The emotional component of the attitude of the physician in situations of obstetric failure

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Abstract

Purpose: The research aim is to study the working attitude of a physician towards his patient with obstetric failures in the emotional component aspect.

Material and methods: A sample of 164 gynecological doctors was encompassed by the study. The physicians were mainly interviewed during various types of training courses, specialist conventions and during personal meetings. A 44-question anonymous questionnaire was directed at gynecologists. The question was closed. The survey used for the research (in "ex post facto" procedure) matches quantity and quality elements.

Results: Concerning the emotional aspect referred to the most difficult in the physician – patient relation: 18% of the respondents stated they had positive feelings towards the patient,16% had self-centred feelings and 1% had negative feelings towards the patient. Concerned the feelings of the doctor when the patient and her husband are in a situation of obstetric failure: 49% shared positive feelings in experiencing obstetric failure in patients, 38% concentrated on themselves and their own feelings and 4% gave a decided negative reply. Physicians' attitudes were measured in relation to the death of a patient: 52% related that experience very personally to themselves, 4% of the physicians referred to the death of their patient with a sense of great sorrow and 1% were negatively trying to put the blame on the deceased patient.

Conclusions: The most emotionally difficult obstetric failure in the doctor – patient relation was the death of a prenatal child; the most effective reaction to the sorrow of a mother after the loss of her child was support and bringing relief to the patient; 38% of gynecologists have not answered the question because of luck of such experience and because of the too difficult trauma experience.

Key words: emotional component, physicians attitude, obstetric failure.

Introduction

The review of the literature as well as gynecological practice inspired to undertake the research aiming to emphasize the doctor's conduct and looking for the appropriate one behavior, which help the patent to recover quickly and to get back to normal life in the society. This will bring the patient to the state of homeostasis of her attitude and help her to realize her procreative plans [1-3].

The patient – doctor relationship is developing also on the psychological basis. There is an exchange of information and emotions, the parts interact between themselves.

Knowledge about doctor – patient relationship after obstetrical failure is very important and needed for communicational skills in order to make it constructional for both parts.

The confrontation of the feeling of a joyful anticipation of the child and the frustration connected with an obstetric failure influences the physician – patient relation after the loss of a child. An obstetric failure and the subsequent separation process with the child present in the parents as well as the doctors in whom it is significantly milder, is a long-term process the end of which is impossible to foresee [4-6].

The following obstetric failure have been considered and examined as obstetric failures: spontaneous miscarriage, premature birth, intrauterine death, postpartum child death, giving birth to a child with developmental defects, sterility and artificial abortion.

The research aim is to study the working attitude of a physician towards his patient with obstetric failures in the emotional component aspect.

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Material and methods

A sample of 164 gynecological doctors was encompassed by the study. The physicians were mainly interviewed during various types of training courses, specialist conventions and during personal meetings. The study was conducted in the years 2001--2004. The doctors comes from different parts of Poland. 20% of them comes from small towns and villages, 28% from towns up to 100 thousand inhabitants and 52% works in the cities with number of inhabitants bigger then 100 thousand. 20% of gynaecologists works in clinics, 53% in the hospitals, 7% in outpatient clinics and remaining 20% works in two or three places at the same time. The doctors age ranges from 27 to 59. 61% of them were male and 39% were female. 83% among surveyed doctors were II degree specialists and 17% were during the specialization courses. Their seniority ranges from 5 to 33 years.

A 44-question anonymous questionnaire was directed at gynecologists. The questions concerned their personal details such as age, sex, work experience, current place of work and their approach to faith. The remaining questions concerned the problem of the attitudes of physicians towards their patients after an obstetric failure. Doctor's attitude comprise three components: cognitive, behavioral and emotional. On the emotional basis the doctor were asked about most difficult obstetrical failure.

The question was closed. Then the doctors were asked about their feelings in the situation of the patient's death and their experience of their interaction with the patients and the patients' families while in obstetrical failure. This question was opened and evaluated in the judicial method. The survey used for the research (in "ex post facto" procedure) matches quantity and quality elements. This method was used based on the attitude theory. The method used in the research was an independent empirical procedure.

Physicians' attitudes were studied in their emotional aspect.

The emotional component of an attitude includes:

a) positive feelings towards the patient:
– compassion
– the desire to help
– sharing one's own experiences
b) negative:
– indifference
– lack of identification with the patient
– disillusion with the patient
c) feelings directed at oneself:
– dejection
– sense of guilt, failure
– case analysis
– difficulties in assuming the appropriate attitude.

Results

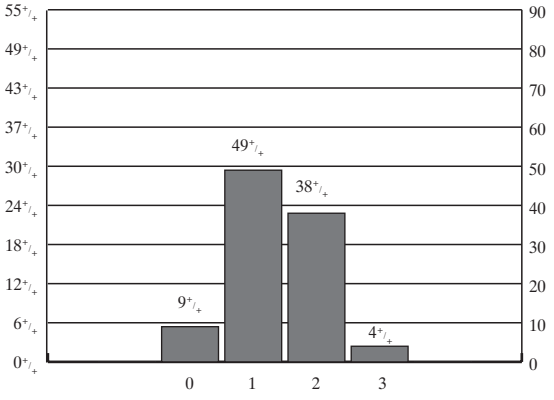
The results presented below concern the attitudes of gynecologists towards their patients that had an obstetric failure (emotional component).

Emotional components of the attitude of the doctor towards the patient with an obstetric failure.

Table 1. **The most difficult obstetric failure in terms of emotions in the doctor – patient relation**

Types of physicians' feelings	Amount	%
Positive towards the patient	29	19
Negative towards the patient	2	1
Self-centred	26	16
Ambivalent feelings	12	7
No response	95	57
Total	164	100

Figure 1. **Doctors' feelings directed towards the patient in an obstetric failure situation**



0 – no previous experience; 1 – positive feelings directed at the patient; 2 – self-centred physicians' feelings; 3 – negative feelings towards the patient

The question concerning the emotional aspect referred to the most difficult in the physician – patient relation chosen obstetric failure of a patient. 57% failed to give a reply in this issue because of luck of personal experience and emotional problems and 19% of the respondents stated they had positive feelings towards the patient. 16% had self-centred feelings and 1% had negative feelings towards the patient. 7% of the respondents had mixed feelings, self-centred and positive or negative feelings towards the patient (*Tab. 1*).

The next question concerned the feelings of the doctor when the patient and her husband are in a situation of obstetric failure.

9% of gynecologists did not provide an answer, 49% shared positive feelings in experiencing obstetric failure in patients, 38% concentrated on themselves and their own feelings and 4% gave a decided negative reply in relation to those experiencing failure of their wife or the husband of the patient (*Fig. 1*).

Physicians' attitudes were measured in relation to the death of a patient and their feelings connected with death. 38% of the respondents failed to give a reply or did not have any such experiences and as many as 52% related that experience very personally to themselves; 4% of the physicians referred to the death of their patient with a sense of great sorrow and 1% were negatively trying to put the blame on the deceased patient whereas 5% had dominantly mixed feelings (*Tab. 2*).

Table 2. **Physicians' feelings in the situation of their patient's death**

Physicians' feelings	Amount	%
Positive towards the patient	6	4
Negative towards the patient	3	1
Self-centred	84	52
Ambivalent feelings	9	5
No response	62	38
Total	164	100

Discussion

The emotional aspect of communication with the patient simultaneously revealing the attitude of the physician to their patient with an obstetric failure was provided by questions concerning the feelings of physicians in a situation of obstetric failure in their patients and in the situation of the death of their patients.

In a situation of a patient and her husband experiencing obstetric failure, the doctors experienced the following: 1% had a strongly positive approach and interest in the patient. As many as 38% of the respondents were concentrating on themselves and their own feelings, failing to notice the patient and her relatives; 4% of gynecologists had an attitude of claims towards the patient and 9% of the respondents did not give any answer. The physicians stated that they have not undergone any training or course on the stages of mourning after the loss of a child. Heiman [7] has written 'The Touching Hearts Program at the University of Iowa' – for medical personnel facilitating the support provided to parents and their immediate environment after the loss of their child. The Programme, among others, encourages seeing the baby, spending private time with their baby, choosing a name for their baby, meeting the hospital chaplain, and offers help in organising the funeral as well as many other aspects. The medical personnel are instructed within the Programme on ways of informing of the loss of a child and how to experience the loss of their child as well as offering help to others after the death of their child.

Schaap [4] encourages physicians to identify with 'risk pairs' requiring special or additional help as a lack of earlier medical intervention in those patients and their families may cause irreversible affects, impossible to heal even with the passage of time. The author proposes that physicians encourage patients to express their grief, to identify the feelings they are experiencing.

Wiener [8] has stressed that parents have a great desire to be comforted and supported and they have a need of experiencing the doctor's approachability.

The emotional aspect of physicians' attitudes is reflected in the feelings of gynecologists in the situation of the death of their patient. It is interesting that 38% of the respondents did not provide an answer to the given problem – partly due to a lack of personal experience. There were, however, gynecologists whose perceptive powers were incapable of encompassing the ordeal – 'This cannot be put into words; very personal experience' or 'thankfully I have never gone thorough a similar situation and I hope I never will'. In the situation of the death of a patient as many as 52% of gynecologists were self-centred and were analysing whether everything was carried out. Their experiences were accompanied by dejection, a sense of disappointment, emptiness. 4% of the respondents felt a sense of relief in connection with the death of their patient if it entailed an end to the suffering of their patient. 6% of gynecologists negatively assessed the event of death by reacting with anger, indifference and a sense of failure as well as a lack of identification with the patient.

The event of death, particularly of their own patients that were under the medical care of the physician, gives rise to deep repercussion, reflection and compels them to verify the medical attitudes or analyses into algorithms for action. This is also confirmed by studies conducted by Lewis [9,10,11] and Speck [12]. A special situation is the death of a patient in the perinatal stage or the death of a mother and her child [15].

Conclusions

The following conclusions were drawn from the performed research:

1. The most emotionally difficult obstetric failure in the doctor – patient relation was the death of a prenatal child.
2. The most effective reaction to the sorrow of a mother after the loss of her child was support and bringing relief to the patient.
3. In the situation of patient's death – 38% of gynecologists have not answered the question because of luck of such experience and because of the too difficult trauma experience. 52% were concentrated mostly on themselves and the analyze of the case, 6% were frustrated and expressed their defeat, 4% felt relief if the patient's death stopped her suffer.

The emotional aspect of the physician – patient attitude after an obstetric failure presented and described herein, brings new elements both cognitive and pragmatic into general doctor – patient communication.

In practice, this will enable a physician to gain a better understanding of the psychological situation of a patient after an obstetric failure and at the same time prepare her for her next pregnancy.

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