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Jefferson Scale of Physician Empathy

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Jefferson Scale of Physician Empathy

Researchers at the Center for Research in Medical Education and Health Care are undertaking an international study of empathy in medical students and physicians. This large-scale research is based on the premise that the development and manifestation of empathy in a patient care context is a function of experiential and psychosocial, as well as cultural, factors.

A meaningful interpersonal relationship is a fundamental modality of existence. Such a modality is assumed to be important in patient-physician encounters for better clinical outcomes.¹ Empathy in the context of health care is defined as an ability to understand patients' experiences and feelings. Such understanding is the essence of a meaningful patient-physician relationship, and awareness of cultural peculiarities can improve this understanding.

Development of interpersonal skills, as the backbone of empathy, has been considered a major element of professionalism in medical education and practice. Despite this emphasis, empirical research on empathy is scarce. One reason for this may be the absence of an instrument to operationally measure empathy specifically in patient care situations.

Recently, we developed an instrument for measuring empathy among medical students and physicians. The initial study was partially supported by a grant from the Medical Humanities Initiative of Pfizer, Inc. Our study on the development of this scale, Jefferson Scale of Physician Empathy (20 Likert-type items), provides support for its psychometric properties (validity, reliability).² Another questionnaire (10 items) has been developed to measure patients' perception of their physician's empathy for an additional validity study.

We have used the physician empathy scale to survey medical students, residents, nurses, and practicing physicians. Data are being analyzed, and the results will be disseminated through publication in professional journals. Preliminary findings indicate that women are more likely than men to obtain a higher mean score on the empathy scale³, and that physicians in "patient-oriented" specialties are more likely to score higher on this scale than those in "technology-oriented" specialties. ⁴ We also found associations between empathy scores and ratings of clinical competence in medical school clerkships and noticed a decrease in empathy scores during the third year of medical education.

We are particularly interested in examining the stability or changes of empathy among medical students and residents as they progress through medical school and residency education. Also, we plan to conduct a cross-cultural study to examine the predictors of empathy scores that are common or specific to each culture. This line of research will improve our understanding of the factors that contribute to the cultivation of empathy among medical students and physicians in different cultures.

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