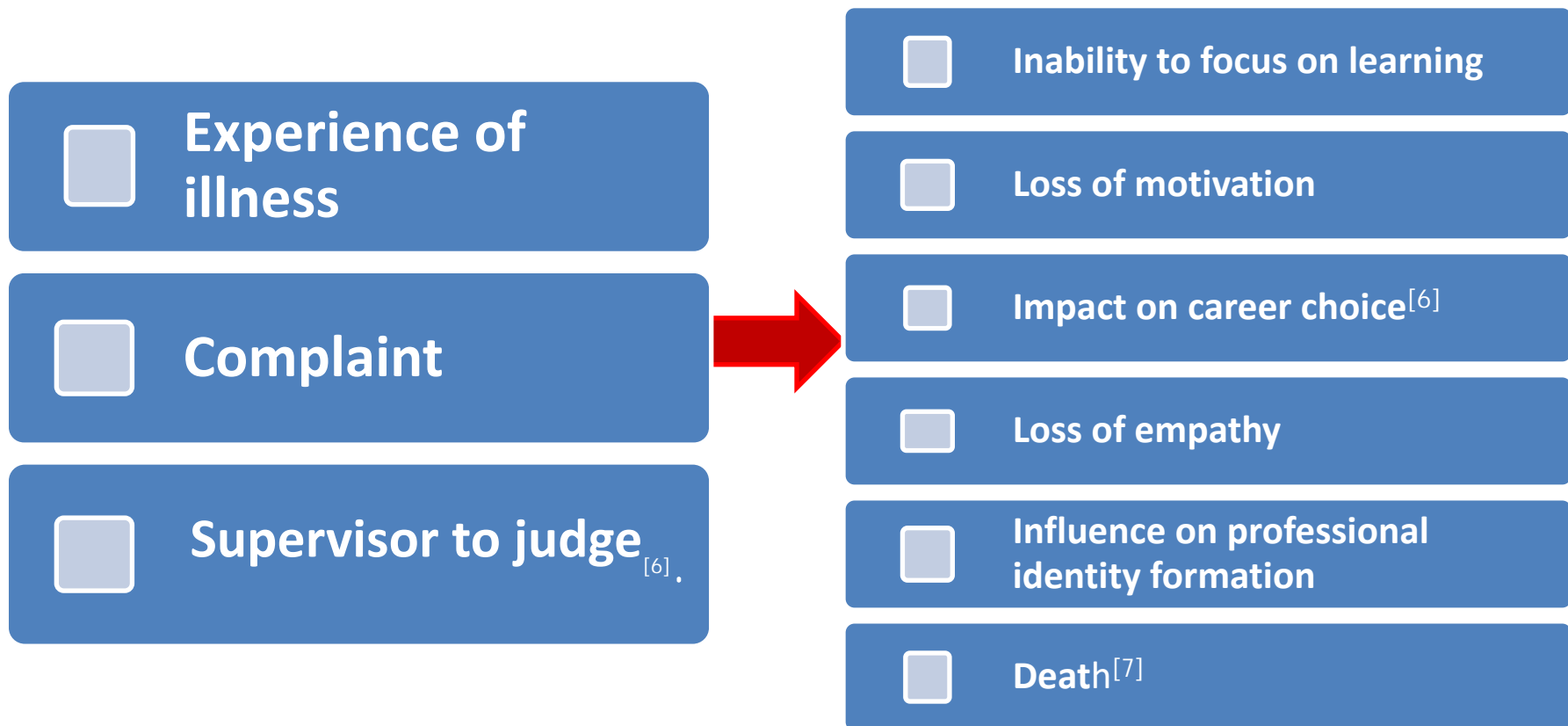


**Supervisor to judge** [6].

[5] Bynum WE 4th, Goodie JL. Shame, guilt, and the medical learner: ignored connections and why we should care. *Med Educ.* 2014

[6] Whelan B, Hjörleifsson S, Schei E. Shame in medical clerkship: "You just feel like dirt under someone's shoe". *Perspect Med Educ.* 2021

When physicians fail to live up to the values essential to maintaining their **professional identity formation (PIF)** [5],



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[6] Whelan B, Hjörleifsson S, Schei E. Shame in medical clerkship: "You just feel like dirt under someone's shoe". *Perspect Med Educ*. 2021

[7] Elton, C. *Also Human: The Inner Lives of Doctors*. Heinemann, 2018



## THE LANCET

Submit Article

PERSPECTIVES | THE ART OF MEDICINE | VOLUME 398, ISSUE 10299, P482-483, AUGUST 07, 2021

## COVID-19, online shaming, and health-care professionals

Luna Dolezal  • Arthur Rose • Fred Cooper

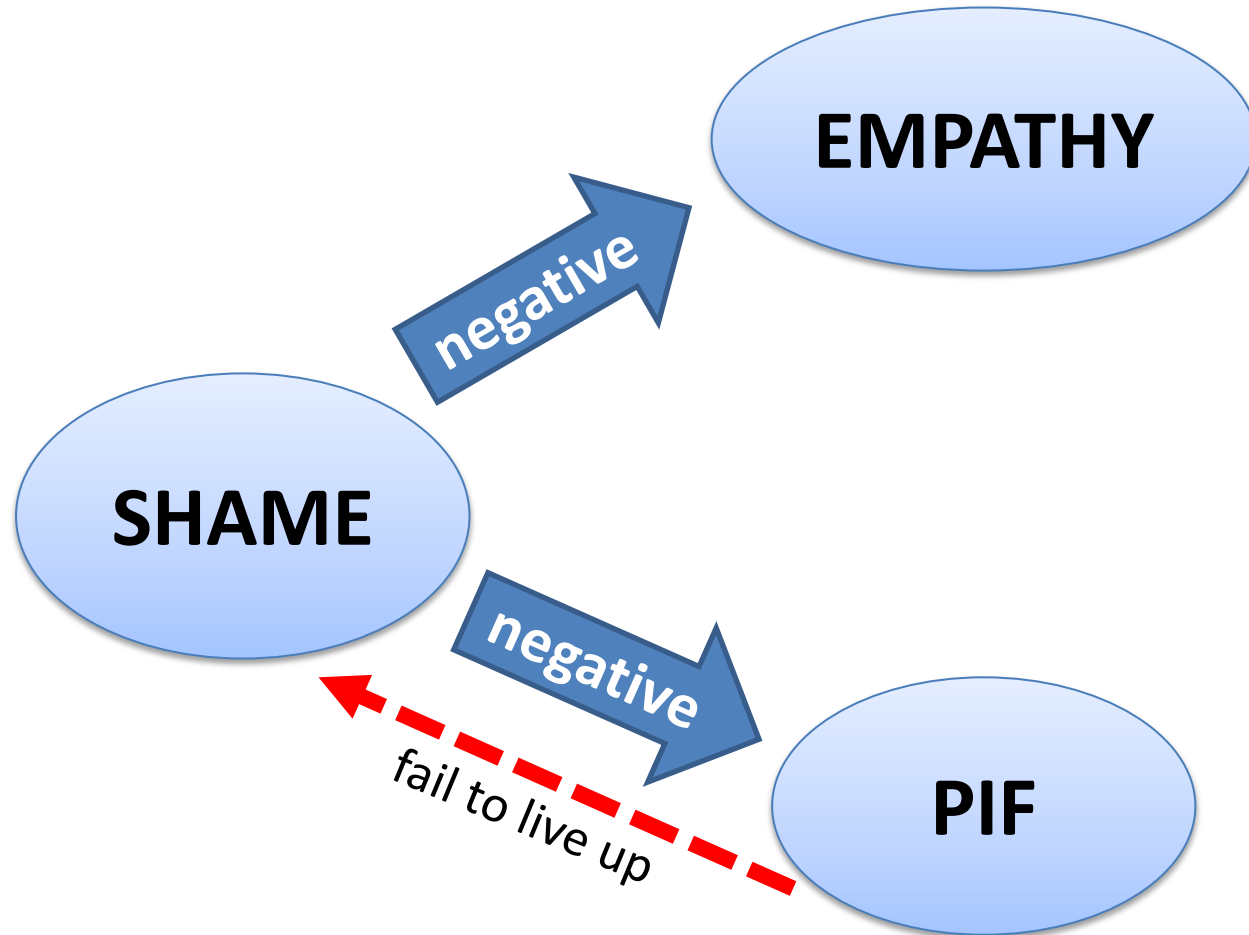
Published: August 07, 2021 • DOI: [https://doi.org/10.1016/S0140-6736\(21\)01706-2](https://doi.org/10.1016/S0140-6736(21)01706-2)  Check for updates

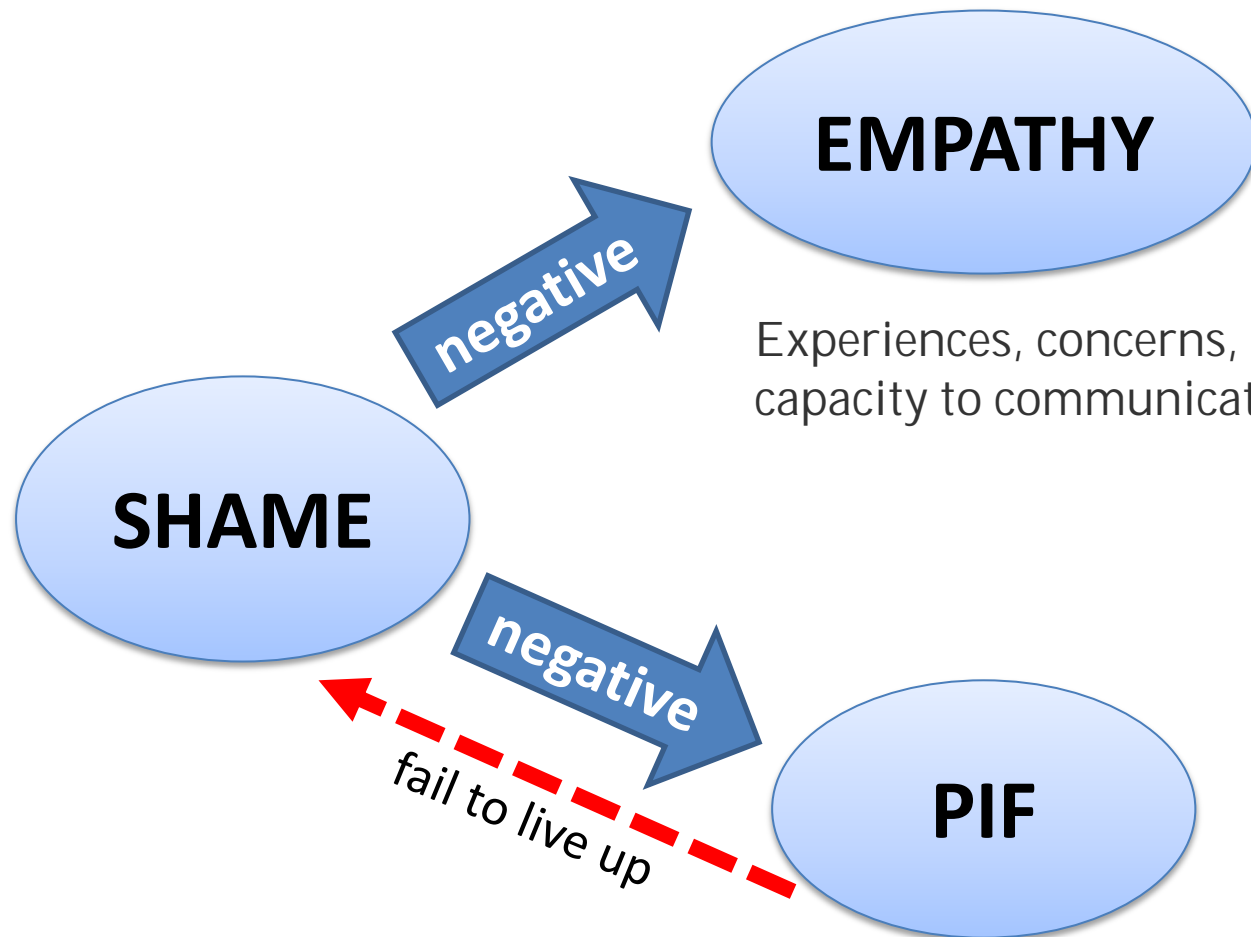
During the outbreaks, doctors, along with other health-care workers, have become the targets of online shaming pile-ons.

The online shaming directed at doctors has shifted its focus throughout the pandemic, from shaming health-care professionals for potentially spreading the virus to discrediting them as witnesses<sup>[8]</sup>.

[8] Dolezal L, Rose A, Cooper F. COVID-19, online shaming, and health-care professionals. *Lancet*. 2021

[9] Matsuo T, Kobayashi D, Taki F, et al. Prevalence of Health Care Worker Burnout During the Coronavirus Disease 2019 (COVID-19) Pandemic in Japan. *JAMA Netw Open*. 2020



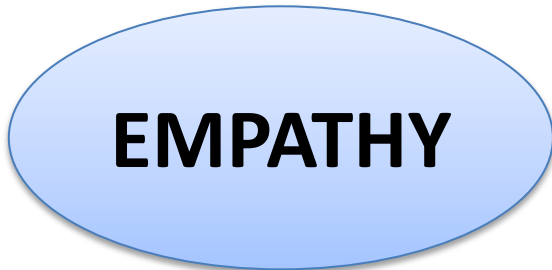


Experiences, concerns, and the perspectives of the patient, combined with a capacity to communicate this understanding, and an intention to help<sup>[10]</sup>.

[10] Dolezal L, Rose A, Cooper F. COVID-19, online shaming, and health-care professionals. *Lancet*. 2021



Experiences, concerns, and the perspectives of the patient, combined with a capacity to communicate this understanding, and an intention to help [10].



	Bivariate Models			Multivariate model		
	Beta coefficient	Standard error	P value	Beta coefficient	Standard error	P value
JSPE	0.065	0.020	0.0012	0.061	0.021	0.0033
Age	-0.11	0.076	0.17	-0.11	0.78	0.16
Gender	1.0	0.70	0.15	0.49	0.73	0.51
Debt	-0.017	0.14	0.90	-0.055	0.15	0.71
People affinity*	-0.29	0.70	0.68	-1.3	0.90	0.16
Tech affinity†	-1.36	0.81	0.093	-0.5	0.75	0.50

*Outcome = overall OSCE score*

	Bivariate Models			Multivariate model		
	Beta coefficient	Standard error	P value	Beta coefficient	Standard error	P value
JSPE	0.027	0.011	0.016	0.022	1.7	0.067
Age	-0.10	0.045	0.028	-0.086	0.012	0.067
Gender	1.2	0.38	0.001	1.1	0.047	0.0078
Debt	-0.13	0.090	0.15	-0.13	0.39	0.13
People affinity*	0.20	0.41	0.62	0.053	0.090	0.90
Tech affinity†	-1.4	0.46	0.0028	-1.3	0.43	0.0082

[10] Dolezal L, Rose A, Cooper F. COVID-19, online shaming, and health-care professionals. *Lancet*. 2021

[11] Casas RS, Xuan Z, Jackson AH, Stanfield LE, Harvey NC, Chen DC. Associations of medical student empathy with clinical competence. *Patient Educ Couns*. 2017

EMPATHY

Table 2

**Frequency and Percent Distributions of the Hemoglobin A1c and LDL-C Test Results for 891 Diabetic Patients, Treated Between July 2006 and June 2009, by Levels of Their Physicians' Empathy\***

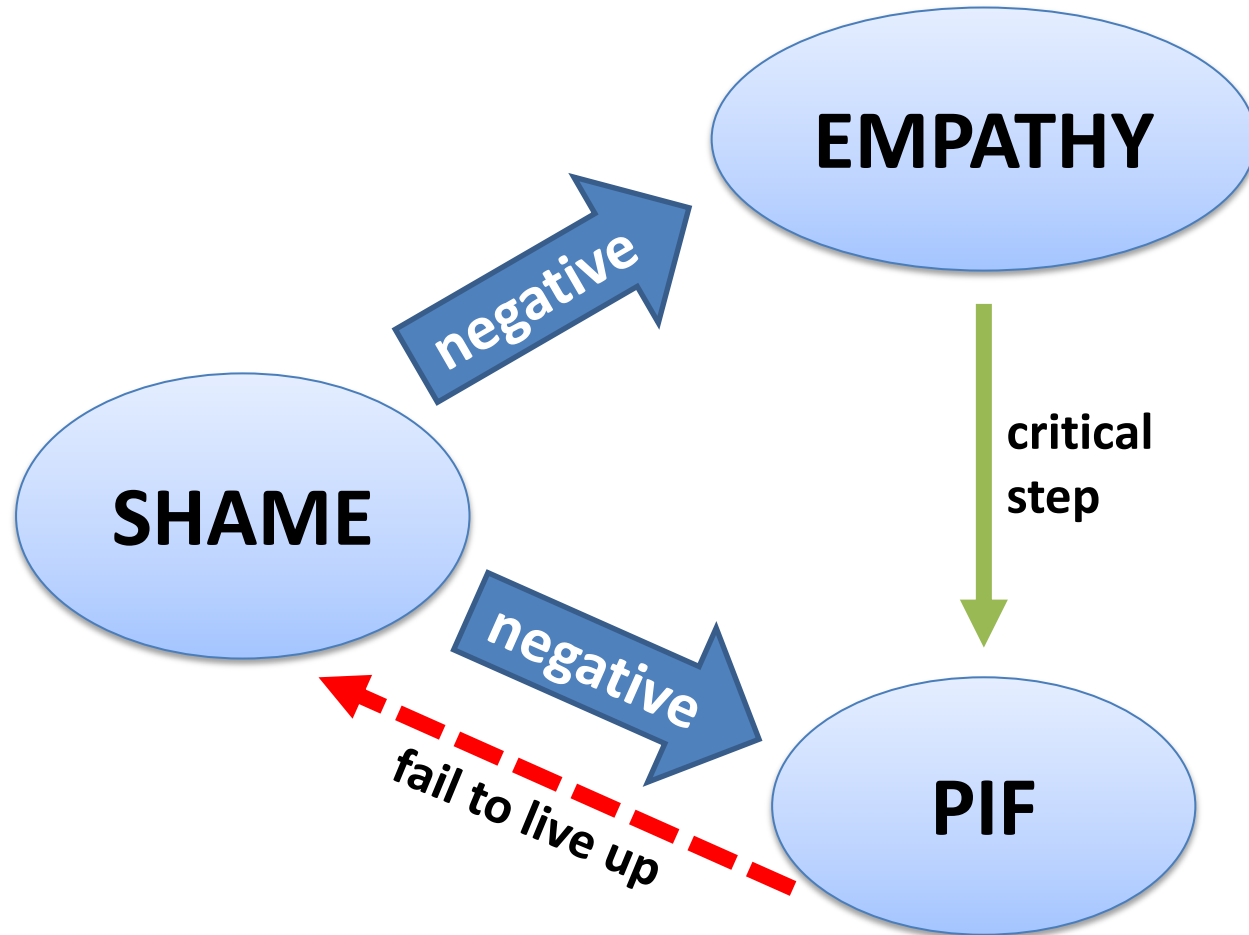
Patient outcome	No. (%) of patients by levels of physicians' empathy		
	High (n = 205)	Moderate (n = 282)	Low (n = 404)
<b>Hemoglobin A1c<sup>†</sup></b>			
<7.0%	115 (56)	139 (49)	163 (40)
≥7.0% and ≤9.0%	59 (29)	99 (35)	135 (34)
>9.0%	31 (15)	44 (16)	106 (26)
<b>LDL-C<sup>‡</sup></b>			
<100	121 (59)	149 (53)	180 (44)
≥100 and ≤130	56 (27)	86 (30)	128 (32)
>130	28 (14)	47 (17)	96 (24)

\* From a study of physicians' empathy and patients' outcomes, Jefferson Medical College.

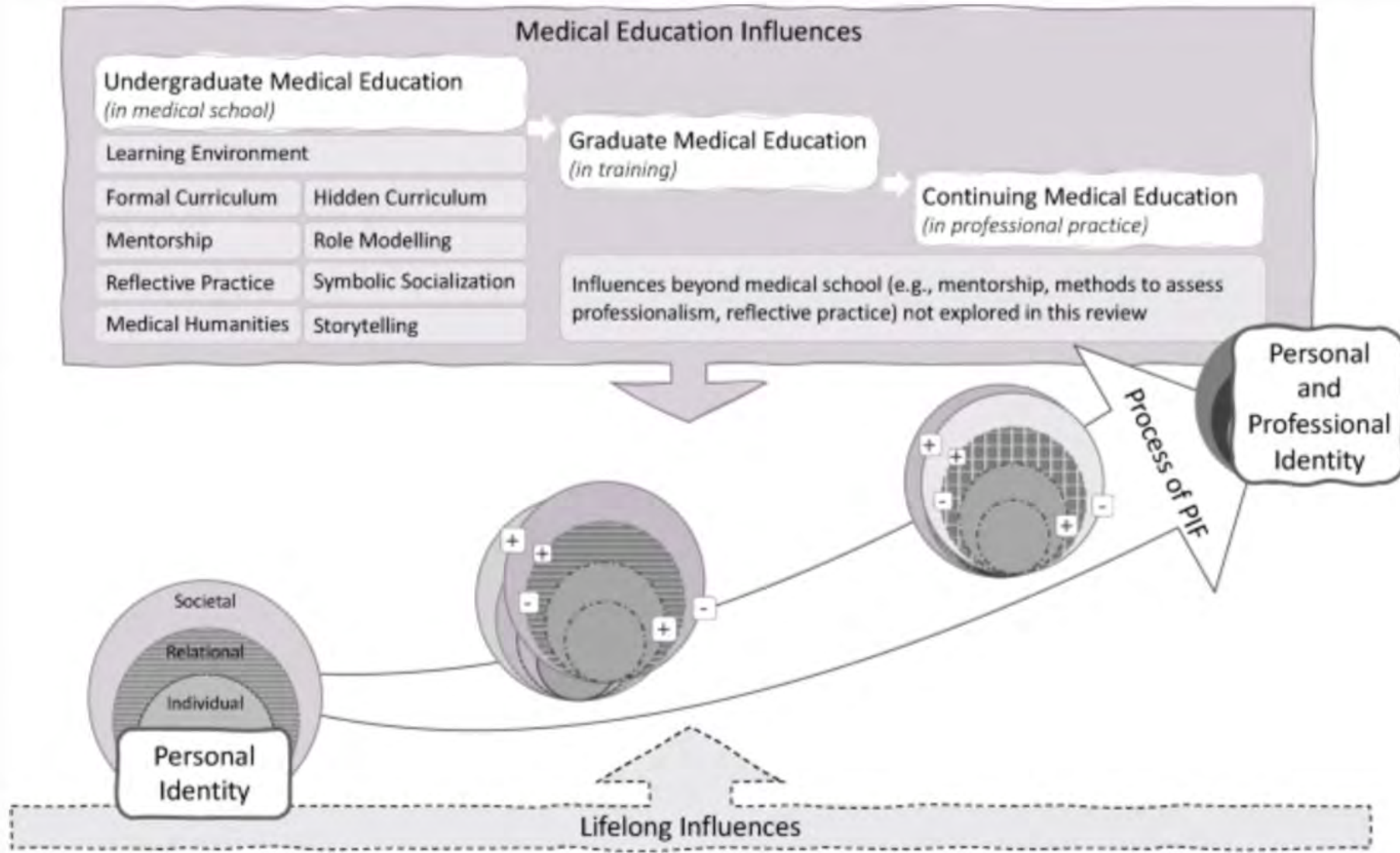
<sup>†</sup>  $\chi^2_{(4)} = 22.04, P < .001.$

<sup>‡</sup>  $\chi^2_{(4)} = 15.55, P < .001.$

ACADEMIC MEDICINE



Positively correlated with physicians' ability to learn, test scores, and patient outcomes.



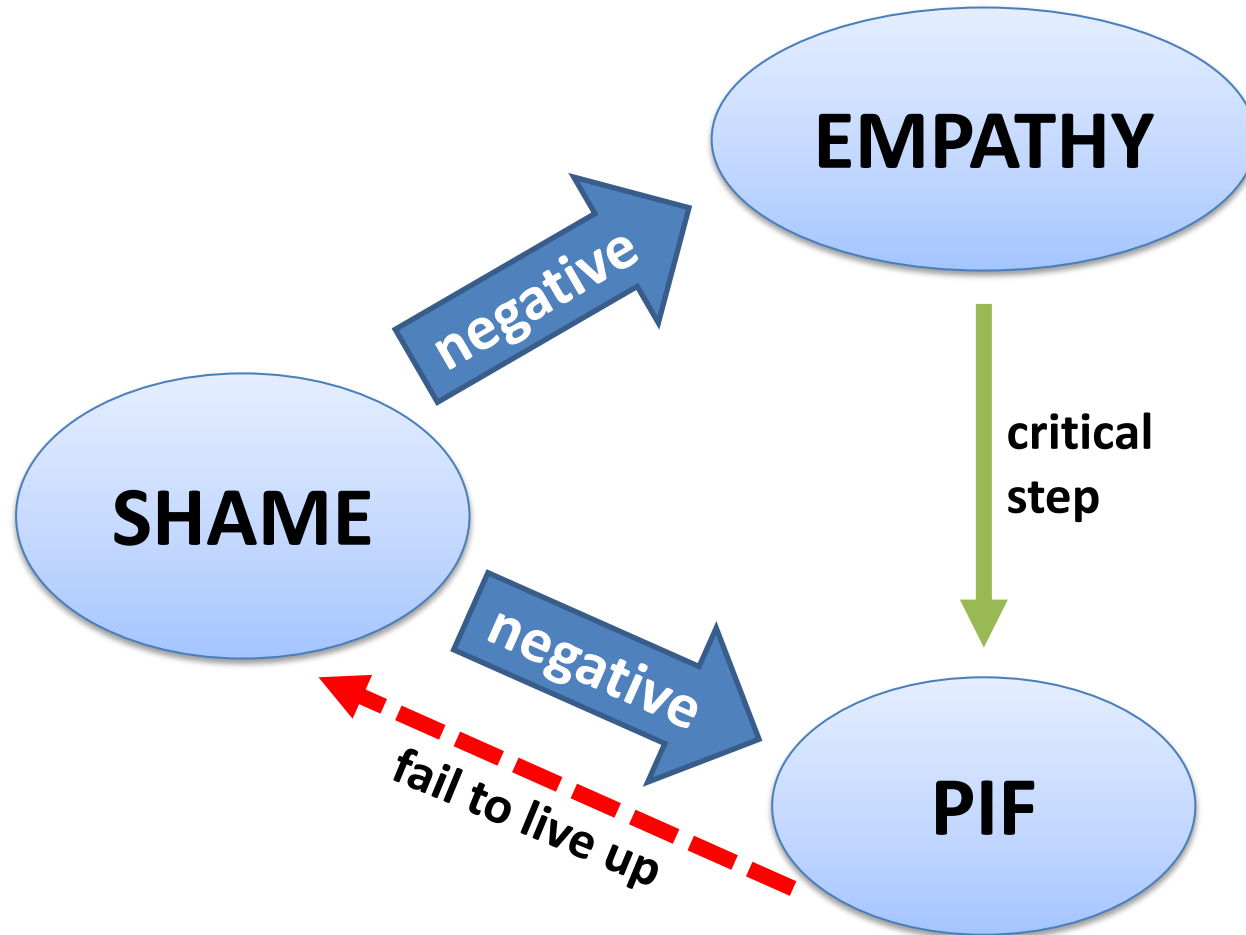
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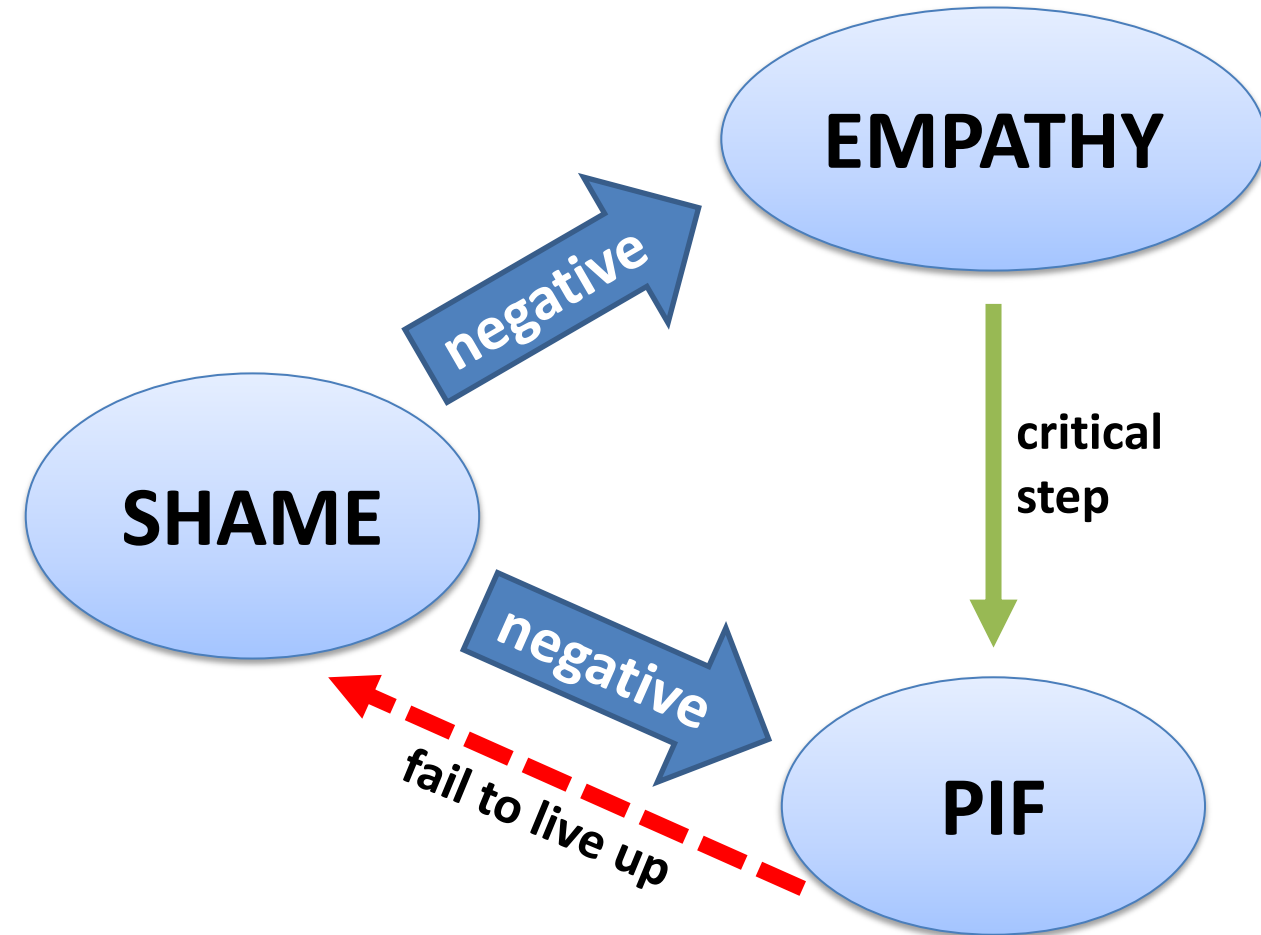
[13] Kalet A, Buckvar-Keltz L, Monson V et al. Professional Identity Formation in medical school: One measure reflects changes during pre-clerkship training [version 1]. MedEdPublish 2018.

[14] Sarraf-Yazdi S, Teo Y N, How A E H, et al. A scoping review of professional identity formation in undergraduate medical education[J]. Journal of general internal medicine, 2021.



Healthcare workers develop their professional identity and subsequently conceptualize their multiple identities as important implications for their well-being and the relationships they form with fellow workers and patients.





- The literature addressing the relationship between PIF, empathy, and shame among Trainee healthcare workers is nascent.
- Need quantitative experiments to quantify the relationship.
- To help trainee physicians to regulate shame, increase their empathy and shape themselves PIF.

- Participant selection: trainee physicians in Tokyo.
- Sample size:

$$n_0 = 1 / \left[ \frac{1}{N} + \frac{d^2}{2z_{\alpha/2}^2 S^2} \right] \quad n_1 = n_0 \times deff \quad n_2 = n_1 / r$$

The recovery rate  $r=80\%$ , substituting  $S^2=20$ ,  $deff=1.5$ ,  $d=5$ ,  $1-\alpha=95\%$ ,  $N=100000$ , then get  $n=292$ , for the convenience of the survey selected 300 people as the survey respondents.

### Jefferson Scale of Empathy (HP-Version) 日本語版

下記のそれぞれの文章についてあなたがどの程度同意するか、あるいは同意しないかを表示してください。  
その際、適切な評価指数（後述のスケール参照）を選び右欄の○を塗りつぶしてください。  
以下の7点のスケールを使用して下さい（点が高いほど強く同意することを示します）。それぞれの設問において塗りつぶすのは一つだけです。1（全く同意しない） 2-3-4-5-6-7（全くその通りである）

	1	2	3	4	5	6	7
1 担当患者及び家族がどのように感じているかということを理解することは、内科的、外科的な治療に影響を及ぼさない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 私が担当患者の気持ちを理解したら、担当患者はより快適と感じる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 私にとって担当患者の視点に立って物事を見ることは難しい。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 担当患者のボディランゲージを理解することは、患者-医療者関係において言葉によるコミュニケーションと同じくらい重要であると思う。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 私はユーモアのセンスがあり、それはより良い臨床の結果をもたらすと考える。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 人はそれぞれに異なっているので、自分の患者の視点で物事を見ることは困難である。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 私は病歴聴取の際や身体的健康状態について尋ねる際に、患者の感情に留意しないようにしている。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 担当患者の個人的な経歴に心を配ることは、治療結果に影響を及ぼさない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 私は担当患者に治療を行う際、彼らの視点で物事をとらえる努力している。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 私の患者は、彼らの気持ちを私が理解することは、そのこと自体で治療効果があると評価している。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 患者の感情的な問題は外科的治療のみによって治療するのではなく、患者と医師との感情的な関係によって治療する必要がある。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 患者に彼らの私生活について話すと患者の身体的健康に悪影響を及ぼす。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 私は、担当患者の言葉にはでてこないユーモアやボディランゲージに注意を払うことによって、彼らの考えていることを理解しようとしている。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 私は、内科的疾患の治療において感情の入る余地はないと考える。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 共感治療の技能であり、それなしでは治療の成功には限界がある。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 担当患者との関係において重要な構成要素となるのが担当患者及び家族の感情の状態を理解することである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 より良いケアを提供するために、私は患者と同じように考えるよう努めている。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 私は担当患者やその家族との間の強い個人的なきずきによって影響を受けることを自身に許さないようにしている。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Other as Shamer Scale (OAS)

- 5 Other people see me as not measuring up to them
- 2 I think that other people look down on me
- 1 I feel other people see me as not good enough
- 6 Other people see me as small and insignificant
- 4 I feel insecure about others opinion of me
- 8 People see me as unimportant compared to others
- 7 Other people see me as defective as a person
- 17 Others think there is something missing in me
- 16 Others see me as empty and unfulfilled
- 18 Other people think I have lost control over my body and feelings
- 15 Others see me as fragile
- 12 Others are critical or punishing when I make a mistake
- 14 Other people always remember my mistakes
- 13 People disapprove of me when I make mistakes
- 9 Other people look for my faults
- 3 Other people put me down a lot
- 11 I think others are able to see my defects

### Development of the Japanese version of the Other As Shamer Scale using item response theory

Yoichi Hiramatsu, Kenichi Asano, Yasuhiro Kotera, Toshihiko Sensui, Ayumu Endo, Eiji Shimizu, Jaskaran Basran & Ken Goss

### MacLeod Clark Professional Identity Scale (MCPIS -9) (Five-point Likert scale, with 1: Strongly Agree, 2: Agree, 3: Neutral, 4: Disagree, 5: Strongly Disagree)

1. I feel like I am a member of this profession.
  - 1 - Strongly Agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly Disagree
2. I feel I have strong ties with members of this profession.
  - 1 - Strongly Agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly Disagree
3. I am often ashamed to admit that I am studying for this profession.
  - 1 - Strongly Agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly Disagree
4. I find myself making excuses for belonging to this profession.
  - 1 - Strongly Agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly Disagree
5. I try to hide that I am studying to be part of this profession.
  - 1 - Strongly Agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly Disagree
6. I am pleased to belong to this profession.
  - 1 - Strongly Agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly Disagree
7. I can identify positive aspects of this profession.
  - 1 - Strongly Agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly Disagree
8. Being a member of this profession is important to me.
  - 1 - Strongly Agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly Disagree
9. I feel I share characteristics with other members of the profession.
  - 1 - Strongly Agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly Disagree

Empathy

Shame

PIF

Study Gantt Chart	Project Year 1	Project Year 2			
	Q4	Q1	Q2	Q3	Q4
<b>Work Package 1: Questionnaire preparation</b>					
1.1 Search and identify the required questionnaire, obtain the original questionnaire and Japanese translation	◆				
1.2 Production of the Japanese version of the MCPIS-9 questionnaire	◆				
1.3 Create a complete questionnaire collection and create a Google questionnaire		◆			
<b>Work Package 2: Collecting Data</b>					
2.1 Hospitals were randomly selected and contacted to distribute the questionnaire QR code to the intern doctors in the hospitals		◆	◆		
2.2 Place the questionnaire QR code on Japanese related social media platforms to attract more intern doctors to participate		◆	◆		
<b>Work Package 3: Analyzing Data</b>					
3.1 Questionnaire results will be analyzed by descriptive statistic.				◆	◆
3.2 Psychological models will be confirmed by structural equation modeling.				◆	◆



THANK YOU !