



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 8.4
IJAR 2021; 7(12): 170-172
www.allresearchjournal.com
Received: 25-10-2021
Accepted: 27-11-2021

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Quality of sleep and empathy in doctors and teachers: A comparative study

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Abstract

The present study aimed to make a comparative analysis of doctors and teachers in relation to quality of sleep and empathy.

A total sample of 50 doctors and 50 teachers having high OPD's were selected for the present study. Sleep Quality Scale by Shin and Shin and Empathy Quotient Scale by Simon Baron-Cohen were administered for the measurement of sleep quality and empathy. Results were analysed by using t test and significant differences were found in above measures.

Keywords: sleep, empathy, doctors, teachers

Introduction

For a healthcare organization to survive, the key resource is a doctor. A doctor's place in the healthcare industry may be regarded as important healthcare gatekeepers and custodians. It can, therefore, be stated that approaching a healthcare organization and deriving benefits directly means consulting a doctor. The healthcare sector increasingly depends on the doctors for their patients. In the 21st century healthcare industry, the life of a doctor is hectic and requires a lot of energy, evidently doctors also get tired and need a peaceful sleep. The kind of sleep a person has the previous night has a lot of impact on the person's mood, freshness, attitude the next day. The need for getting sleep cannot be overemphasized. Lack of sleep quality is related to a number of acute and chronic problems challenging our day to day life. Sleep is a vital part of human physiology and disorders of sleep can result in significant derangement of human functionality.

Now the question is, if a doctor is working late the night before and hasn't had enough sleep, would we want him to perform his duty the next day? These things are completely opposite to the virtues of a doctor and the ethical moral code they vow to follow, which makes good quality of sleep an important factor in the overall mental and physical health of a doctor.

Quality of sleep

Sleep quality refers to how well you sleep. For adults, good quality sleep means typically a proper sleep pattern so that a person is feeling fresh and energetic for the whole day.

Sleep is an important part of the human daily routine. Restoring sleep is closely related to a better physical, cognitive, and psychological well-being. By contrast, poor or disordered sleep leads to possible impairments of cognitive and psychological functioning and to a worsened general physical health. According to the National Sleep Foundation, the key indicators of good quality of sleep are: falling asleep in 30 minutes or less, being asleep longer while in bed (a minimum of 85% of the total time), being awake for 20 or fewer minutes after falling asleep initially and not waking up more than once each night.

Insufficient sleep directly affects how a person feels during their waking hours. Symptoms of insufficient sleep are: slow thinking, reduced attention span, worsened memory, poor or risky decision-making, Lack of energy and mood swings including feelings of stress, anxiety, or irritability.

Empathy refers to the ability of an individual to understand another person's mental state in terms of emotions, feelings and thoughts, which is important for an effective interpersonal interaction (Shamay-Tsoory, 2011). Types of empathy include cognitive empathy, emotional (or affective) empathy, and somatic empathy (Rothchild and Rand, 2006).

Affective empathy is the capacity to respond with an appropriate emotion to another's mental states. Cognitive empathy is the capacity to understand another's perspective or mental state.

Somatic empathy is a physical reaction, probably based on mirror neuron responses.

Research Incidence has shown that sleep loss affects the ability to recognize and categorize other people's emotions (Tempesta and Ferrera, 2015) [8], and reduces the individual's self-perceived emotional intelligence by affecting the ability to be empathetic towards others (Tempesta and Gennera, 2018) [9]. Some studies also provide a clear evidence that sleep deprivation is detrimental to mood and emotion processing in general (Zohrra, 2005) [10] and may have significant negative effects on some more complex emotion processes, such as those involved in empathy. Since the mixed evidence is there to prove that people from different segment of jobs have different sleep patterns and global wellness.

Taking this perspective in mind, the aim of the present study is to make a comparative analysis of quality of sleep and empathy between doctors and teachers.

Objective of the study

1. To study the significance of difference in the quality of sleep between doctors and teachers.
2. To study the significance of difference in the empathy between doctors and teachers.

Hypotheses of the study

1. There would be significant difference in the quality of sleep of doctors and teachers.
2. There would be significant difference in the empathy of doctors and teachers.

Methodology

Design: It is a two- group design study, where both the groups, i.e doctors and teachers were compared on the variables of quality of sleep and empathy in doctors.

Sample

The sample included 50 doctors and 50 teachers between the age 30-35 years from with atleast 5 years of work

experience. The subjects belonged to different hospitals of Chandigarh. The doctors selected were from medicine with heavy OPD's and teachers selected were teaching in Public schools.

Tools

1. **Sleep Quality Scale:** It consists of 28 items and deals with six domains of sleep quality, i.e day time symptoms, restoration after sleep, problems initiating and maintaining sleep, difficulty waking, and sleep satisfaction. The scores can range from 0 to 84. As higher scores denoting more acute sleep problems and low scores indicate sound sleep.
2. **Empathy Quotient:** It is a 60 –item questionnaire which was constructed by Simon Baron-Cohen to measure empathy in adults. The instrument is scored on a scale of 0 (being the least empathetic possible) to 80 (being the most empathetic possible).

Procedure

First of all, the subjects were made aware about the purpose of the study after establishing a good rapport with them. All the participants were individually contacted virtually and told that confidentiality of their responses would be maintained. Their information about their demographic variables was taken. The instructions related to every questionnaire was provided separately. The questionnaires were given in random order to all the subjects. The effort was made to get both the questionnaires filled in single sitting. Good rapport was maintained throughout the process. The prior relevance of the investigation given to subjects helped to maintain their interest and sincerity till end. The complete protocol of social distance was maintained by the investigator as well subjects. The participants were thanked for their cooperation.

Results and Discussion

The objective of the present study was to assess and compare the Quality of sleep and empathy in doctors and teachers. In order to study the above objective, t –test was applied and t values were of the two different groups were obtained.

Table 1: Mean, standard deviation and t-value of doctors and teachers on Quality of sleep

Respondents	N	Mean	Standard Deviation	t-value	Level of significance
Doctors	50	44.40	11.89	5.30	0.01**
Teachers	50	32.88	9.72		

**Significant at .01 level

Table no.1 deals with the mean and standard deviation scores of doctors and teachers in relation to the quality of sleep. The obtained mean scores of doctors is 44.0 with SD as 11.89. While the obtained mean scores and SD values are 32.88 and 9.72 respectively in case of teachers.it clearly shows that the doctors since having heavy OPD's through out the day have poor quality of sleep that has direct impact

on their overall wellness. A study by Murthy and Nayak in 2014 clearly reveals that resident doctors in tertiary hospitals in Mumbai had disturbed sleep patterns resulting in to poor quality of sleep and low satisfaction with life. On the other hand the public school teachers had perceived sleepiness and sleep habits quite regular and apt for their wellness Phillipps and Riess (2013).

Table 2: Mean, standard deviation and t-value of doctors and teachers on Empathy

Respondents	N	Mean	Standard Deviation	t-value	Level of significance
Doctors	50	45.62	9.29	3.45	0.05*
Teachers	50	40.26	10.42		

*Significant level at .05 level

Table no.2 deals with the mean and standard deviation scores of doctors and teachers in the context of empathy. The obtained mean scores of doctors is 45.62 with SD as 9.29. While the obtained mean scores and SD values are 40.26 and 10.42 respectively in case of teachers. The obtained scores clearly show the results statistically significant at .05 level. The doctors are found high on empathy than teachers. Though its contrary to the general view because teaching professionals are generally reported to have more one to one concern with their students than the doctors in relation to their patient care. A study by Harris (2006) ^[2] clearly states that the kind of curriculum and pressure of job makes doctors to be less empathetic and emotional as far as patient –physician relation is concerned. Further research by Batson (2007) ^[1] vividly reports that medical doctors are imparted training on positive communication talk and to appreciate patients emotions and express concern for them.

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Implications

The present study has many behavioral and social implications in the current scenario that concerns doctors and teaching professionals. The need of an hour is to hold some life skill workshops for both professionals to impart them training on such psychological issues where the teacher taught and physician patient relationship becomes more harmonious.

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