

Supplementary Information

Supplementary Table 1 - PubMed search terms (Literature search performed 16 November 2021)

("empath*" [Title/Abstract])
AND (("communicat*" [Title/Abstract]) OR ("relation*" [Title/Abstract]))
AND (("hospital" [Title/Abstract]) OR ("hospitals" [Title/Abstract]) OR ("acute care" [Title/Abstract]) OR ("secondary care" [Title/Abstract]) OR ("tertiary care" [Title/Abstract]))
AND (("worker*" [Title/Abstract]) OR ("professional*" [Title/Abstract]) OR ("practitioner*" [Title/Abstract]) OR ("physician*" [Title/Abstract]) OR ("nurse*" [Title/Abstract]) OR ("doctor*" [Title/Abstract]) OR ("provider*" [Title/Abstract]))
AND (("consumer*" [Title/Abstract]) OR ("patient*" [Title/Abstract]))

Filters: Clinical Study, Clinical Trial, Clinical Trial, Phase II, Clinical Trial, Phase III, Clinical Trial, Phase IV, Comparative Study, Controlled Clinical Trial, Corrected and Republished Article, Evaluation Study, Journal Article, Multicenter Study, Observational Study, Pragmatic Clinical Trial, Randomized Controlled Trial, Review, Systematic Review, Validation Study, from 2011/1/1 - 3000/12/12, English.

Supplementary Table 2 – Cochrane search terms (Literature search performed 16 November 2021)

Within 'Record Title' and 'Abstract' fields:

"empath*"
AND (("communicat*") OR ("relation*"))
AND (("hospital*") OR ("acute care") OR ("secondary care") OR ("tertiary care"))
AND (("worker*") OR ("professional*") OR ("provider*") OR ("doctor*") OR ("nurse*") OR ("physician*") OR ("practitioner*"))
AND (("consumer*") OR ("patient*"))

Filters: Publication Year from 2011 to 2021

Supplementary Table 3 – PsycArticles, PsycINFO, & CINAHL search terms (Literature searches performed 16 November 2021)

(AB "empath*" OR TI "empath*")
AND ((AB "communicat*" OR AB "relation*") OR (TI "communicat*" OR TI "relation*"))
AND ((AB "hospital*" OR AB "acute care" OR AB "secondary care" OR AB "tertiary care") OR (TI "hospital*" OR TI "acute care" OR TI "secondary care" OR TI "tertiary care"))
AND ((AB "worker*" OR AB "professional*" OR AB "provider*" OR AB "doctor*" OR AB "nurse*" OR AB "physician*" OR AB "practitioner*") OR (TI "worker*" OR TI "professional*" OR TI "provider*" OR TI "doctor*" OR TI "nurse*" OR TI "physician*" OR TI "practitioner*"))
AND ((AB "consumer*" OR AB "patient*") OR (TI "consumer*" OR TI "patient*"))

Filters (PsycArticles & PsycINFO): Date: After 01 January 2011, Clinical Case Study, Clinical Trial, Empirical Study, Field Study, Focus Group, Followup Study, Interview, Longitudinal Study, Non-Clinical Case Study, Prospective Study, Qualitative Study, Quantitative Study, Retrospective Study, Systematic Review, English

Supplementary Table 4 – characteristics of examined studies

Study	Study design	Empathy definitions & cited sources of definitions used	Measurement of empathetic communication	Purpose of study	Participants & setting	Study outcomes
Bikker et al., 2017 (UK)(1)	Cross-sectional	Relational empathy (Mercer & Reynolds, 2002): the practitioner's ability to a) "understand the patient's situation, perspective and feelings (and their attached meanings); b) communicate that understanding and check its accuracy, and c) act on that understanding with the patient in a helpful (therapeutic) way".(2)	CARE measure completed by patients.	To check the reliability and validity of CARE with sexual health nurses.	n = 943 patients from a public specialist genito-urinary medicine and reproductive drop-in clinic of a Scottish Health Board.	The findings support construct validity and some evidence of reliability, though inter-rater reliability could not be calculated due to a lack of variance between CARE scores.
Weiss et al., 2017 (USA) (3)	Mixed-methods	N/A	Qualitative analysis (identified "empathic, neutral, and nonempathic verbal responses by hospitalists to their patients' expressions of negative emotion").	To assess the association between the frequency of empathic physician responses with patient anxiety, ratings of communication, and encounter length during hospital admission encounters.	n = 76 patients of n = 27 hospitalist physicians on the general medical service at 2 urban hospitals that are part of an academic medical centre.	Responding empathically when patients express negative emotion was associated with less patient anxiety and higher ratings of communication but not a longer encounter length.
Simões et al., 2019 (Portugal) (4)	Cross-sectional	Empathy (Ramos, 2009; Charon, 2001): is characterised as the ability to perceive the situation, perspective and feelings of the patient and communicate this understanding to them.(5, 6)	JSPPE measure (Portuguese version) completed by patients.	To compare Family Medicine consultations and Hospital consultations in terms of empathic communication and the doctor–patient relationship in patients with multimorbidity.	n = 30 elderly people with multimorbidity in a social community centre and who had at least one visit the previous year with a	There is a greater degree of empathy felt by patients in Family Medicine consultations compared to Hospital consultations.

					family physician and a hospital physician.	
Gerace et al., 2018 (Australia) (7)	Qualitative	<p>Empathy (Kunyk & Olson, 2001): The essence of all nurse-client communication.^{a(8)}</p> <p>Empathy: The term is generally used to describe two areas. The first is referred to as perspective taking or cognitive empathy (Dal Santo et al., 2014; Gerace et al., 2013), and involves taking another person's perspective. The second (Lamothe et al., 2014) involves emotional reactions to another person's experiences, which are considered outcomes of perspective taking. It encompasses the terms emotional empathy, empathic concern, compassion, sympathy, and personal distress (Batson, 2011).⁽⁹⁻¹²⁾</p> <p>Empathy episode (Davis, 1994): organised into four constructs having to do with the responses of one individual to the experiences of another': The model is linear, with proximal constructs demonstrating the strongest relations to one another. The four model components are: (i) antecedents, including dispositional tendencies, type of situation, and empathiser-target similarity; (ii) processes in which an empathiser might engage, the most cognitively complex being perspective taking; (iii) intrapersonal outcomes, which are a result of empathic processes, and include experiencing the same or similar affect to the target (parallel outcomes), experiencing affect that is a response to the target (reactive outcomes; e.g. sympathy, compassion, personal distress), and non-affective outcomes, including accurate inferences of the target's perspective, and attributions for their behaviour; and (iv) interpersonal outcomes, including helping and inhibition of aggression.⁽¹³⁾</p>	Qualitative analysis (nurses and consumers were asked about their conflict situating and questions about empathy, and these were coded using a framework based on Davis' 1994 definition).	To explore how empathic processes operate when there is conflict between mental health nurses and consumers, and how empathic understanding can be accomplished to facilitate conflict resolution and positive consumer outcomes.	n = 13 nurses, n = 7 consumers. Nurses were required to have ≥1 year of experience working in an acute psychiatric setting. Participants in the consumer group were required to have experienced an acute psychiatric inpatient admission, but not be in current receipt of inpatient care.	Nurses are mindful of their role and responsibilities, which influences experienced and expressed empathy towards consumers. Consumers want relationships involving understanding and connection, which unfold through time spent together.
Wu, 2021 (China) (14)	Qualitative	Nursing empathy (Wu, 2019) could be characterised by nurses' ability to understand the feeling, experiences or psycho-social ability of their patients. ⁽¹⁵⁾	Qualitative analysis (used 'Conversation	To conduct a qualitative study of actual nurse-patient	n = 6 nurses, n = 14 patients	Conversation analysis was useful for studying

		<p>Empathy (Peplau, 1952; Kalish, 1973; Benner & Wrubel, 1989): The essence of all nurse-patient interaction.³(16-18)</p> <p>Therapist empathy (Bachelor, 1988): can be classified into four types, namely cognitive, affective, sharing, and nurturant empathy. Cognitive empathy: utterances used by the therapist to demonstrate understanding of the thoughts, feeling, or behaviour of the patient. Sharing empathy: he sequences where the therapist displays that he/she has something in common with the patient, specifically, his/her personal opinions or experiences are similar to the patient's ongoing situation and thereby the patient does not feel alone. Affective: in the sequences where the therapist shows that he/she partakes of the same feelings the client is personally experiencing at that moment. Nurturant: which is characterised by the therapist being supportive, security providing or totally attentive.(19)</p>	analysis' to look for instances of Bachelor's definition of therapist empathy).	conversations through which empathy was achieved.	in two Chinese hospitals.	empathy within the nurse-patient interaction. Instances of all four therapist empathy types were identified.
Bernardo et al., 2019 (Brazil) (20)	Cross-sectional	N/A	JSPPE & CARE measures (Portuguese versions) completed by patients.	To investigate associations between self-assessed empathy levels by physicians in training and empathy levels as perceived by their patients after clinical encounters, and to examine the validity and reliability of patient assessments to measure empathy in physicians in training.	n = 566 patients, n = 86 physicians in training in three public teaching hospitals in Brazil.	There were non-significant correlations between the patient assessments and physicians in training self-assessments. Both JSPPE and CARE measures were found to be valid and reliable.
Saviato et al., 2019 (Brazil) (21)	Cross-sectional	Empathy (Mercer & Reynolds, 2002; Wiseman, 2007; Coulehan et al., 2001): Even though the concept of empathy encompasses several aspects, the individual's capacity to understand the feelings of another person and show the other this understanding represents its core. It is embodied [sic] on three pillars: cognitive (the intellectual ability to understand feelings); affective or emotional (the ability to put oneself in	CARE measure (Portuguese version).	To adapt the CARE measure (Brazilian version) for nurses; to evaluate the concurrence between empathy self-reported by nurses and that perceived by	n = 93 patients, n = 15 triage nurses in the Emergency Department of a	The Brazilian version of CARE was adapted for nurses successfully. A statistically significant difference between the

		another person's shoes, as in the English expression "walk a mile in his moccasins"); behavioural (represented by effectively communicating the understanding of the situation).(2, 22, 23)		patients; to correlate self-compassion to the empathy self-reported by nurses and perceived by patients.	philanthropic private hospital.	empathy self-reported by the nurses and that observed by the patients was found, and the patients perceived the nurses as more empathetic compared to the self-assessment.
Myers et al., 2020 (USA) (24)	Cross-sectional	N/A	Active Empathetic Listening scale completed by patients to evaluate the nurses.	To distinguish between effective and ineffective nurse Active Empathetic Listening behaviours as perceived by adult inpatients from an acute care hospital.	n = 244 adults who experienced inpatient acute care hospitalisation .	The study suggests that active empathetic listening skills influence a positive patient experience.
Ter Beest et al., 2018 (Netherlands) (25)	Qualitative	<p>Empathy (Hojat, 2016): where cognition and emotion, understanding and feeling are four important elements to understand the patient's perspective. Defined in the context of patient care as a predominantly cognitive attribute that involves an understanding of the patient's experiences, concerns and perspectives, combined with a capacity to communicate this understanding and an intention to help.(26)</p> <p>Empathy (Derksen, Bensing & Lagro-Janssen, 2013): defined as three aspects: as an attitude, as a competence and as a behaviour. These three aspects are useful for education because they make the complex concept of empathy more concrete and applicable. Attitude is based on moral standards such as respectfulness, interest in the other person and receptivity. Competency includes the empathic skills of stepping into the patient's world, the communication skills clarify and reconstruct the patient's feelings and thoughts, and relational skills to foster trust and give the patient space to tell the stories of their illness. Behaviour has a cognitive and affective part, and is the expression of understanding the patient's perspective with recognition of the patient's</p>	Qualitative analysis - reflections following the students doing a simulation were done, looking for themes "in experiencing the patient perspective and the development of empathy".	To explore what nursing students learn about empathy in the nurse-patient relationship, while they lie in bed as a patient seeing the nurse from another perspective.	n = 75 bachelor nursing students entered a hospital simulation.	Aspects of empathy as described in the definition by Derksen, Bensing & Lagro-Janssen were identified. Themes identified from the students reflecting on the simulation were endurance, silent scream for contact, scary dependency, and confrontation with the role of the patient.

		situation and a feeling of identification with the patient's suffering.(27)				
		Empathy (Alma & Smaling, 2006): placing oneself imaginatively in another's experiential world while feeling into his or her experiences.(28)				
Cheshire et al., 2019 (USA) (29)	Prospective cohort	Physician empathy (Mercer & Reynolds, 2002): includes nonverbal expressions of concern and compassion, is an essential element in the clinical relationship.(2)	CARE measure completed by patients.	To compare patients' perceptions of physician empathy in telemedicine consultations compared to in-person consultations during clinical encounters for acute stroke.	n = 50 telemedicine patients, n = 20 in-person patients.	There was no difference between telemedicine and in-person visits in patient perception of physician empathy in acute stroke care.
Walsh et al., 2019 (Ireland) (30)	Cross-sectional	Empathy (Eagle & Wolitzky, 1997; Mercer & Reynolds, 2002; Hopayian & Notley, 2014; Menendez et al., 2015; Han & Pappas, 2018): A multifaceted construct, which incorporates the ability to understand and share the feelings, thoughts or attitudes of another, and is an essential component of the patient-physician relationship.(2, 31-34)	CARE measure completed by patients.	To examine the relationship between patient-rated physician empathy and patient satisfaction after a single new pain clinic consultation.	n = 140 patients completed a questionnaire after a pain clinic outpatient consultation.	Patient-rated physician empathy was strongly correlated with patient satisfaction.
Steinhausen et al., 2014 (Germany) (35)	Cross-sectional	Empathy (Mercer & Reynolds, 2002): The physicians ability to understand the patient's situation, perspective and feelings, to communicate that understanding and check its accuracy, and to act on that understanding with the patient in a helpful (therapeutic) way as well as the physician's sensitivity to patient concerns. ^b (2)	CARE measure (German version) completed by patients.	To analyse whether patients' perception of their medical treatment outcome is higher among patients who experienced a higher empathy by trauma surgeons during their stay in hospital.	n = 120 patients hospitalised at a German trauma-surgical ward of a level one trauma center completed a questionnaire.	Patients who rated physician empathy on the CARE scale as 41 or higher compared to patients rating it as 30 or less have a higher probability to have a better self-perceived medical treatment outcome.

Lelorain et al., 2018 (France) (36)	Cross-sectional	Physician empathy (Hojat, 2007): The physician's ability to understand the affective and physical experiences of patients and convey this understanding to them.(37)	CARE measure completed by patients.	To study the prognostic role of patient perception of physician empathy in cancer patient survival.	n = 179 thoracic cancer patients in an outpatient setting completed a questionnaire.	In bad news consultations, higher patient perception of physician listening and compassion empathy was associated with a higher risk of death in lung cancer patients.
		Medical empathy (Fung & Mercer, 2007): Two types of empathy can be distinguished: a rather passive empathy of listening and compassion, whereby the physician listens attentively to patients and shows them compassion; and an active and positive empathy whereby the physician tries to give control and options to patients (e.g. providing a great deal of information and shared-decision making) and stays positive.(38)				
Katsari et al., 2020 (Greece) (39)	Cross-sectional	Empathy (Derksen, Bensing & Lagro-Janssen, 2013): Some of its key components can be unanimously recognised, namely, the physician's potential (a) to acknowledge the inner experiences as well as emotional state of the patient, (b) to communicate this acknowledgment to the patient, and (c) to adopt a positive and therapeutic behaviour.(27)	JSPPE measure (Greek version) completed by patients.	To translate, culturally adapt, and validate the JSPPE questionnaire for the Greek population (Gr-JSPPE) and estimate physicians' self-assessed empathy and patients' perceptions of physicians' empathy, investigate their relationship, and assess their predictors.	n = 189 patients and n = 17 physicians from a Greek internal medicine clinic.	Substantial evidence for the reliability and validity of the Gr-JSPPE was found, and physician empathy assessed by a self-reported scale was inversely associated with patient perceptions of physician empathy.
Dobrasky et al., 2020 (Canada) (40)	Cross-sectional	Empathy (Rogers, 1975): An often-cited definition of empathy emphasises the ability to visualise oneself in the situation of another, by imagining thoughts, feelings, and state of being from their perspective. The ability to recognise and validate worries, anxieties, and emotional needs that facilitate an appropriate response and exemplifies that a patient is more than their diagnosis.(41)	CARE measure completed by patients.	To report orthopaedic surgeon empathy in a multispecialty practice and explore its association with <i>orthopaedic</i> patient experience.	n = 1134 patients undergoing elective orthopaedic procedures in a tertiary care centre completed the CARE measure.	Empathy as perceived by the patients was associated with surgeon respect and careful listening, though there was no significant correlation.

Steinhausen et al., 2014 (Germany) (42)	Cross-sectional	Physician empathy (Steinhausen et al., 2014, Mercer & Reynolds, 2002): Physician's ability to understand the patient's situation, perspective and feelings, to communicate that understanding and check its accuracy, and to act on that understanding with the patient in a helpful (therapeutic) way as well as the physician's sensitivity to patient concerns. ^b (2, 35)	CARE measure (German version) completed by patients.	To investigate accident casualties' long-term subjective evaluation of treatment outcome 6 weeks and 12 months after discharge and its relation to the experienced surgeon's empathy during hospital treatment after trauma in consideration of patient-, injury-, and health-related factors.	n = 136 patients after discharge from a trauma surgical general ward were followed up over 12 months.	Physician empathy as perceived by the patients is the strongest predictor for a higher level of trauma patients' subjective evaluation of treatment outcome 6 weeks and 12 months after discharge from the hospital.
Shao et al., 2018 (China) (43)	Quasi-experimental	Empathy (Kurtz, Silverman & Draper, 1998): a two-phase process: (a) understand and appreciate another person's feelings and emotions and (b) communicate understanding back to the patient in a supportive way. ^c (44)	Global Rating Scale (GRS) designed by the research team completed by standardised patients evaluating nurses' empathetic communication behaviours	To determine whether simulation-based empathic communication training could positively affect the ability of NICU nurses to recognise and respond with empathy to parents' emotions.	n = 32 NICU nurses from a Chinese hospital participated in simulation-based training.	The mean GRS score significantly increased post-training. The nurses' self-reported attitude and confidence concerning their empathy skills as well as their understanding of empathic communication reflected significant improvement.
Johnston et al., 2015 (UK) (45)	Mixed-methods	N/A	CARE measure completed by patients.	To explore the effectiveness of the patient dignity question (PDQ) as an intervention to improve person-centred care, and to determine its overall acceptability for patients, families and staff.	n = 30 patients with palliative care needs from acute care wards in Scotland.	The median CARE score after the PDQ did not increase, though the lower & upper quartile scores increased. The PDQ has potential to be a valuable and an acceptable tool in

						providing patient-centred care.
Wu et al., 2021 (China) (46)	Cross-sectional	Empathy (Mercer et al., 2004): is the ability to understand the patient's perspective and feelings, as well as sharing and acting on this understanding during interpersonal interactions.(47)	CARE measure (Chinese version) completed by patients.	To explore the relationship between the physician-patient relationship, physician empathy, and patient trust.	n = 3289 patients from 103 hospitals in China.	Patients' evaluation of the physician-patient relationship was directly & indirectly predicted by their perception of physician empathy & patient overall trust.
Torres-Vigil et al., 2021 (USA) (48)	Qualitative	Clinical empathy (Platt and Keller, 1994; Pehrson et al., 2016): a learned intellectual process that requires (provider) understanding of (patient) feelings and the adoption of cognitive empathy versus affective empathy which involves the understanding of a person's feeling.(49, 50)	Qualitative analysis – instances of empathy were identified from nurse-patient telephone calls.	To describe the nature and key elements of therapeutic calls made by nurses to advanced cancer patients to understand what may have previously contributed to improvements in patients who received nurse-telephone interventions.	n = 95 advanced cancer patients from a tertiary hospital received telephone calls from a nurse	Supporting patients with empathy was the overall theme, with three themes regarding empathy identified: understanding patient's experiences, communicating the understanding of patients' experiences, and acting on the understanding of patients' experiences.
		Clinical empathy (Robieux et al., 2018; Eisenburg, 2000): an effective response to the emotions of others. Organised into six dimensions: 1) patient-physician encounter, 2) standing in another person's shoes, 3) adjustment to patient, 4) communication skills, 5) building interpersonal relationship and giving information and 6) teaching skills.(51, 52)				
		Empathy (Pehrson et al., 2016): described as a two-stage process involving the understanding and appreciation of another person's predicament or feelings and the communication of that understanding back to the patient in a supportive manner.(50)				
		Medical empathy (Platt & Keller, 1994; Lelorain et al., 2012): Medical empathy necessitates the skills needed to both capture patient perspectives and communicate this understanding in a warm and compassionate manner to the patient.(49, 53)				
Brooke et al., 2018 (Brazil) (54)	Cross-sectional	Perceived warmth/empathy (Shamay-Tsoory, Aharon-Peretz, & Perry, 2009): a social-emotional ability with affective and cognitive components. These components refer to the ability to share and understand the emotions of others, respectively.(55)	CARE and Warmometer (Brazilian Portuguese versions) measures	To translate and validate Warmometer, a visual tool for assessing warmth in patient-provider relationships, for use in Brazilian Portuguese.	n = 32 pregnant women managed at an antenatal care clinic of a large	Warmometer was translated, culturally adapted, and validated for use in Brazilian Portuguese.

			completed by patients.		public university hospital in Brazil.	
Chen et al., 2021 (China) (56)	Randomised controlled trial	Empathy (Riess, 2017): the ability to understand and experience the inner world of patients, which is commonly referred to as transpositional consideration. Specifically, Empathy in doctor-patient communication: (1) With the help of the patient's words, expressions and behaviours, physicians strive to penetrate into the patient's inner world, judge another person's feelings by one's own, and share the patient's emotional experience. (2) Understanding the connection between the patient's various psychological activities, and the connection between the patient's emotions and their experience and personality. (3) Physicians convey their understanding of the patient to obtain the patient's approval.(57)	N/A (empathy self-reported via Jefferson Scale of Empathy; communication self-reported via the Liverpool Communication Skills Assessment Scale).	To explore and examine the effects of loving-kindness meditation (LKM) on doctors' mindfulness, empathy, and communication skills.	n = 106 doctors recruited from a hospital in China were randomly divided to a loving kindness meditation training group and a control group.	The empathy and communication skills of the LKM group were significantly improved compared with those of the control group, but the level of mindfulness did not significantly change.
Parvan et al., 2014 (Iran) (58)	Cross-sectional	Empathy (Kruijver et al., 2000): the ability to put one in the place of others and to better understand their feelings and experiences. This concept has two emotional and cognitive components. Emotional component involves listening to the patient's words, gestures, and voice about their feelings. Cognitive empathy component requires the therapist to precisely observe the patient's behaviour and be aware of the meaning by their observations. This component requires careful observation of the patient and knowing the meaning of an observed behaviour.(59) Empathy (Carl Rogers, no source given): a process that involves being sensitive to other people's feelings and having emotional bond with them. Empathy (Zeighami, Rafie & Parvizi, 2012): empathy is described in four steps. The first step is the beginning of empathy, where the empathetic [sic] feels and understands the person's feelings. In the second stage, by expressing empathy he/she states their understanding of the feeling. In the third stage that is named receiving empathy the person realises that he/she is heard and understood. In the final stage	N/A (empathy self-reported via La Monica Empathy Profile).	To discuss and determine empathy from the viewpoint of nurses.	n = 154 nurses from teaching hospitals of Tabriz University of Medical Sciences completed a questionnaire based on the La Monica Empathy Profile.	Touching the patient was considered the most effective method in the non-verbal behaviour dimension of empathy. Nurses were not always able to control their stress and were not always able to be with their patients.

		or feedback or new expression, the person examines his/her being understood and enters the first stage again.(60)				
		Empathy (Khodabakash & Mansoori, 2011): In Adam Smith's moral philosophy, empathy is defined as "the experience of fellow-feeling".(61)				
Buyuk et al.,2015 (Turkey) (62)	Cross-sectional	Empathy (Dökmen, 1988, Rogers, 1983 (source not given)): a process in which a person puts himself in another person's place, understands his thoughts and feelings correctly and conveys it to that person. It makes the communication process of higher quality when the person knows how the message he tries to convey will be understood and perceived and when he tries to communicate taking that into consideration.(63)	N/A (empathy self-reported via Empathetic Skill Scale).	To measure and evaluate the empathic skills of nurses working in oncology units.	n = 50 nurses working in the oncology clinics of two hospitals in a Turkish city.	Nurses with a bachelor's degree, those who chose the profession of their own accord, and those reported having difficulties in communication with patients had better empathetic skills.
Sweeney & Baker, 2018 (UK) (64)	Mixed-methods	N/A	N/A (empathy self-reported via Patient-Practitioner Orientation Scale (PPOS)).	To assess the change in empathy in medical students following a video and group discussion intervention.	n = 48 medical students at the University of Manchester. The intervention was developed at the Royal Bolton Hospital.	PPOS scores improved from a mean of 78.8 to 82 following the intervention, suggesting an improvement in patient-centred attitudes. The students reported changes in their approach to patients and their attitude towards the patient's perspective & the impact of communication.

Moreno-Poyato et al., 2021 (Spain) (65)	Cross-sectional	Empathy (Rogers, 1972; Turkel, Watson, & Giovannoni, 2018): can be considered as being the intention, on behalf of the nurse, to remain within the patient's framework of reference, understanding the patient's feelings and demonstrating this understanding in detail.(66, 67)	N/A (empathy self-reported by a questionnaire based on the Interpersonal Reactivity Index).	To examine whether the dimensions of empathy influence the nurse-patient therapeutic relationship within mental health units.	n = 198 nurses working in mental health units completed questionnaires .	A significant relationship between the dimensions of empathy and the nurse-patient therapeutic relationship was found.
		Empathy/empathic episode (Davis, 1983 & 1994): a multidimensional construct that includes cognitive and affective factors. An empathic episode is constituted by the experiential background of the person who empathises, supported by the processes of cognitive construction that enable the recognition of the emotional experience of the other from these experiences and by the cognitive and emotional responses that arise in the person who empathises, both on an intrapersonal level and on an interpersonal behavioural level. (13, 68)				
		Empathy defined by the Interpersonal Reactivity Index (Davis, 1983): four empathic responses are measured; two are cognitive responses: (a) the tendency to adopt the psychological point of view of others, a dimension which was termed the perspective-taking (PT) scale, and (b) the capacity to imagine the situation and feelings of others (specifically fictitious characters), a factor which was termed the fantasy (F) scale. Furthermore, affective empathy is comprised of another two dimensions: (c) the tendency to experience feelings oriented towards others, such as compassion and concern (empathic concern; EC) and d) the tendency to emotionally react based on the other's suffering.(68)				

CARE = Consultation and Relational Empathy. JSPPE = Jefferson Scale of Patient's Perceptions of Physician Empathy

^a Duplicate definition

^b Duplicate definition

^c Duplicate definition

Supplementary table references

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