

STUDY OF PERCEPTION OF SENSITIVITY TOWARDS PATIENTS' CONDITION AMONG ALLIED HEALTH CARE UNDERGRADUATE STUDENTS USING PHOTOGRAPHY

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Received on : xx-xx-xxxx
Accepted on : xx-xx-xxxx

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ABSTRACT

This project has been chosen to assess the insights of the students grounded on their sensitivity and perception towards the patients through a qualitative analysis. This research aims to employ photography under cultural activities parameter of the above concept to study the perception and the sensitivity of undergraduate students of Allied Health Sciences. Photographs can be found in almost every element of contemporary living. Pictures are used in magazines, periodicals, ads, billboards, broadcast, and the World Wide Web as a medium of communications and record. In this study participants were showed photographs of the patients in different situations and were asked to frame a write-up of 100 words based on their feelings, emotions, sentiments, empathetic outlook, imagination, professional viewpoint and thoughts. The data collection was based on the stratified random sampling method and was further analyzed using thematic analysis technique. Thematic Analysis can be used to investigate respondents' perceptions, experiences, standpoints, behavioral patterns, and approaches, including the influences and socio-cultural operations that impacts and frame specific circumstances in a clear, rolling as well as in a clandestine style. This paper studies how personal and social mores emphasizes the regulations that guide specific strategies, and perform the subjective and shared fabrication of explanation and the illustration of individual or community objects or experiences in specific writings for a particular scenario. Medical humanities (MH) are defined as "a collaborative and increasingly global enterprise that relies on the aesthetic and cognitive qualities of many domains such as literature, artwork, creative arts, theater, cinema, philosophy, morally acceptable judgment, and legacy in achieving medical education objectives." There is a huge urgency for a "compassionate" general practitioner who can utilize this empirical data and talents for every affected person while also possessing professionalism, interpretive competence, and intuition. This research aims to employ photography under cultural activities parameter of the above concept to study the perception and the sensitivity of undergraduate students of Allied Health Sciences. Photographs can be found in almost every element of contemporary living. Pictures are used in magazines, periodicals, advertisements, billboards, broadcast, and the World Wide Web as a medium of communications and record. This paper studies how personal and social mores emphasize the regulations that guide specific strategies, and perform the subjective and shared fabrication of explanation and the illustration of individual or community objects or experiences in specific writings for a particular scenario. In this study participants were showed photographs of the patients in different situations and were asked to frame a write-up. The data collection was based on the stratified random sampling method and was further analyzed using thematic analysis technique. Data coding and reduction was done, and the codes which were derived were: perception, experience, standpoint, behavioural patterns, approaches and socio-cultural framework.

KEYWORDS: Patient-Doctor interaction, Diagnostic Interview, Sensitivity ensuring patient wellbeing, Problem resolution, Communication Barrier.

INTRODUCTION

Aesthetics can be one of the means to study and evaluate their orientation towards the profession they are about to get in. The idea of aesthetic expression is one of the most essential aspects of the psychology of art and creative aesthetic appeal; however, it is also one of the most nebulous and inadequately described²². Orientation can be defined as the evaluation/assessment of individual's perception, experience, standpoint, behavioural patterns, approach and sociocultural framework towards their profession. In a broad sense, aesthetic expression can be thought of as a unique mental state that is fundamentally different from the way people think about day-to-day life. Cupchik and Winston (1996) say that sensory feeling is the result of a mental activity in which a person focuses on an object and pushes away other thoughts and feelings, even ones that are less important⁶. In an identical vein, artistic encounter was described by Ognjenovi (1997) as a unique type of psychological topic in association with a specific object that powerfully occupies the consciousness of the particular topic, overshadowing all other neighboring spheres as well as occurrences. Aesthetic circumstances and subjects of aesthetic involvement are described as being substantially distinctive from commonplace conditions and objects that are used in daily life in both of these descriptions^{2 & 24}.

The medical humanities can facilitate healthcare providers understand problems from different vantage points, such as the visual arts, philosophy, literature, sociology or maybe psychology and history¹. The term "medical humanities" is not universally agreed upon, but it frequently refers to an engineered standpoint that pulls on the expressive and erudite epistemological attributes of specialties like ethnography, art, medical ethics, theatrics or screenplay, cultural legacy, literary works, electronica, metaphysics, behavioral science, and social science^{3,7&18}. Despite several efforts to describe the word "medical humanities," theoretical frameworks often fall into one of four main categories: pragmatic, inherent, analytical, and philosophical. Therefore, the intrinsic (or non-instrumental) justification is concerned with the possibility for curricula that incorporates a humanistic outlook to have a coherent benefit. As opposed to the pragmatic (or realistic) reasoning, this places more emphasis on information, abilities, and perspectives explicitly relevant to clinical settings (e.g., communications, compassion, storytelling ability and many more).^{13,17,19&26} Skill, instruction, and investigation in medicine are largely focused on treating specific individuals, and as each person is composed up of interwoven cognitive,

economic, spiritual, and physiological components, societal and cultural factors also invariably have an impact on the health-care workers⁴. It is critical for the medical humanities community to identify the requirement for verifiable evidence of its efficacy in an age of result-oriented education and to also defend the cost of its implementation⁸. According to research, the integration of the medical humanities in Allied Health Science students' curriculum has positive effects on coping skills, improved sensitivity, intercultural skills, mental flexibility, collaboration, rationality, listening, interaction and empathy building.^{9 & 28} It is suggested that the decrease in empathy that has been seen in medical trainees can be fought with individual or group reflection. This will allow learners to make the transition from "the apprehension of altering their behaviours to transforming their particular sense of self, which means that they will propagate away from "executing the duties of treatment to demonstrating the qualities of a healthcare practitioner," and "from the continual procedure of developing themselves to the merged sense of 'being' a medical professional."^(15,19)

According to the findings of Lindberg (2012), there are significant discrepancies between opinions of adequate job readiness and the perspectives of an exceptionally skilled professional. While clinical expertise and aptitudes are recognized as vital in job preparation, they were lacking in the views of the extremely proficient and practical doctor. Fundamental characteristics such as desire, inquisitiveness, willingness to collaborate, friendliness, competence, and reflectiveness, on the other hand, typified assessments of highly outstanding medical practitioners. These characteristics were also acknowledged as developing before or "beside" the official medical education curriculum²¹.

These days, medical humanities are an upcoming area which needs focus to develop further for employment of photography or paintings as the tool of analysis to study patient experience by engaging the students in the whole process of understanding and evaluating photographs or paintings to decode the perception and experience of patients¹⁶. The process involves giving photographs of doctor-patient interaction to students and asking them to evaluate and analyze them on set parameters to understand the over-all experience of the patients¹⁴. They learn practically what is happening in the environment of the hospital and how their patients respond to the atmosphere and behavior offered to them. Photo-analysis, also described as photograph evaluation, is the exploration of images to gather several forms of information, such as analyzing the content classification of almost everything that can be pictured. The method used by quarries and

tanneries discern dispersed information have altered is primarily a result of photo-analysis technologies. Photographic analysis is a popular tool that can be used to involve the students and create awareness among them to study key factors practically through which they can ensure the wellbeing of their patients by understanding and analyzing the neglected areas of patient experience^{12 & 23}.

Methodology of employing Photography to study Patient Experience

This paper discusses a novel pedagogical method in which undergraduate students of Allied Health Sciences were given photographs to understand patient experience. The students are given direction by their curriculum that they should be able to understand the importance of the psychophysical condition of patients. They should be able to inculcate an understanding of patient and doctor behavioral patterns to assess and also evaluate and control the hazards related to perception, experiences, standpoint, behavior patterns, approaches and socio-cultural framework which are a part of doctor-patient relationship. The practical handling of patients is very important which relies on the student's ability to understand what the patient is experiencing at the hospital during his treatment. The students need to be taught through new tools of pedagogy in which they are made to study the above parameters through patient experience. One of the methods is to study the experience and wellbeing of the patients and their interaction with the doctors who are handling them, through photography as the tool of pedagogy to decipher behavioral patterns and the lacunas therein. One such method of pedagogy is the Medical Humanities approach, which comprises the following characteristics:

1. They use methods, concepts, and content from one or more of the humanities disciplines to investigate illness, pain, disability, suffering, healing, therapeutic relationships, and other aspects of medicine and health care practice.
2. They employ these methods, concepts, and content in teaching health professions students how to better understand and critically reflect on their professions with the intention of becoming more self-aware and humane practitioners.
3. Their activities are interdisciplinary in theory and practice and necessarily nurture collaboration among scholars, healers, and patients²⁷.

The methodology involved studying the psychophysical condition of the patients and also by studying the empathy and compassion of the doctors

towards them through active listening by doctors and content analysis of the written description by the students of the doctor-patient photographs given to them for analysis. The students were given the following questions while they viewed the photographs:

- Q1. What do you see in the picture?
- Q2. How do you feel about the participants?
- Q3. What are your comments about the relationship that is visible among the participants?

The students produced a write-up based on one of the following photographs, to practically understand the doctor patient relationship, experience and behavior patterns in the respective photograph selected by them for analysis:

The photographs were displayed on the projector screen in front of 50 Undergraduate students of Allied Health Sciences. Before starting the analysis, the students were given instruction by the faculty that they should analyze any one of Photographs labeled as 1,2,3 in order to study the experience of the patients in relation to their interaction which was visible in the said photograph which displayed patient-doctor interaction.

- A key finding of the present analysis enabled many themes out of the write-ups which were given by the samples. Various categories were jotted which included the 'perception', 'experience', 'standpoint', 'behavioural patterns', 'approaches' and 'sociocultural framework' under which 5 themes were derived on which mainly student had their orientation towards the patients.
- Theme 1 was 'Content Listening' which means that students believed that Patient-Doctor interaction' is an essential element. The statements like 'doctor understands the patient's symptoms' or 'patient is comfortably telling about his symptoms to the doctor' justifies the theme of 'Content Listening'. Content listening by doctors can improve the diagnosis. Passive listening by doctors can be hazardous towards the evaluation of actual patient condition.
- Theme 2 'Importance of Diagnostic Interview', which means that according to the students taking case study/ case history before the process of prognosis is fundamental and primary. Without proper diagnostic interview neither doctor can properly diagnose nor can prognosis be performed aptly, which will not lead to patient's healing. The statement from the write-ups which justifies this theme is 'doctors asked the history of the disease from the patient' or 'doctor asked about the previous encounters of the symptoms'.

- Theme 3 'Sensitivity among the doctors', this theme gives an understanding to the students that they have an idea about the profession they are soon going to be in and they have compassion and empathy. Students have sensitivity towards the patient's condition and they wish to treat them and enhance their wellbeing. The statements like 'prescribing the medicine and precautions to get rid of her problems' or 'doctor is ensuring the patient, that nothing serious has happened and he will calm down'. The understanding of the student at the subconscious level and determination of sensitivity towards the patient shows his belief in calming them down and therefore ensuring their wellness.
- Theme 4 'Problem Resolution', explains that students as doctors to believe in solving the problems faced by the patients. They want to address all the problems reported by the patient.
- Theme 5 delves into the nuances of passive listening. Listening to the patient actively will not only lead to better patient engagement, but also, better diagnosis after listening to the patient's immediate symptoms and health concerns.
- Theme 6 stems from the present sociocultural framework of Indian society. Being a 'high tradition culture', a gender divide exists, due to which there is a communication gap between the male doctor and female patient and vice-versa. These gaps need to be bridged to facilitate uninterrupted flow of communication.

S. No.	Framework	Identified Themes	Intentions Expressed by the students	Conclusion
1.	Perception	Sensitivity ensuring patient wellbeing	1. Doctor ensuring patient wellbeing. 2. "Doctor is looking calm as if nothing serious happened to the patient. Ensuring wellbeing"	New perception of analysis of patients through the lens of aesthetics alongside practical learning and experience of the medical profession.
2.	Experience	Problem resolution	1. Patient is comfortable with the doctor- "telling her problem without any fear or hesitation"	The problem resolution is done through realization of the confluence of humanities and the medical profession and recognition of the same by students.
3.	Standpoint	Doctor faces many barriers in assessing patient condition	No barriers should be there between doctor and patients. Doctors should not be ignorant towards patient condition Doctor is approachable	The students realize that the doctors will diagnose the conditions better if they are closer to patients if they discover the importance of human condition.
4.	Behavioral patterns	Patient doctor interaction	-"Doctor is listening to patient's problem very carefully." T-"There is no barrier between the patient and doctor and patient is comfortable".	Content Listening by Doctors can improvise the diagnostics. Passive Listening by doctors is hazardous towards evaluation of actual patient condition.
5.	Approaches	Diagnostic Interview and Planning Prognosis	Passive Listening "Doctor was not diagnosing the issue properly." doctor asked the history of the patient" "genuine approach"	Casual Approach by doctors can lead to errors in diagnosis and displays a lack of professional attitudes.
6.	Sociocultural Framework	It does not matter. "she is treating gently and calmly"	"Patient is not able to tell her problem and doctor is writing his prescriptions".	Culture/ Gender oriented Cultural Framework- Female patient-male doctor-gender concerns are brought to the fore. The crisis of gender divide deters actual diagnosis due to gaps in communication because of gender and cultural barrier.

Table 1: Thematic Study of Patient-doctor Interaction

CONCLUSION

This emphatic exhortation to health care providers to welcome the "corner where arts and health sciences intersects" unveils both the already well-known humane and also a most newly understood imaginative or "artistic" side of the therapeutic interaction. This acknowledgement is applaudable insofar as it flows, but by concentrating on desensitizing health personnel, researchers incur the danger of omitting the potential that the mingling of art and medical science may alter the very essence of clinical professional development⁹. Such conceptualizations are generally regarded as the medical humanities: a "multiplicative" outlook, in which a biomedicine that is largely unmodified is toned down in practice by the sensitive healthcare professional; and a "unified" perception, in which the phenomenon, objectives, and skillset of medical field itself are considered to be molded by the comprehension and alleviation of human physiological distress. This increasingly grandiose viewpoint requires that, if essential, the concise description of medicine be reevaluated in order to bring the experienced dimension of distress within their purview.

Instead of being seen as a collection of free spins to a primarily technical notion of medicine, the medical humanities can be seen as endemic to health care curriculum and profession. To assist Allied Health Sciences students' professional growth, medical training has underlined the significance of including medical humanities sessions within the curricula²⁰. After years of becoming accustomed to the idiosyncrasies, errors, and conflicts of the patients' lamentable lives, the only thing that remains is a professional separation. It is at the intersection of art and medicine that medical professionals are able to reaffix them to the human condition and reawaken the feelings that inspire or frighten their sufferers. Every interaction that a healthcare provider has with a client involves not only a professional but also a philosophical and creative component^{5 & 11}. The recognition of this creative self among the Allied Health Students is going to recreate a new perspective towards the examination and analysis of the patients^{10 & 25}. This new angle of making the students sensitive towards aesthetics will add a humane dimension to the simple and practical examination of patients which lacks the human traits of empathy and sensitivity. This would make the medical professionals aware of the confluence of medicine and humanities to recognize the sufferings of their patients and their conditions while they would diminish the professional separation between the disciplines for achievement of the higher goal, which is inculcating a perception of sensitivity towards patient condition⁽²⁹⁾.

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