Reviewer's report

Title: Brazilian version of the Jefferson Scale of Empathy: psychometric properties and confirmatory factor analysis

Version: 1 Date: 15 April 2012

Reviewer: Eun-Jung Shim

Reviewer's report:

This paper reports on psychometric properties of the Brazilian version of the Jefferson Scale of Empathy from a study of 299 medical students in Brazil. The authors found that three factor structure of the original scale.

This study has its own contribution in that it provides a valid and reliable Brazilian version of the assessment measure of empathy, which is an important quality that medical professionals should develop. The authors discussed the results in the context of culture, which is interesting. However, there are also some issues that need to be addressed.

Major compulsory revisions

1. The terminology. Exploratory factor analysis (EFA) versus confirmatory factor analysis (CFA). The title of the manuscript indicates the confirmatory factor analysis, but it performs exploratory factor analysis. In addition, the expression of ‘explanatory analysis’ is incorrect, should be written as ‘exploratory analysis’. Overall, the authors should clearly indicate whether they performed ‘exploratory’ or ‘confirmatory’ factor analysis, and uses the appropriate terminology accordingly. In case the purpose of the research was the confirmatory factor analysis, the general way of performing CFA seems the Structural Equation Modeling (SEM).

2. Were there any other related measures of empathy used in the current study that might be used to examine convergent validity? Or any other variable that might be explored in association with empathy score to investigate its predictive validity? For example, it might be interesting to explore the association between empathy level and student performances.

3. Please clarify the meaning of the sentence “We may also question whether gender differences found in several studies among medical trainees(8.10,12) are due to intrinsic(e.g., genetics, personality) or extrinsic factors (e.g., culture, values, beliefs)” and elaborate with concrete evidence that might support your findings, even if your study might have sampling bias which prohibits any solid conclusion regarding the matter.

4. Although not the main aim of the study, the authors might consider adding implications of the study findings in relation to medical education (e.g. how the study findings can inform medical education in terms of promoting empathy in
medical professionals and trainee). Given the fact that considerable number of validation studies regarding the scale already exist, discussing practical implications of the current findings will constitute additional contribution.

Minor essential revisions

1. Statistical terms should be expressed in italics (e.g. p. 7, t-test, X2, correlation coefficient r, table 1,3)
2. Results section: p. 8. “The subscale of ‘Compassionate Care’ was also correlated to “Standing in Patient’s Shoes “ (r=0.14, p#0.05; Table 2). Check for the correlation coefficient value(0.16 in table 2)
3. English editing is needed to correct grammars and to improve readability of the manuscript.

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Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

'I declare that I have no competing interests’