

Empathy and listening style among occupational therapists in Malaysia

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ABSTRACT

Introduction: As an occupational therapist, listening and empathy are critical components of practice because they are the foundation for developing therapeutic rapport with patients and their relatives. Currently, there is still no study regarding the level of empathy and listening styles among Occupational therapists in Malaysia. This study investigates the level of empathy and listening styles among occupational therapists in Malaysia and to examine their correlations.

Materials and Methods: A cross-sectional study was conducted with 244 occupational therapy practitioners; 43 males; and 181 females. The level of empathy and listening style were assessed using the Jefferson Scale of Empathy Health Professional version and Listening Styles Profile-Revised questionnaires. Data were collected using Google Form. Analysis data were done using IBM SPSS Statistical Software version 26.

Results: Statistical analysis showed that Malaysia occupational therapists preferred perspective taking (mean 55.67, Standard Deviation, SD 10.54) in empathy and the analytical listening in listening styles approach (mean 34.71, SD 6.76). In addition, there was a moderate to strong significant correlation between the level of empathy and listening styles ($r = 0.419$ to 0.648 , $p < 0.05$). Furthermore, there is significant difference between listening styles and empathy in relation to gender (male>female) $p = 0.001-0.038$, race (Indian higher than Malay and Chinese) and areas of practice (paediatric higher than psychiatric) ($p = 0.016$ to 0.039).

Conclusion: The findings are helpful for occupational therapists to improve their quality services by being more listening and empathetic while providing proper intervention to the patients.

KEYWORDS:

Empathy, listening styles, occupational therapist, Jefferson Scale of Empathy, listening styles profile-revised

INTRODUCTION

Empathy is an essential skill for health care practitioners.^{1,2} Empathy-related emotional intelligence has been shown to

enhance several elements of healthcare practice. These include patient satisfaction, adherence to therapy, history-taking and diagnosis, resource use, and a decrease in patient lawsuits.³ Empathy in patient care is defined as the ability to understand what a patient is saying and experiencing and then verbally communicate this comprehension to the patient.^{2,3} Empathy is crucial for occupational therapists because it helps them focus on their patients' needs rather than their own to achieve the most beneficial occupational and therapeutic results possible for their patients.⁴

Two studies found that there is no evidence of different age affect a person's empathy style.^{5,6} Moreover, a study involving a large sample of persons aged 16 to 87 years old found no significant age differences in self-reported empathy.⁵ In addition, other study also found no significant age differences in empathy in a sample ranging from 15 to 87 years.⁶ However, other factors such as gender, professional aspirations, current course of study, family structure and environment, personality, and empathetic experiences are likely to influence empathy.⁷ Numerous studies have shown evidence that contradicts the widely held belief that women are more compassionate than males.⁸⁻¹⁰

Watson et al.,¹¹ defined listening as attitudes, beliefs, and distortions that constitute an individual's overall preference towards the how, where, when, who, and what of information intake and encoding. The study stated that occupational therapists could understand and explore client problem and give them the strength to deal with it, by listening to patients.¹² Listening is crucial to occupational therapy because it contributes to people's happiness.

Listening style refers to the method a person uses when listening, whereas attentive manner refers to the subject a person focuses on when listening. Good listening and communication positively impact the formation of health professional and patient relationships, improving patient knowledge, adherence to treatment routines, and patient satisfaction.

A skilled occupational therapist must demonstrate empathy and attentive listening while attending to a patient. Occupational therapists must visualise their clients in various roles and circumstances to tailor treatments to each client's particular goals.¹³ Effective listening and empathic

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communication have beneficial effects on establishing healthcare provider-patient relationships, patient comprehension, treatment program adherence, and satisfaction levels.¹⁴

However, the information about empathy and listening style among occupational therapists in Malaysia is still unexplored. To date, there are no studies looking at empathy and listening styles among occupational therapists in Malaysia. Therefore, the aim of this study investigates the level of empathy and listening styles, as well as the association between empathy and listening styles among occupational therapists in Malaysia.

MATERIALS AND METHODS

Study Design

The study is a cross-sectional survey of occupational therapy practitioners in Malaysia.

Study Instruments

A questionnaire form was used as an instrument to collect data on empathy and listening styles. Data were collected using the standardised self-reporting questionnaires; Jefferson Scale of Empathy Health Professional version (JSE-HP)¹⁵ and Listening Styles Profile-Revised (LSP-R)¹⁶ questionnaires. Permission has been obtained from both main authors. The JSE-HP¹⁵, and LSP-R¹⁶ has proven to be reliable and valid. Both item-total score correlations were positive and statistically significant ($p < 0.01$), and Cronbach alpha < 0.82 .^{15,16,17}

Sample size

A total of 1892 occupational therapy practitioners were identified from registered occupational therapists at Malaysia Occupational Therapist Association (MOTA, 2022). The Raosoft online calculator was used to calculate the sample size. Consideration margin of error 5%, confident level 95%, and response distribution rate 50%. The recommended sample size is $n=385$. All occupational therapy practitioners working in government and private sectors in Malaysia were included in this study.

Procedures

Questionnaires were distributed using Google Form. It consists of questions on demographic profile, i.e., age, gender, place of practice, and work area; and the JSE-HP and LSP-R for assessing empathy and listening styles.

Statistical Analysis

Data were analysed using IBM SPSS Statistical Software version 26. Normality testing was conducted to determine proper statistical testing (i.e., parametric or non-parametric) for the demographic and the scores obtained from the participants. The Kolmogorov test was performed for the normality test because the sample size for this study is smaller than 100. The relationship between empathy and listening styles was conducted by Spearman correlation (ρ). Spearman rank correlation is a non-parametric test used to measure the degree of association between two variables. Spearman correlation was also computed to examine the relationship between an occupational therapist's

demographic factors (age and work experiences) and their empathy and listening styles. A Kruskal-Wallis test was conducted to compare the listening styles and empathy with demographic data (gender, race, work area, and area of practice).

RESULTS

Number of Participants

The questionnaire was distributed to all 1892 occupational therapy practitioners. However, only a 11.84% ($n=224$) returned the questionnaire. The participants came from all the fifteen states in Malaysia. The highest number of participants came from Johor (29.0%). Perlis and WP Putrajaya had the lowest participant number (0.9%). There were more female compared to male participants in all states. All occupational therapists from the private sector (2.2%) have a degree in occupational therapists and earns an income equivalent to grade U41 in the government sector.

Table I shows the participants' demographic characteristics. The participants age between 23 and 58 years old, with a mean age of 32.71 ($SD=5.3$) years. The majority of the participants was female (80.8%), Malays (79.5%) and works as occupational therapists (88.4%).

Participants' preference of the Listening Styles in the LSP-R

The Listening Styles Profile-Revised (LSP-R) consists of 24-item. All the items were randomised before administration. Items 1,5,9,13,17 and 21 are for Relational Listening (RL), and items 2,6,10,14,18, and 22 are for Analytical Listening (AL). Task-Oriented Listening (TL) represents items 3,7,11,15,19, and 23 while critical listening (CL) represents items 4,8,12,16,20, and 24. As for the result, Table II shows the participants' most preference in their listening styles is the Analytical Listening styles (AL) ($M=34.71$, $SD=6.76$) and the least is Task-oriented Listening ($M=27.98$, $SD=7.82$).

Participants' preference of the Empathy in the JSE-HP

There are 20-item in JSE-HP. It was designed specifically for administration to health professions students and practitioners to evaluate empathy in the context of health professions education and patient care. The subscales factors are Perspective Taking (PT), Compassionate care (CC), and Walking in Patient's Shoes (PS). All the items were randomised before administration. Items 2,4,5,9,10,13,15,16,17 and 20 are for Compassionate care (CC), and items 3 and 6 are for Walking in Patient's Shoes (PS). The items were graded on a 7-point Likert scale (1=Strongly Disagree, 7=Strongly Agree). The results vary from a minimum of 20 to a maximum of 140. A higher score means a more empathic person. As for the result, Table II shows the participants' most preference in their empathy is Perspective Taking ($M=55.67$, $SD=10.54$); Compassionate Care ($M=28.47$, $SD=10.37$), and the least is walking in the patient's shoes ($M=7.56$, $SD=2.86$).

Correlation between Empathy and Listening Styles with Demographic Factors

The results in Table III shows a moderate correlation and significance between empathy and listening styles which are Perspective taking and Relational Listening ($r = 0.679$);

Table I: Participants' Demographic Characteristics

Characteristics	n	%
Gender		
Male	43	19.2
Female*	181	80.8
Race		
Malay*	178	79.5
Chinese	6	2.7
Indian	7	3.1
Others	33	14.7
Education level		
Diploma*	157	70.1
Bachelor's Degree	60	26.8
Master's Degree	7	3.1
Income		
RM 2000- RM 3999*	144	64.3
RM 4000- RM 5999	75	33.5
RM 6000- RM 7999	4	1.8
RM 8000 - RM 9999	1	0.4
Work setting		
Hospital*	173	77.2
Private sector	5	2.2
Clinic	38	17.0
Other	8	3.6
Position in Clinical setting		
occupational therapists *	198	88.4
occupational therapists' officer	26	11.6
Grade		
U29*	151	67.4
U32	45	20.1
U36	1	0.4
U38	2	0.9
U41	16	7.1
U44	9	4.0
Area Practice		
Paediatric	72	32.1
Psychiatric	40	17.9
Physical dysfunction*	112	50.0

Note: (*) indicated the highest

Table II: Analysis of the listening styles in the LSP-R and empathy score in each of the three factors of JSE

Listening styles	Mean	SD
Relational Listening	33.82	6.70
Analytical listening*	34.71*	6.76
Task-Oriented Listening	27.98	7.82
Critical Listening	29.07	6.49
Empathy score (Subscales)		
Perspective Taking*	55.67	10.54
Compassionate Care	28.47	10.37
Walking in Patient's Shoes	7.56	2.86

Note: (*) indicated the highest, SD – standard deviation.

Table IV: Correlation between occupational therapists' demographic factors and their empathy and listening styles.

Variables	Age	Work Experience
Relational listening (RL)	0.123	0.106
Analytical Listening (AL)	0.083	0.055
Task-Oriented Listening (TL)	0.039	-0.013
Critical Listening (CL)	0.000	-0.062
Perspective Taking (PT)	0.113	0.42
Compassionate Care (CC)	0.061	0.017
Walking in Patient's Shoes (PS)	0.050	-0.033

Table V: The significant differences between listening styles and empathy with the demographic data

Domain	Groups	Mean	H	P
Analytical Listening	Gender			
	Male	140.69*	10.145	0.001*
	Female	105.80		
Perspective Taking	Male	131.87*	4.492	0.034*
	Female	108.14		
Compassionate Care	Male	130.87*	4.285	0.038*
	Female	108.14		
Relational Listening	Race		10.536	0.015*
	Malay	106.35		
	Chinese	141.75		
	Indian	171.36*		
Perspective Taking	Other	127.89	11.112	0.011*
	Malay	105.31		
	Chinese	124.75		
	Indian	145.71*		
Critical Listening	Other	142.00	8.272	0.016*
	Area of practice			
	Pediatric	126.52		
	Psychiatric	89.95		
Compassionate Care	Physical dysfunction	111.54	6.482	0.039*
	Pediatric	123.02		
	Psychiatric	124.38		
	Physical dysfunction	101.50		
Walking in Patient's Shoes	Work Area setting		9.195	0.027*
	Hospital	115.88		
	Private	108.90		
	Clinic	88.63		
	Other	154.94*		

*Statistically significant difference

Perspective taking and Analytical Listening ($r = 0.648$); Compassionate Care and Critical Listening ($r = 0.444$) and Perspective taking and critical listening ($r = 0.419$).

Spearman correlation analysis was computed to examine the relationship between an occupational therapist's demographic factors (age and work experiences) and their empathy and listening styles. Table IV shows a correlation between age and work experience with empathy and listening styles among occupational therapists. Based on the result of this study, there is a low association between an occupational therapist's demographic factors (age and work experiences) and their empathy and listening.

There was a statistically significant difference between Listening styles and empathy in relation to gender ($p=0.001$ to 0.038), race ($p=0.015$ to 0.011), and area of practice ($p=0.016$ to 0.039). However, in empathy only Walking in Patient's Shoes was found statistically significant in relation to work area ($H= 9.195$, $p=0.027$) (Table V).

DISCUSSION

Mostly occupational therapists in Malaysia preferred analytical listening styles with patients. However, in empathy they preferred the factor that has therapeutic value. Malaysia Occupational therapists preferred perspective taking in empathy. This is where, perspective taking is a cognitive-based intervention that promotes another focus by directing one to imagine how a person's suffering affects that person's life.¹⁸ All three studies by Blatt et al.,¹⁴ show patients'

increased satisfaction when giving perspective taking intervention. Perspective taking as a means of improving patient satisfaction deserves further exploration in clinical training and practice. It has been shown to increase empathy, help, and neural level responses to others' pain, thus promoting positive intergroup attitudes.¹⁹

Occupational therapists in Malaysia preferred analytical listening as a listening style during conducting sessions and implying empathy with patients. Thus, information verified that occupational therapists background in healthcare is linked to analytical listening. Analytical listening is also suitable for getting complex information. This showed that occupational therapists act assertively when there were misunderstandings occur. They also pay attention in interactions by asking clarifying questions to form objective opinions.²⁰ In addition, Villaume and Bodie²¹ reported that there was a link between analytical listening, open communication, and accurate argumentation about conversational information. Moreover, analytical listeners can check information to reduce medical interpretation mistakes because they need to think and handle complex information. Hence, analytical listening should ensure correct information during a medical consultation.

There is no correlation between occupational therapists' demographic factors (age and work experiences) with their empathy and listening styles. This study confirmed with the other two studies where no evidence of age variations in empathy.^{5,6} In contrary, three studies reported of negative age differences.^{22,23} According to Phillips²³, young adults reported

higher empathy than older adults. However, once education was factored in, the age impact was no longer significant, they suggested that age-related variations in empathy were mainly due to age differences in education. Furthermore, Schieman¹⁹ identified a negative relationship between age and self-reported empathy among 1581 persons (aged 22 to 92). Nevertheless, the negative association between age and empathy remained significant even after adjusting for several sociodemographic, health-related, and psychological factors.

Occupational therapists in Malaysia have significant difference between empathy and listening styles in relation with gender (male higher than female), race (Indian higher than Malay and Chinese), and area of practice (paediatric higher than psychiatric). This study refuted by Maccoby and Jackling²³ findings, where females outperform males in verbal memory, listening to nonverbal behaviours such as facial expression, especially when exposed to both visual and auditory stimuli²³, and in perceiving gender-related traits. Moreover, empathy is probably influenced by various factors, including gender, intention to pursue a future career, the current course of study, family structure and environment, personality, and empathetic experiences.⁷ Furthermore, it can also be influenced by the socio-cultural, socio-cultural environment and, the scale of ethical.^{8,20} Different cultural characteristics of the participants also appear to influence their listening effectiveness. For example, Kiewitz et al.,¹⁵ found that various cultural traits affect participants' listening effectiveness. They reported that Americans pay close attention to a speaker's feelings, Israelis pay attention to the accuracy of the information, and Germans participate in oral communication by interrupting with questions as the speaker talks.

The outcomes of this study are helpful for occupational therapists to improve quality services by being more listening and empathetic while providing proper assessment and intervention to the patient. Besides, this study can embrace the core concepts of occupational therapists' attitudes toward giving patient services. This study's implication would interest scholars in occupational therapy and practicing students for highlighting empathy and proper listening while handling patients. However, there many limitations in this study. First, the sample size not within the ideal sample size. Second, random sampling could not be done, thus can affect the ideal representatives among area of practice. Third, the questionnaires should be translated into Malay language so that it is easily understood among occupational therapists' study background in Malay medium language.

CONCLUSION

This study provided information regarding empathy and listening styles among occupational therapists in Malaysia and insights into factors that influenced the empathy and listening styles among occupational therapists in Malaysia. Furthermore, the result of this study indicates Malaysian occupational therapists need to improve quality services by being more listening and empathetic while providing proper assessment and intervention to the patient. Besides, this study can embrace the core concepts of occupational

therapists' attitudes toward giving patient services. This study's implication would be of interest to scholars in occupational therapy as well as to practicing student for highlighting empathy and proper listening while handling patients. However, this study only identifies baseline empathy and listening styles among occupational therapists in Malaysia. More study needed especially introducing causal effect that can improve empathy and listening styles among occupational therapists or other health professional in Malaysia.

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ETHICS APPROVAL AND INFRMED CONSENT

The Research Ethics Committee (REC), Institute of Research Management and Innovation (IRMI), Universiti Teknologi MARA, Shah Alam, Selangor approved this study: 500-FSK (PT. 23/4).

CONFLICT OF INTEREST

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AUTHORS CONTRIBUTION

Conceptualisation: NA, MSM; data curation and formal analysis: NA, MSM; Methodology: NA, MSM, II; writing original draft: NA, MSM; writing review and editing: NA, MSM, SNZ, UA.

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