

The Jefferson Scale of Empathy (JSE): An Update

Empathy is an essential component of the physician-patient relationship that is linked to positive clinical outcomes.¹ A decade ago, we developed the Jefferson Scale of Empathy (JSE) in response to a need for a psychometrically sound instrument to measure empathy in the context of medical education and patient care.²

Three versions of the JSE are available for administration to 1) physicians and other health providers, 2) medical students, and 3) students in the health professions other than medicine. The three versions are similar in content, with slight modifications in wording of some of the items to maintain face/content validity for the target populations. Other researchers have consulted with us and modified the scale for administration to groups such as pediatric nurses, psychotherapists, clinical social workers, counselors, dentists, veterinarians, ministers/priests, and leaders/supervisors.

The JSE has received substantial national and international attention. To date, we have received 658 inquiries about the JSE from researchers in the United States and abroad. The JSE has been translated into 38 languages and used in 54 countries worldwide including in Europe, Middle East, Africa, Asia, North America, South America, and Australia and New Zealand.

In several current studies at academic medical centers, the JSE is used as the major research instrument. For example, researchers at the Cleveland Clinic are examining the short- and long-term effects of narrative skills training on JSE scores in staff physicians (funded by the American Board of Internal Medicine). Another study at the Cleveland Clinic examines the development of empathy during osteopathic medical education (funded by the American Osteopathic Association). The American Medical Association sponsored a longitudinal study with 14 medical schools (as part of the Innovative Strategies for Transforming the Education of Physicians), to examine relationships between the medical education learning environment and JSE scores. With the collaboration of the Parma (Italy) Health Authority, 240 primary care physicians with over 280,000 adult patients have completed the JSE to study the relationship between empathy and patient compliance. (This is an ongoing study, not currently published.)

Selected highlights of published findings:

- **Gender** – Women scored significantly higher than men on the JSE in medical school, residency, and practice.
- **Clinical Competence** – High scorers on the JSE received higher global ratings of clinical competence in six third-year core clerkships.
- **Long-Term Predictive Validity** – Scores on the JSE in third year of medical school can help predict residency program directors' ratings of empathic skills three years later (at the completion of the first residency year).
- **Specialty Choice** – Medical students and physicians who scored higher on the JSE were more likely to choose "people-oriented" specialties (e.g., primary care, psychiatry) than "technology/procedure-oriented" specialties (e.g., hospital-based specialties such as anesthesiology, pathology, and radiology, and surgery/surgical subspecialties).
- **Peer Nomination** – Third-year medical students who scored higher on the JSE were more likely than low scorers to be nominated by their classmates on professionalism attributes.
- **Empathy and Objective Structured Clinical Examination (OSCE)** – Scores of the JSE were significantly associated with simulated patients' ratings of students' empathy in OSCE stations.³
- **Decline in Empathy** – Scores of the JSE decline in the third year of medical school, and in nursing students who were exposed to patient care.⁴
- **Preventing Decline in Empathy** – Shadowing patients by emergency medicine residents in emergency room for a short period of time prevented decline in empathy among participating residents.
- **Enhancement of Empathy** – We observed a significant increase in the mean scores of the JSE as a result of participation in a workshop in which medical and pharmacy students (at Midwestern University) watched a variation of the "Aging Game" (unpublished, study in progress).

- **Empathy Versus Sympathy** – Empathic and sympathetic orientations toward patient care are two different measurable entities. This differentiation is important because empathy (defined as predominantly a cognitive attribute), and sympathy (as an affective entity) have different consequences in patient care.^{2,4}
- **Patient Perceptions** – Scores of the JSE were associated with patients' perceptions of physician empathy among family medicine residents.
- **Patient Outcomes** – Family medicine physicians who scored higher on the JSE were more likely than their lower scoring colleagues to have good outcomes among their patients with diabetes.¹

Our empathy studies have been frequently cited in professional publications; Jefferson Medical College is now considered the headquarters for research on empathy in the health professions education and practice.

As the country moves to implement health system reforms aimed at improving quality of care while controlling costs, we believe that our studies of empathy have important implications for medical education and patient care. The availability of the JSE has provided the opportunity to examine clinical outcomes and other correlates of empathy in medical education and the practice of medicine. ■

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Readers of the *Health Policy Newsletter* who would like to include the JSE in their research or quality improvement activities are encouraged to contact Kaye Maxwell at: kaye.maxwell@jefferson.edu.

A complete list of 25 publications describing the development, psychometrics, and applications of the JSE is available from the authors.

REFERENCES

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