

Background

Empathy is a recognized key ability for medical practice. Early development of empathy skills during medical studies strengthens this ability. However, the relationship between valuing empathy and being empathic is unknown. Aims: compare perception and skills of empathy among 1st-year medical students, and analyze contributions of personal characteristics, learning approaches and stress coping to empathy.

Summary of work

180 students completed validated questionnaires assessing empathy perception (Jefferson Scale of Empathy, JSE) and empathy skills (Empathy Quotient, EQ); standardized questionnaires assessed personality (Big Five NEO), learning approaches (SPQ) and stress coping (CISS). Pearson's correlations compared JSE and EQ scores. Multivariate linear regressions analyzed students' characteristics related to JSE or EQ.

Summary of results

Correlation between JSE and EQ was 0.404 ($p < 0.0001$). Overall, scores were 108.6 ± 10.4 (78% of JSE max score=140) and 51.2 ± 5.6 (64% of EQ max score=80) with significant gender differences. Regression models ($r^2 = 0.291$ for JSE and $r^2 = 0.364$ for EQ) showed that gender, NEO-openness and NEO-agreeableness (positive), and NEO-neuroticism (negative) correlated similarly and significantly with JSE and EQ. Stress coping by emotion ($p = 0.025$) and distraction ($p = 0.045$) correlated with JSE, whereas social direction ($p = 0.004$) with EQ. No significant correlations were found between empathy scores and learning approaches (surface or deep). Gender specificities partly explaining the observed results will be presented.

Conclusions

First-year medical students had fair scores on perceived empathy, but lower scores on empathy skills. Correlation between JSE and EQ was moderate, underlining differences between instruments which merit to be taken into account when assessing students' empathy capacity.

Take-home message

Perceived empathy value is higher than empathy skills among junior medical students.