

Research Article

An Exploratory Study of Disgust Sensitivity among Medical Practitioners

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ABSTRACT

This qualitative exploratory study provides a nuanced examination of the complexities surrounding disgust sensitivity among medical practitioners, shedding light on its manifestation in daily practice and its multifaceted impact on patient care and professional well-being. The research utilized an in-depth semi-structured interview to get in-depth results on how disgust sensitivity affects the medical practitioner's life. This study incorporated purposive sampling and the sample size of this research was four medical practitioners. Thematic analysis was applied to extract recurrent themes and variations, providing a comprehensive overview of the participants' experiences. The study reveals that disgust sensitivity manifests behaviorally, emotionally, and in clinical decision-making, influencing early career experiences and patient care. Medical practitioners employ various strategies to manage sensitivity, emphasizing training, collaboration, and ethical considerations. The impact on interpersonal relationships and psychological well-being is evident, calling for tailored approaches to ensure effective patient care. Factors such as gender, experience level, and speciality play crucial roles in shaping individual responses. Reflexivity was maintained to acknowledge the researcher's outsider status. This study contributes valuable insights into the multifaceted nature of disgust sensitivity in medical practice, offering a foundation for further research and interventions to enhance healthcare professionals' well-being and patient outcomes.

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INTRODUCTION

One of the fundamental aspects of human psychology is known as disgust sensitivity (DS), which is characterised by varying degrees of aversion and responsiveness to stimuli that incite aversion (Ammann et al., 2020). The concept of disgust, which has its origins in evolutionary psychology, is a defence mechanism that protects individuals from potential dangers to their health and safety (Sevi & Shook, 2021). In contrast, those with lesser sensitivity may demonstrate a greater tolerance to potentially disagreeable

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stimuli, whereas individuals with higher DS exhibit significant disgust and avoidance responses (Özkan et al., 2021). A complicated relationship between genetic predisposition, cultural standards, and personal experience all play a role in influencing this sensitivity (Winder et al., 2021). Those who work in the medical field are frequently confronted with circumstances and stimuli that, according to the standards of society, might be considered repulsive (Hadjittofi et al., 2020). Doctors are required to deal with a variety of potentially revolting situations in the course of their daily work, ranging from the handling of bodily fluids to the performance of invasive medical operations (Ammann et al., 2020). The influence that disgust sensitivity has on the professional lives of physicians has not been thoroughly investigated, despite the fact that it plays a significant part in the formation of a reaction to such stimuli (Miłkowska et al., 2021).

Studies have suggested that it is imperative to possess a comprehensive understanding of the complexities surrounding the disgust sensitivity of medical professionals (Troisi et al., 2022). Firstly, this comprehension illuminates the psychological and emotional dynamics entailed in providing care to patients, especially amidst prevalent gross stimuli (Reuben et al., 2020). Secondly, it underscores the significance of devising personalized solutions to aid practitioners in effectively addressing and responding to these challenges (Klasko-Foster et al., 2020). Exploring the disgust sensitivity within the medical field also facilitates discussions on resilience, emotional regulation, and occupational well-being within the broader healthcare environment (Lieberman et al., 2012). This study aims to delve into doctors' experiences with disgust sensitivity, its effects on professional performance and personal well-being, and provide insights and information on treatments and support mechanisms aimed at enhancing practitioners' adaptability and overall job satisfaction.

LITERATURE REVIEW

Studies suggest higher disgust sensitivity can negatively impact patient interactions, potentially leading to avoidance behaviours or reduced empathy towards patients with stigmatized illnesses (Klasko-Foster et al., 2020). Disgust sensitivity often correlates with other personality traits like neuroticism and conscientiousness, raising questions about their combined impact on physician behaviour (Inbar, et al., 2011; Miłkowska et al., 2021). Understanding how medical practitioners manage disgust through cognitive reframing, humour, or other strategies can inform interventions to cultivate resilience and prevent negative consequences (Mazur & Gormsen, 2020). High disgust sensitivity might lead to biased decision-making, impacting diagnoses or treatment recommendations towards perceived "disgusting" conditions e.g., infectious diseases (Troisi et al., 2022). Frequent exposure to disgusting stimuli might contribute to physician burnout, while effective coping mechanisms for managing disgust could enhance resilience.

Addressing disgust sensitivity and its potential biases during medical training could be crucial for fostering ethical and compassionate care regardless of a patient's condition. Research suggests individuals with lower disgust sensitivity are more likely to choose specializations involving frequent exposure to bodily fluids and waste (Mazur & Gormsen, 2020). Disgust sensitivity in medical practitioners can manifest in various ways, impacting both internal and external experiences. Internally, medical practitioners might experience physiological reactions like increased heart rate, sweating, and nausea (Mazur & Gormsen, 2020). Emotionally, feelings of aversion, anxiety, and moral judgment could arise (Hadjittofi et al., 2020). Externally, disgust sensitivity might influence nonverbal communication (e.g., facial expressions, avoidance behaviours) and potentially hinder effective patient interactions (Troisi et al., 2022).

The implications of disgust sensitivity in medical practice are multifaceted and warrant exploration. Some studies suggest that it could contribute to professional burnout and decreased job satisfaction (Zia et al., 2023). Disgust sensitivity might also influence clinical decision-making, potentially leading to avoidance of specific procedures or patient groups (Mazur & Gormsen, 2020). Conversely, some argue that heightened disgust sensitivity might foster meticulous hygiene practices and contribute to patient safety (Winder et al., 2021). While quantitative research has shed light on the prevalence and physiological correlates of disgust sensitivity, a crucial gap persists in understanding its subjective experience and impact on healthcare professionals (Hadjittofi et al., 2020). Qualitative research, using methods like interviews and observations, can offer rich insights into how medical practitioner navigate

disgust-eliciting scenarios in their daily practice. It can help us understand the strategies they employ to manage their emotions, the impact on patient interactions, and the potential influence on professional trajectories (Hadjittofi et al., 2020).

This in-depth exploration of disgust sensitivity in medical practitioner opens avenues for a nuanced understanding of their lived experiences and challenges. The proposed qualitative research aims to illuminate the complexities of this under-studied phenomenon, ultimately contributing to improved support mechanisms and fostering resilience within the medical community.

Theoretical Framework

Disgust sensitivity in medical practitioners can be explained using the Cognitive-Affective Model, shedding light on how cognitive and affective factors influence their responses to situations involving potentially repulsive stimuli. Cognitively, medical practitioners undergo extensive training to develop their knowledge, skills, and clinical expertise (Wagemans et al., 2019). Their cognitive framework is structured to analyse symptoms, diagnose conditions, and recommend appropriate treatments. However, when faced with situations that evoke disgust, such as dealing with certain medical procedures or bodily fluids, the cognitive aspect of the model suggests that practitioners may employ cognitive appraisal mechanisms to evaluate the situation's potential threat or harm (Birkás, et al., 2023; Winder et al., 2021). The affective component of the Cognitive-Affective Model comes into play when examining the emotional responses and attitudes associated with disgust sensitivity. Medical practitioners, despite their clinical training, are not immune to emotional reactions. Disgust, being an emotion linked to the avoidance of potentially harmful stimuli, may manifest when encountering situations that challenge their emotional resilience (Mazur & Gormsen, 2020). The affective aspect emphasizes the importance of understanding practitioners' emotional responses, as these can influence their overall well-being, job satisfaction, and patient care (Wagemans et al., 2019).

Incorporating the Cognitive-Affective Model, the theory posits that medical practitioners' disgust sensitivity is not solely determined by their cognitive understanding of medical procedures but also by their emotional reactions to these procedures. For example, a medical practitioner may intellectually comprehend the necessity of handling bodily fluids but may still experience a visceral emotional response. Understanding disgust sensitivity in medical practitioners through this model allows for a more comprehensive exploration of their responses. It acknowledges that their reactions are not solely driven by knowledge and skills but are intertwined with emotional factors. This nuanced perspective can inform strategies to manage disgust sensitivity, improve coping mechanisms, and enhance overall well-being among medical professionals (Mazur & Gormsen, 2020).

Rationale

Understanding how medical practitioner navigates disgust sensitivity in their professional lives is a crucial area for qualitative research. Medical practice involves frequent exposure to stimuli traditionally considered disgusting, such as bodily fluids, wounds, and disease manifestations. This constant exposure presents unique challenges for physicians navigating their disgust responses and maintaining a professional demeanour. Qualitative research can delve into these nuanced experiences, revealing the diverse ways medical practitioners manage this emotional terrain (Mazur & Gormsen, 2020). Qualitative research can explore these complex relationships in depth, uncovering how disgust might influence clinical interactions, diagnoses, and treatment recommendations. This is particularly relevant in the context of ethical healthcare and ensuring equitable access to quality care.

Understanding coping mechanisms: Medical practitioners develop various strategies to manage disgust in the clinical setting. Qualitative research can provide rich insights into these strategies, identifying effective approaches and potential areas for intervention or training to support medical practitioner facing these challenges. Traditional quantitative research might overlook the subjective and emotional aspects of navigating disgust in healthcare. Qualitative methods, like interviews and observations, allow researchers to capture the lived experiences of medical practitioners, unravelling the intricate interplay of emotions, ethical considerations, and practical realities they face.

Research Questions

- How does disgust sensitivity manifest itself in the daily practice of medical practitioners, considering the diverse range of medical situations they encounter?
- What strategies do medical practitioner employ to manage and overcome their disgust sensitivity in challenging clinical settings?
- How does disgust sensitivity impact the doctor-patient relationship? In what ways can medical practitioners navigate these interactions to ensure effective patient care and communication?
- What personal and professional factors influence the expression and management of disgust sensitivity in medical practitioner? How do factors like gender, experience level, and specialty play a role?

METHODOLOGY

The conducted study used qualitative research design which was exploratory in nature. The study used open-ended based interviews to encourage medical practitioner to share their opinions and provide in-depth information. Data was gathered using in-depth semi-structured interviews. The interview data was then subjected to thematic analysis in order to find recurrent themes and variations in the participant's experiences. This interview provided a useful overview and some initial insights into exploring the effect of disgust sensitivity on the work efficacy of medical practitioners. The targeted population of this study was the medical practitioner. The phenomena of disgust sensitivity in medical practitioners are a complex and multi-faceted phenomenon that is influenced by a variety of personal, professional, and situational factors. When the sample size is lower, it is possible to conduct a more in-depth investigation of individual experiences, which helps to capture the complexity and diversity that are inherent in the phenomenon. The sample size of this study was 04 medical practitioners. The data was gathered using purposive sampling.

The research used in-depth interviews with a medical practitioner to understand and explore the effect of disgust sensitivity on the work efficacy of medical practitioners. Prior to the interview, participants were fully informed about the study's purpose, objective, procedure and rights. Informed consent was obtained. The participants were made aware that their information would be kept confidential. Open-ended questions were asked from the participants to provide them the freedom to fully share their experiences, perceptions and challenges related to the effect of disgust sensitivity on the work efficacy of medical practitioners. The gathered information was evaluated using a thematic analysis to find recurrent themes, patterns, and variations in the responses provided by the respondents.

Being an outsider in this research means I'm not a lawyer or doctor. So, I was always thinking about how my not being a doctor might affect the study. I've been thinking about how my background and opinions could influence the way I see and interpret things. Being mindful of this has helped me stay open to different perspectives and adjust how I collect and analyse information. This self-awareness helped me be fair and open-minded in understanding the things medical practitioners shared. I was extra careful to listen well and not let my own ideas get in the way. This way, I hoped to make sure the research really captures what it's like for medical practitioner, even though I'm not one myself. All ethical considerations that might have arisen during the research process were carefully considered in order to protect participant from any potential ethical problems. Firstly, Informed Consent was provided to the participant with comprehensive information about study's purpose, procedure, objectives and his right to voluntarily participate as well as withdraw anytime he feels uncomfortable. The importance of their participation and the confidentiality of their data were explained to the participant, who also learned that their participation would not do them any physical or psychological harm and that their data would only be used for study. Furthermore, during the whole research process, privacy and confidentiality were maintained.

RESULTS & FINDINGS

The study was based on Braun and Clark's Model of Thematic analysis. The transcribed data was used to generate codes which were formulated into categories. The formed categories were then classified under a broader spectrum of Themes.

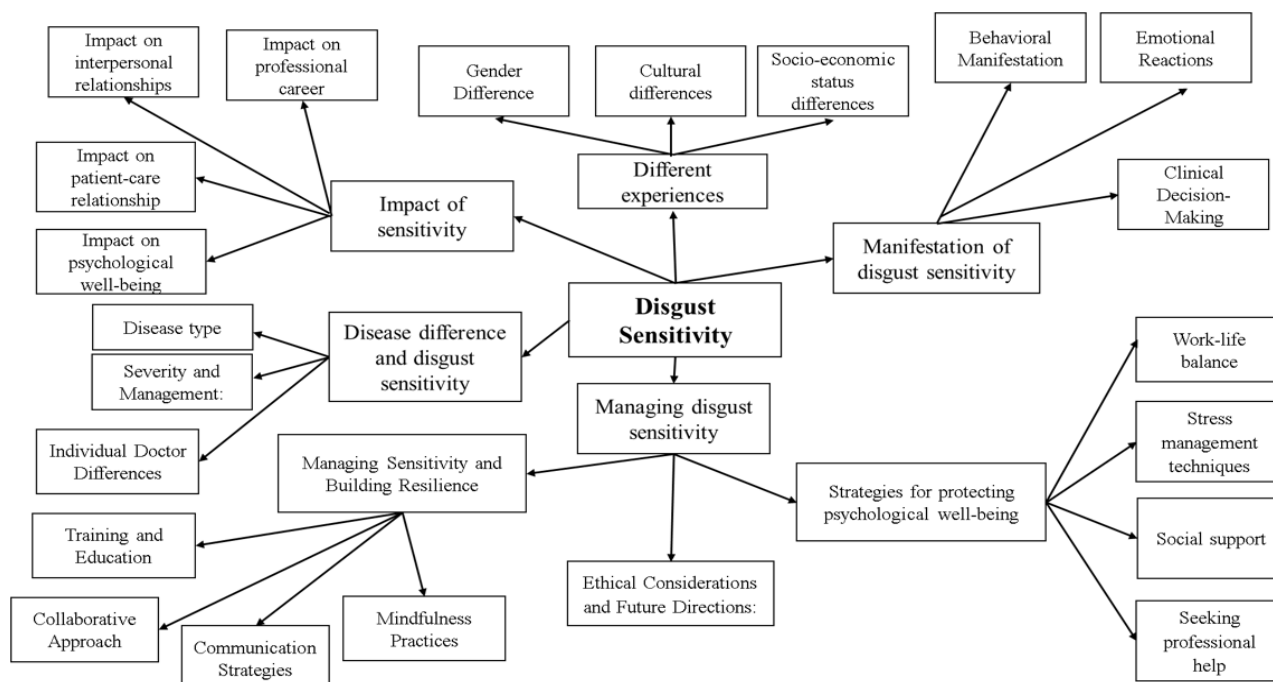


Figure 1. Initial thematic map

The initial thematic map (Figure 1) includes 5 major themes, and 16 sub-themes along with 8 additional codes under the sub-themes of managing disgust sensitivity in the medical practitioners.

Difference in Sensitivity

The thematic analysis revealed that disgust sensitivity in healthcare is influenced by gender, culture, socio-economic status and disease differences.

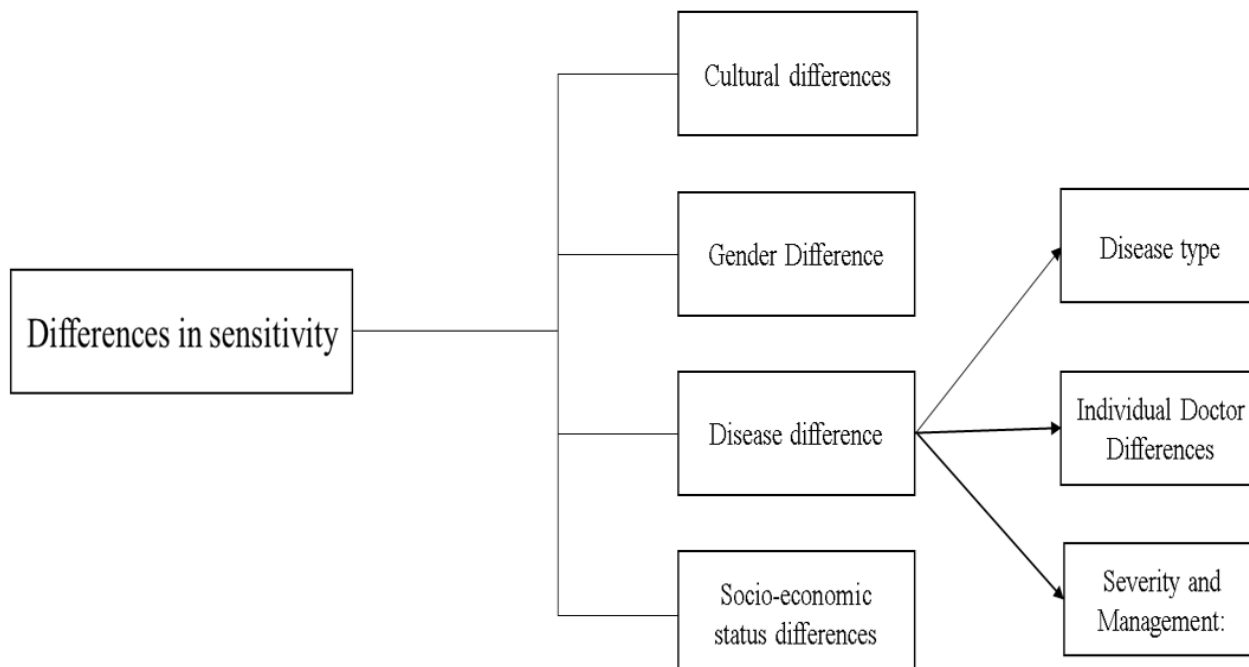


Figure 2. Differences in the disgust sensitivity

Gender Differences

Girls often experience more disgust sensitivity than boys, leading to various behavioural differences. Girls tend to be more conscious about self-hygiene, exhibiting a higher level of caution and avoidance of physical touch. The beginning of a medical career can be more challenging for girls due to these heightened sensitivities. One of the participants reported that:

'haan yeh hay kay larkiyon mei yh cheesin bht hoti hein, who extra sensitive hoti hein, especially initial phases me'

Disease Differences

This thematic analysis examines the interplay between disease differences and disgust sensitivity among healthcare professionals, identifying key sub-themes. The nature of diseases, whether infectious or non-infectious, elicits varying disgust responses, with infectious diseases amplifying reactions. Visibility of symptoms, the chronicity of illnesses, and bodily fluids/systems involved further contribute to nuanced sensitivities. Disease severity, treatment procedures, and prognosis evoke complex emotions, intertwining fear, sadness, and disgust. Individual doctor differences, shaped by personal experiences, coping mechanisms, and specialty training, significantly influence the manifestation and regulation of disgust reactions. Recognizing these intricacies is vital for healthcare providers, fostering empathetic and patient-centred care while navigating the diverse landscape of diseases and the associated emotional responses. A participant reported that:

*'Haan, kai conditions hain jinse disgust sensitivity ko face krna parta ha, jese Bodily fluids, jaise ki khoon, peshaab, ya stool...'*Top of Form

Cultural Differences

Examining the influence of culture on disgust sensitivity, the analysis identified disparities between government and private hospitals. Government hospitals were associated with poor hygiene, while the private sector displayed heightened sensitivity. Cultural nuances were evident in medical practitioners' self-hygiene practices, with private-sector physicians exhibiting greater awareness.

Socio-Economic Status Differences

This sub-theme focuses on the impact of socio-economic status (SES) on disgust sensitivity. Healthcare professionals displayed increased sensitivity when dealing with patients from lower SES backgrounds. Unconscious biases, misinterpretation of patient behaviours, communication challenges, and potential differential treatment were identified as issues arising from these socio-economic differences.

Impact of Sensitivity

Disgust sensitivity among healthcare professionals is a multifaceted phenomenon with far-reaching implications that extend beyond the individual experience to impact professional careers, interpersonal relationships, patient care dynamics, and psychological well-being.

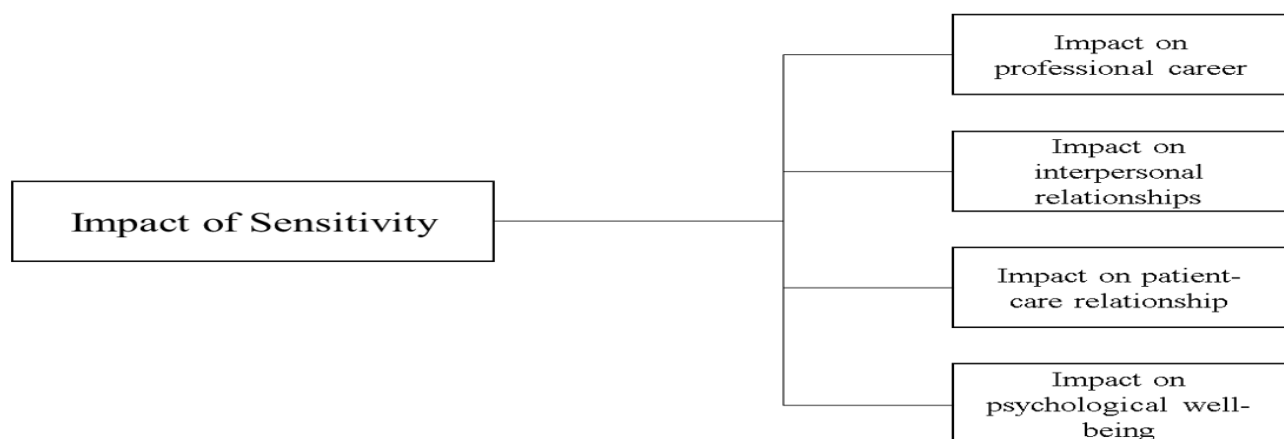


Figure 3. Impact of sensitivity on professional career, interpersonal relationships, patient care relationship, and on the psychological well-being

Impact on Professional Career

Disgust sensitivity significantly influences the early years of a medical career, shaping clinical decision-making. The heightened sensitivity may lead to challenges in managing patient cases, potentially affecting treatment plans and overall patient outcomes. Professionals with elevated disgust sensitivity may

struggle with certain medical procedures or conditions, impacting their ability to provide comprehensive and effective care. The initial phase of a medical career becomes a critical period for adapting to these sensitivities and developing coping mechanisms to ensure continued professional growth.

Impact on Interpersonal Relationships with Colleagues

Disgust sensitivity has notable ramifications for interpersonal relationships among healthcare professionals. Social interactions, particularly after surgical procedures, may be compromised as individuals with heightened sensitivity tend to avoid such engagements. This avoidance extends to physical touch and sharing personal items, creating a professional environment where colleagues may perceive a lack of openness or camaraderie. Addressing these interpersonal challenges is crucial for fostering a supportive and collaborative work atmosphere within the healthcare setting. A participant reported that often because of the sensitivity we avoid social interactions and physical touch with the colleagues:

'Aksar hum colleagues bhi apas mei physical interaction avoid krt hein, especially after surgical procedures'

Impact on Patient-Care Relationship

Disgust sensitivity poses significant challenges in establishing and maintaining effective patient-doctor relationships. The emotional responses associated with heightened sensitivity can hinder the development of rapport and genuine empathy. This difficulty in connecting with patients may result in challenges providing clear information or discussing sensitive topics, impacting the overall quality of care. Avoidance of touch or close proximity further complicates procedural care, potentially leading to patient discomfort and a breakdown in trust. Recognizing and addressing these challenges is vital for enhancing patient satisfaction and promoting positive health outcomes. Avoidance of physical touch because of the sensitivity can proved as a hurdle in patient care relationship, one of a participant reported that:

'Patients se aksar hath milana or physical touch avoid krtay hein qk who pata ni kahn kahn se ghoom ky aaty hein'

Another participant report that we often shift the duties to para-medical staff, especially in sensitive matters.

'Asal mai as a doctor mai agr baat karon tou hamaray sath aur b staff hota tha nurse b hotay hain hamaray sath , aur b staff yani hota hai hamaray sath. agr hm hichkichahat mehsoos krtay b hain tou hm onsy karaty hain phr .. hm onko keh detay hain.. hm examine khd kr laitay hain phr staff ko kh detay agr koi cream ya kch aisay apply krna ho tou'

Impact on Psychological Well-Being

The psychological well-being of healthcare professionals is intricately linked to disgust sensitivity. The emotional burden and stress associated with heightened sensitivity can contribute to chronic stress, negatively impacting mental health. Moral distress and conflict arise from the internal struggle between professional duty and personal feelings, requiring effective coping mechanisms. Burnout and compassion fatigue become significant risks, leading to emotional exhaustion and reduced empathy. The potential development of depression and anxiety underscores the need for comprehensive mental health support within the medical community. Additionally, the impact spills over into personal life, emphasizing the importance of a holistic approach to well-being for healthcare professionals.

Manifestation of Disgust Sensitivity

Disgust sensitivity in healthcare professionals is not confined to internal experiences but manifests behaviourally, emotionally, and clinically, permeating various dimensions of their professional lives.

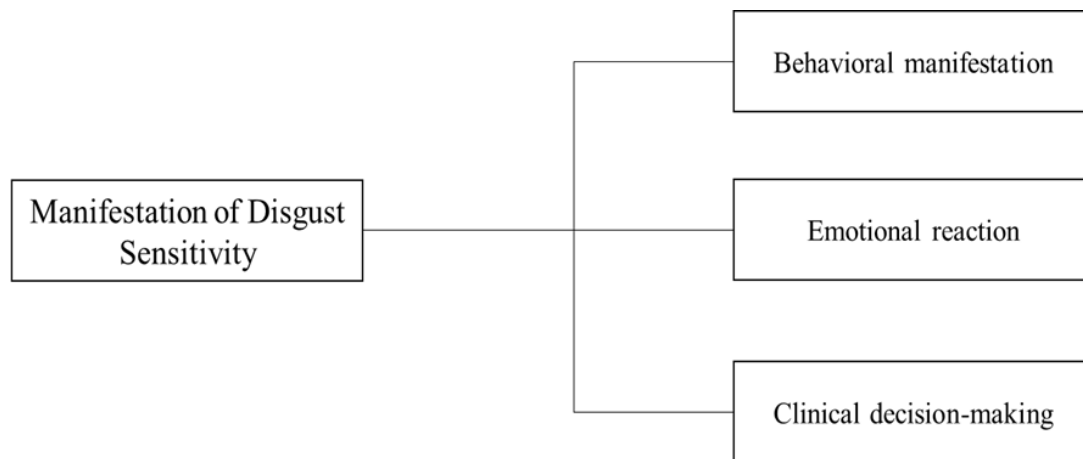


Figure 4. Manifestation of disgust sensitivity

Behavioural Manifestation

Disgust sensitivity manifests behaviourally in healthcare professionals through various measures aimed at minimizing exposure to perceived contaminants or distressing situations. This may include the excessive use of personal protective equipment (PPE) and rigorous handwashing routines, potentially impacting the natural flow of patient interaction. Professionals with heightened disgust sensitivity might exhibit avoidance behaviours such as delegating specific tasks to others or requesting schedule changes to limit exposure to triggering situations. There may be a tendency to minimize physical contact with patients, impacting the quality of patient care. Difficulties in maintaining composure during distressing situations may lead to a perceived sense of detachment, while changes in communication style, becoming overly clinical or impersonal, may be employed to manage emotional reactions. Furthermore, there might be a tendency to shift sensitive duties to para-medical staff to avoid direct involvement. Medical practitioners often shift their duties to the paramedical staff as a manifestation of sensitivity in their behaviour. A participant reported that:

‘Asal mai as a doctor mai agr baat karon tou hamaray sath aur b staff hota tha nurse b hotay hain hamaray sath , aur b staff yani hota hai hamaray sath. agr hm hichkichahat mehsoos krtay b hain tou hm onsy karaty hain phr .. hm onko keh detay hain.. hm examine khd kr laitay hain phr staff ko kh detay agr koi cream ya kch aisay apply krna ho tou’

Emotional Reactions

The emotional dimension of disgust sensitivity involves a range of reactions when faced with specific stimuli. Healthcare professionals may experience anxiety, discomfort, or even nausea when encountering bodily fluids, wounds, or certain medical procedures. Strong smells or sights associated with particular diseases or treatments can trigger emotional responses. Emotional avoidance of specific tasks or patient populations may occur as a pre-emptive measure to cope with anticipated disgust. Internally, healthcare professionals may grapple with conflicting feelings, torn between the desire to provide quality care and experiencing personal revulsion in challenging situations.

Clinical Decision-Making

Disgust sensitivity can significantly influence clinical decision-making processes. Unconscious biases towards patients with conditions linked to disgust may impact treatment recommendations, potentially compromising the objectivity of healthcare professionals. Difficulty in maintaining objectivity may lead to emotional choices rather than purely medical ones, affecting the overall quality of care. Struggles with informed consent may arise if discussing certain procedures triggers personal disgust, potentially hindering transparent communication with patients. The cumulative effect of disgust sensitivity on clinical decision-making may contribute to burnout or reduced job satisfaction, particularly if work performance or enjoyment is significantly hampered. Addressing these manifestations is crucial for optimizing the overall well-being and effectiveness of healthcare professionals.

Managing Disgust Sensitivity

This theme includes the comprehensive strategies for managing disgust sensitivity in healthcare professionals were discussed by the medical practitioners, emphasizing resilience, ethical considerations, and protective measures for psychological well-being.

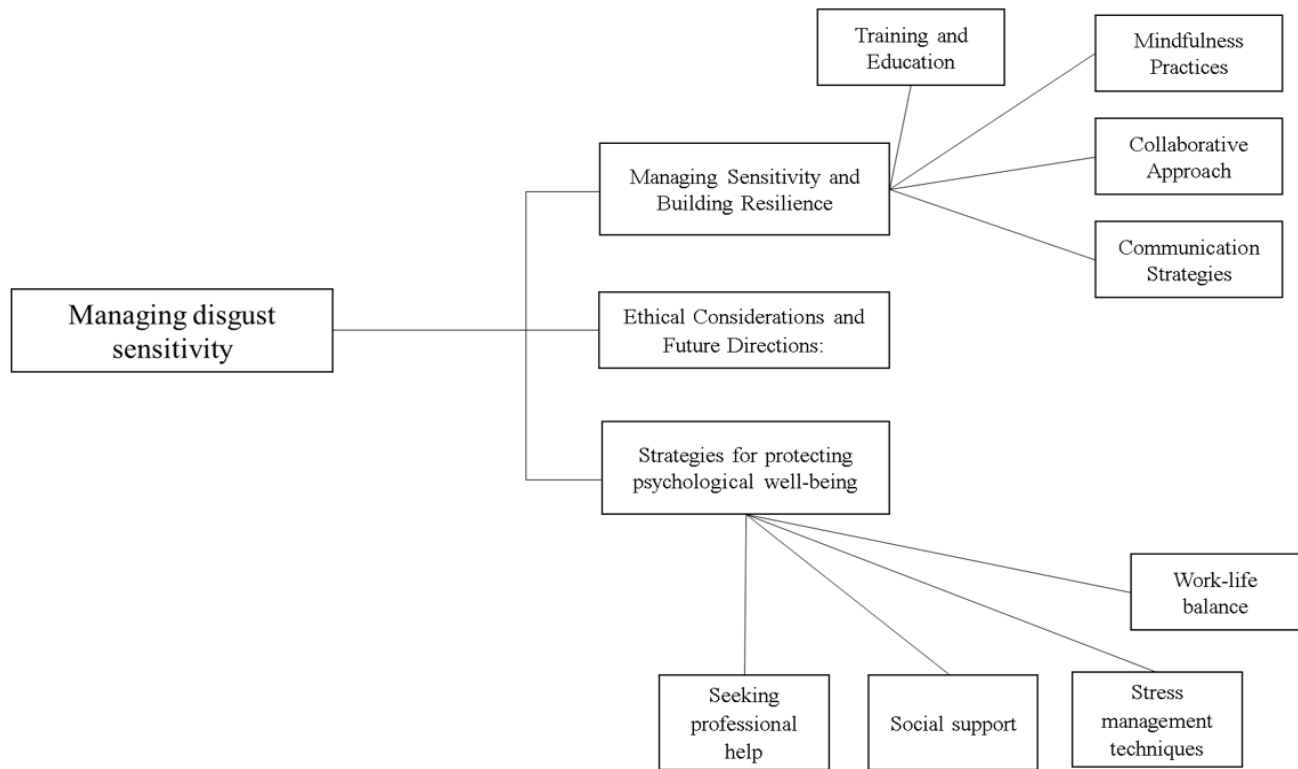


Figure 5. Managing Disgust Sensitivity

Managing Sensitivity and Building Resilience

Effective management of disgust sensitivity involves a multifaceted approach aimed at enhancing healthcare professionals' resilience and adaptive capabilities. Training and education programs play a pivotal role in improving disgust sensitivity by providing insights into effective coping mechanisms and emotional regulation. Encouraging a collaborative approach within medical teams fosters a supportive environment where professionals can openly discuss challenges and share strategies for managing sensitivity. Communication strategies tailored for challenging situations, coupled with the cultivation of empathy in medical practice, contribute to more nuanced and compassionate patient care. Personal growth and ongoing professional development further empower healthcare professionals to navigate the complexities of disgust sensitivity. Integrating mindfulness practices into medical training offers a holistic approach to emotional well-being. A participant reported that:

'Haan, mere paas kuchh coping strategies hain jo main disgust sensitivity ke mahaul mein khud ko qabu mein rakhne ke liye istemal karta hun. Inmein umm jese shamil hain Deep breathing. Jab main disgust mahsus karta hun, to main apne aap ko normal karne ke liye deep breathing karta hun. Distraction, Jab main disgust mahsus karta hun, to main dusre cheezon par dhyan dene ki koshish karta hun. Main apne aap ko kuchh padhne, sunne, ya dekhne ki koshish karta hun.'

Ethical Considerations and Future Directions

Navigating disgust sensitivity in healthcare requires ethical considerations and a forward-looking approach. Lessons learned from challenging cases provide valuable insights into addressing sensitivities and improving patient care. Reflecting on a career in medicine allows professionals to identify patterns in their responses and continuously refine their approach. Ethical dilemmas in medicine and decision-making underscore the importance of maintaining a patient-centric focus while managing personal sensitivities. Recognizing the impact of socioeconomic factors on health, both at an individual and systemic level, prompts the development of an ideal healthcare system that prioritizes emotional well-being. Addressing stigma and bias in healthcare is crucial for fostering an inclusive and supportive

environment.

Strategies for Protecting Psychological Well-Being

To safeguard psychological well-being, healthcare professionals should adopt strategies that promote a balanced and resilient mindset. Maintaining a healthy work-life balance involves setting clear boundaries and dedicating time for personal rest and rejuvenation. Employing stress management techniques, such as mindfulness, meditation, or regular exercise, is essential for effectively navigating emotional responses. Building a robust social support network comprising colleagues, friends, and family provides emotional reinforcement and a sense of connection. Recognizing the importance of seeking professional help, healthcare professionals should utilize therapy or counselling services to address emotional challenges, develop coping mechanisms, and ensure their continued well-being. Implementing these strategies collectively contributes to a more resilient and emotionally healthy healthcare workforce.

Discussion

The current study, grounded in Braun and Clark's Model of Thematic Analysis, delved into the nuanced aspects of disgust sensitivity among medical practitioners, unravelling its multifaceted nature, diverse manifestations, significant impacts, and potential management strategies. This discussion chapter amalgamates the findings with relevant literature to present a comprehensive understanding of the implications and possible interventions associated with disgust sensitivity in healthcare. The prominent focus on "Differences in Sensitivity" aligns with existing literature, acknowledging the diverse nature of disgust sensitivity influenced by gender, culture, socio-economic status, and disease-specific factors. Research supports the notion that gender differences in disgust sensitivity are not merely biological but also shaped by sociocultural influences (Stevens et al., 2021). As highlighted in our study, female healthcare professionals exhibit heightened sensitivity, impacting hygiene practices and interpersonal dynamics. This is in harmony with existing literature, suggesting that women often report higher disgust sensitivity across various domains (Choudhury et al., 2020). Additionally, the exploration of "Disease Differences" aligns with literature emphasizing the varied impact of diseases on emotional responses. Infectious diseases, as indicated by participants, tend to elicit stronger disgust reactions, aligning with the evolutionary function of disgust to protect against contagion. The identification of cultural differences underscores existing literature on the role of culture in shaping emotional responses. Our findings reveal how cultural contexts influence hygiene practices in healthcare settings, impacting both government and private sectors differently.

Moreover, the study reveals that "Socio-economic Status Differences" corresponds with research highlighting the influence of socio-economic factors on healthcare experiences (Choudhury et al., 2020). The findings underscore the imperative for healthcare professionals to navigate these diverse dimensions of disgust sensitivity for more tailored and effective patient care. The overarching findings about the Impact of Sensitivity, align with literature spotlighting the profound repercussions of disgust sensitivity on healthcare professionals. The sub-theme "Impact on Professional Career" resonates with studies emphasizing the significance of early career experiences in shaping professional development (Reuben et al., 2020). Elevated disgust sensitivity, as indicated by the participants, may pose challenges in clinical decision-making, potentially influencing treatment plans and patient outcomes. Additionally, the Interpersonal Relationships with Colleagues correspond with research on the importance of interpersonal dynamics in healthcare teams. The findings underscore the need for interventions that address the challenges posed by heightened disgust sensitivity to promote a collaborative and supportive work environment. Exploring the "Impact on Patient-Care Relationship" aligns with literature emphasizing the crucial role of the patient-doctor relationship in healthcare outcomes (Mazur & Gormsen, 2020). The emotional responses associated with disgust sensitivity may hinder the development of rapport and genuine empathy, impacting the overall quality of care.

Furthermore, the sub-theme "Impact on Psychological Well-being" corresponds with the extensive literature on the mental health challenges faced by healthcare professionals. Chronic stress, moral distress, burnout, and potential mental health issues associated with disgust sensitivity underscore the need for comprehensive well-being initiatives in healthcare settings. The other findings of the study relate to the "Manifestation of Disgust Sensitivity" aligns with literature highlighting the diverse ways disgust

sensitivity manifests in healthcare professionals. The sub-theme "Behavioural Manifestation" resonates with studies indicating that protective measures and behavioural changes are common responses to disgust (Clarke et al., 2020). Excessive use of personal protective equipment (PPE) and changes in communication style identified in the analysis align with literature on coping mechanisms to manage emotional reactions. The sub-theme "Emotional Reactions" corresponds with existing research on the emotional dimension of disgust sensitivity (Donner et al., 2023). Anxiety, discomfort, and emotional avoidance identified in the analysis align with literature emphasizing the emotional complexity of healthcare professionals' responses to specific stimuli.

Exploring "Clinical Decision-Making" aligns with literature indicating that disgust sensitivity can influence biases in decision-making (Donner et al., 2023). The analysis reveals potential impacts on objectivity, informed consent, and overall quality of care, emphasizing the need for interventions that address these manifestations for optimal healthcare delivery. The results also give us the coping strategies used by the medical practitioner to manage the disgust sensitivity, the available literature emphasizing the importance of resilience and coping strategies in healthcare professionals. Training and education programs, as indicated in the analysis, align with literature highlighting the role of emotional intelligence training in medical education (Clarke et al., 2020). Collaborative approaches within medical teams correspond with research on the significance of team dynamics in healthcare settings. The other finding "Ethical Considerations and Future Directions" resonates with literature acknowledging the ethical challenges in navigating personal sensitivities while providing patient-centred care (Clarke et al., 2020). Reflections on career experiences align with research emphasizing the value of self-awareness and continuous professional development. The sub-theme "Strategies for Protecting Psychological Well-being" corresponds with the extensive literature on the importance of mental health support in healthcare settings (Mazur & Gormsen, 2020). Maintaining work-life balance, stress management techniques, building social support, and seeking professional help, as indicated in the analysis, align with existing recommendations for promoting psychological well-being among healthcare professionals.

CONCLUSION

The integrated findings underscore the complexity of disgust sensitivity in healthcare and its far-reaching implications. The interplay of individual differences, cultural influences, and emotional responses necessitates a nuanced and tailored approach to address the challenges posed by disgust sensitivity. Recognizing the impact on professional career trajectories, interpersonal relationships, patient care dynamics, and psychological well-being emphasizes the need for comprehensive interventions at individual, organizational, and systemic levels.

Implications

The implications of the study extend to medical education, training programs, and healthcare policies. Integrating emotional intelligence training into medical curricula, fostering open dialogues within healthcare teams, and implementing supportive frameworks for professionals to address and manage their unique sensitivities are crucial steps. Additionally, organizational policies that promote a culture of empathy, inclusivity, and mental health support can contribute to a more resilient and effective healthcare workforce.

Limitations and Future Research

While this study provides valuable insights into disgust sensitivity among medical practitioners, it is not without limitations. The sample size is small and may not fully represent the diversity within the healthcare profession. Future research could explore larger and more diverse samples to validate and extend the current findings. Additionally, longitudinal studies could investigate the long-term impact of disgust sensitivity on healthcare professionals' well-being and career trajectories.

Competing Interests

The authors has declared that no competing interests exist.

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