"I feel your pain": A critical review of organizational research on empathy

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Abstract

Empathy, a multidimensional construct comprised of cognitive, affective, and behavioral dimensions, has been advanced as a critical predictor of prosocial behavior and effectiveness in the workplace. However, despite organizational interest in empathy, there is a lack of consensus on what empathy is, how empathy should be measured, and how empathy research can meaningfully contribute to our understanding of organizational behavior. This paper aims to provide a roadmap for researchers and practitioners interested in empathy in the workplace. We first provide an updated overview of the state of the broader multidisciplinary literature on empathy. Based on this literature, we outline the three dimensions of empathy, discuss the distinctions between state/trait and observer/judged empathy, and compare empathy with related constructs. This integrated multidimensional conceptualization provides the basis for our critical review and recommendations. We review the organizational research on empathy (1983-2018), identifying critical issues with how empathy has been conceptualized, measured, and designed, and offer practical recommendations for the advancement of organizational research on empathy. We conclude by highlighting two fundamental questions: 1) is empathy associated with important outcomes of interest to organizations and employees, and 2) can empathy be changed, and if so, how?

"I feel your pain": A critical review of organizational research on empathy

"I believe empathy is the most essential quality of civilization."

Roger Ebert
(2010)

"Students of empathy can seem a cantankerous lot. Although they typically agree that empathy is important, they often disagree about why it is important, about what effects it has, about where it comes from, and even about what it is."

Batson (2009)

For most employees, work is an inherently social activity. As such, work often involves understanding others' mental states, experiencing shared affective states with others, and demonstrating that one understands and/or experiences what another person is feeling. These experiences reflect empathy—a multidimensional construct underlying how human beings understand and relate to one another. Empathy has been examined in relation to a range of organizational phenomena, such as organizational citizenship behavior (e.g., Settoon & Mossholder, 2002), leadership emergence (Wolff, Pescosolido, & Druskat, 2002), and interpersonal justice (Patient & Skarlicki, 2010). In addition, recent theoretical papers have identified empathy as a critical construct for predicting organizational behavior, including leader-member exchange (Cropanzano, Dasborough, & Weiss, 2017), crisis management (König, Graf-Vlachy, Bundy, & Little, 2018), corporate philanthropy (Muller, Pfarrer, & Little, 2014), and forgiveness (Fehr & Gelfand, 2012). The importance of empathy in the workplace has also been highlighted by recent popular press articles centered on developing and managing empathy at work (Loder, 2016; Waytz, 2016), and organizational practices aimed at increasing employee empathy (e.g., Ford's "empathy belly"; Beasley, 2016; Apple's "Genius Manual"; Biddle, 2012).

Despite the field's interest in empathy, the organizational literature lacks consensus on how empathy should be conceptualized, measured, and studied. Although diversity of

perspectives on empathy is not inherently problematic (Cuff, Brown, Taylor, & Howat, 2016; Duan & Hill, 1996), research in organizational behavior lacks agreement on basic features of the construct of empathy, such as whether empathy is a state or a trait, the dimensionality of empathy, and the extent to which empathy is unique from other constructs. Such widespread lack of agreement about what empathy means is a serious concern in organizational research and practice. It means that whenever we theorize about empathy or try to measure 'empathy', we are thinking about and measuring it in very different ways. As a consequence, our field has a limited understanding of the impact of empathy on outcomes of interest to organizations and employees.

The aims of this paper are 1) to provide an updated review of the construct of empathy to encourage better alignment between organizational research on empathy and the broader empathy literature, 2) to critically review organizational research on empathy in terms of conceptualization, measurement, and research design, and 3) to provide recommendations and priorities for future research on empathy in organizations. To accomplish these goals, we first provide an updated overview of the state of the broader multidisciplinary literature on empathy. Based on this literature, we outline the three dimensions of empathy, discuss the distinctions between state/trait and observer/judged empathy, and compare empathy with related constructs. Drawing from the cumulative body of research on empathy, we then critically review the organizational literature on empathy (1983-2018), identifying critical issues in empathy research and offering recommendations for how researchers can overcome these issues. We conclude by highlighting two fundamental questions for organizational research on empathy: 1) is empathy associated with important outcomes of interest to organizations and employees, and 2) can empathy be changed, and if so, how?

Multidimensional Conceptualizations of Empathy

Although the concept of empathy is said to date back to "the beginning of philosophical thought" (Stotland, Matthews, Sherman, Hansson, & Richardson, 1978, p. 11), Edward Titchener (1909) is credited as the first to translate the German concept of *Einfühlung* to English. Since then, thousands of research studies have examined the role of empathy in human behavior across a wide variety of disciplines. Despite the extensive amount of interest in the construct, researchers have struggled to agree on what exactly empathy is (and is not). Conceptual confusion has been so pervasive that scholars have lamented that there are as many definitions of empathy as there are scholars studying the construct (e.g., Decety & Jackson, 2004; Zaki, 2014). For example, Cuff and colleagues (2016) identified 43 distinct definitions/conceptualizations of empathy in their review.

While a unified definition will likely always remain elusive, scholars now largely recognize empathy as a multidimensional construct operating at both trait and state levels (Cuff et al., 2016). With few exceptions, scholars include both cognitive (i.e., understanding others' internal states) and affective (i.e., feeling congruent emotions with others) dimensions in their definitions of empathy. Some scholars provide evidence that empathy also has a behavioral (i.e., demonstrations of cognitive and affective empathy) dimension (e.g., Van der Graaff et al., 2016).

Affective Empathy

Affective empathy, or feeling the same affective state as another person, is thought to be the phylogenetically earliest system of empathy (de Waal, 2008; Gonzalez-Liencres, Shamay-Tsoory, & Brüne, 2013). For example, infants as young as one or two days old tend to cry more loudly in response to another infant's cry than non-human noise (Sagi & Hoffman, 1976). The concept of affective empathy draws primarily from the *simulation perspective* (Gallese & Goldman, 1998), which states humans instinctively respond to other people's affective states through the perception-action mechanism (PAM). According to

PAM, when an observer perceives a target's affective state, the observer's own neural representation is automatically and unconsciously activated to match the perceived affective state of the target (Preston & de Waal, 2002). Thus, affective states are transmitted between people, such that the observer comes to feel the same affective state as the target. Affective empathy has also been proposed to occur via social-cognitive mechanisms, such as appraising a target's situation in the same way as the target (Wondra & Ellsworth, 2015), and through cognitive empathy (e.g., Stotland, 1969).

Many neurological studies have focused on identifying the specific brain regions associated with affective empathy (for reviews, see Bernhardt & Singer, 2012; Fan, Duncan, de Greck, & Northoff, 2011). A typical approach in these studies is to examine whether the same neural networks are activated during firsthand affective experiences and when witnessing someone else undergoing that same affective experience. For example, Singer et al. (2004) found that the same areas of the brain were activated when women received electric shocks and when women witnessed their partners receiving electric shocks. These findings provide evidence that the experience of affective empathy is neurologically similar to the experience of firsthand affective states. Importantly, these patterns of neurological activation differ from those associated with other dimensions of empathy (Shamay-Tsoory, Aharon-Peretz, & Perry, 2009).

There is some debate in the empathy literature regarding whether affective empathy involves feeling a *congruent* affective state with another person, or merely a *similar* affective state to another person (Cuff et al., 2016). In our view, expanding the definition of affective empathy to include feeling *similar* states to another person has contributed to the confusion of affective empathy and distinct discrete emotions, such as sympathy/compassion. Moreover, both PAM and appraisal perspectives of affective empathy focus on emotion *congruence* as the hallmark of affective empathy. Therefore, following de Vingemont and Singer (2006), we

define affective empathy as affective congruence. However, we note that congruence is considered a matter of degree, rather than a discrete state involving an "exact match" of valence, intensity, and neurological activation between a target and an observer (de Vingemont & Singer, 2006).

There is also debate about the extent to which affective empathy requires that the observer is conscious that the target is the source of his or her affective state (referred to as *self-other distinction;* Cuff et al., 2016). Self-other distinction is often used to differentiate affective empathy from other constructs involving affective sharing, such as emotional contagion (de Vingemont & Singer, 2006). Despite this theoretical distinction, the extent to which observers are conscious that the target's affective state is the cause of their own affective reaction is rarely, if ever, measured in practice. As a result, affective empathy and emotional contagion research tend to be empirically indistinguishable. Moreover, the PAM account of affective empathy explicitly states that neural representations are automatically and *unconsciously* activated in response to a target's affective state. Thus, we do not view self-other distinction as a necessary component of affective empathy.

Based on this review and in line with the majority of current perspectives of empathy, we define affective empathy as *the tendency to experience affective states that are congruent with others' affective states (trait),* or *the state of experiencing an affective state that is congruent with another person's affective state (state).*

Cognitive Empathy

Cognitive empathy refers to the tendency to understand, or the state of understanding, others' internal states (i.e., thoughts and affective states). Cognitive empathy is thought to develop later than affective empathy, after children have acquired specific cognitive skills (e.g., making inferences, self-other distinction; de Waal, 2008; Shamay-Tsoory, 2011). Cognitive empathy draws from the *theory of mind perspective* (Wellman, 2014), which posits

that people understand the mental states of others through a system of rules derived from their own experiences (Vachon, Lynam, & Johnson, 2014). Research has shown that a variety of cognitive strategies can result in cognitive empathy, including taking a target's perspective, reading facial expressions, and accessing memories of relevant previous situations (Cuff et al., 2016).

Neuroimaging and lesion studies have consistently demonstrated that cognitive empathy is associated with activation of specific brain structures (i.e., medial prefrontal cortex, prenucleus, and temporo-parietal junction), and that activation of these structures differs from activation of structures associated with other dimensions of empathy (Decety & Cowell, 2014; Roca et al., 2011; Shamay-Tsoory, 2011; Walter, 2012; Zaki, Weber, Bolger, & Ochsner, 2009). These studies provide compelling evidence that cognitive and affective empathy represent distinct neurological processes (Shamay-Tsoory et al., 2009).

Debate exists in the literature about the extent to which cognitive empathy is synonymous with perspective taking. Perspective taking is defined as "the process of imagining the world from another's vantage point or imagining oneself in another's shoes" (Galinsky, Ku, & Wang, 2005, p.110) and is one dimension of Davis' (1983) original conceptualization of empathy. Although the terms cognitive empathy and perspective taking are sometimes used interchangeably (see Ku, Wang, & Galinsky, 2015 for a recent review of perspective taking), researchers have since distinguished between the cognitive *process* of perspective taking and the *outcome* of cognitive empathy (i.e., actually understanding a target's internal state). Thus, although the act of perspective taking can *result* in cognitive empathy, it is not synonymous with cognitive empathy. Moreover, perspective taking is not the only cognitive process that can lead to cognitive empathy (Cuff et al., 2016; Jolliffe & Farrington, 2006). For example, cognitive empathy may also be achieved by attending to others' emotions (Joliffe & Farrington, 2006) and reading and interpreting facial expressions

(Besel & Yuille, 2010).

In sum, based on our review of the literature and in line with current conceptualizations of empathy, we define cognitive empathy as *the tendency to understand others' internal states (i.e., their thoughts and affective states) (trait)* or *the state of understanding another person's internal state (i.e., his/her thoughts and affective state).*

Behavioral Empathy

Some research has also focused on the behaviors involved in acting empathically. In general, the empathy literature focuses on two forms of empathic behavior: behavioral mirroring and empathic communication. Behavioral mirroring, also often referred to as "motor empathy", refers to the mimicking of others' facial expressions, mannerisms, postures, and gestures (e.g., Chartrand & Lakin, 2012; Dimberg, 1990; Dimberg, Thunberg, & Elmehed, 2000). Behavioral mirroring can also include verbal mimicry, which refers to the mimicking of syntax, language style, speech rate, and tone (e.g., Manson, Bryant, Gervais, & Kline, 2013; Meinecke & Kauffeld, 2018). Electromygraphic (EMG), observational, and qualitative text analysis studies provide empirical evidence for behavioral mirroring. For example, exposing participants to photos of angry and happy faces produces automatic, spontaneous facial mirroring among participants high in trait empathy (Sonnby-Borgström, Jonsson, & Svensson, 2003). Similarly, observational research and text analysis finds that people automatically mimic others' behavior (e.g., Chartrand & Bargh, 1999) and linguistic style (e.g., Lord, Sheng, Imel, Baer, & Atkins, 2015). Although the neurological network of behavioral mirroring appears to overlap with that of affective empathy, there is also evidence that behavioral mirroring is associated with greater activation in premotor areas compared to affective empathy (Carr, Iacoboni, Dubeau, Mazziotta, & Lenzi, 2003). These results suggest that behavioral mirroring may be at least partially neurologically distinguishable from affective empathy.

Empathic communication—intentional behavior that demonstrates cognitive and/or affective empathy to others—has also been studied in a wide range of situations, including counseling sessions, sales encounters, doctor-patient interactions, and between romantic partners (e.g., Drollinger, Comer, & Warrington, 2006; Silvester, Patterson, Koczwara, & Ferguson, 2007). Examples of empathic communication include verbal expressions of understanding (e.g., paraphrasing), asking questions about thoughts and feelings, and non-verbal behavior such as head nodding (Kerig & Baucom, 2004; Shapiro & Gottman, 2004). However, additional conceptual and empirical work is needed to identify the breadth of behaviors involved in empathic communication, and how these behaviors may differ for demonstrations of cognitive versus affective empathy.

Based on this literature, we define behavioral empathy as *the tendency to engage in (trait) or the state of engaging in (state) verbal and non-verbal behaviors that demonstrate affective and/or cognitive empathy, including behavioral mirroring and/or empathic communication behaviors.*

Other Distinctions in Empathy Research

In addition to the distinctions between the three dimensions of empathy, research has also distinguished between empathy as a trait and empathy as a state. Empathy research and theory also distinguishes between the intra-individual experience of empathy (observer empathy) and others' perceptions of an observer's empathy (judged empathy).

State and Trait Empathy

There is ample evidence from the multidisciplinary empathy literature that empathy operates as both a trait and a state (Cuff et al., 2016). Research using repeated-measures designs has found that empathy exhibits stable between-person variance (Nezlek, Feist, Wilson, & Plesko, 2001; Toomey & Rudolph, 2017). Individual differences in empathy have also been supported by neurological (e.g., Banissy, Kanai, Walsh, & Rees, 2012) and genetic

(Christ, Carlo, & Stoltenberg, 2016; Hurlemann et al., 2010; Schneiderman, Kanat-Maymon, Ebstein, & Feldman, 2014; Wu, Li, & Su, 2012) evidence.

Research also indicates that empathy varies within-person over several days or even within the same day (Nezlek et al., 2001; Toomey & Rudolph, 2017), suggesting that empathy also operates as a state that is responsive to situational cues. Experimental and neuroscience studies demonstrate the power of situations for activating state empathy (e.g., Jackson, Meltzoff, & Decety, 2005; Rameson, Moreli, & Lieberman, 2011). For example, state empathy can be activated by exposing people to others' affective states (e.g., Jackson et al., 2005), guided perspective-taking (e.g., Batson, Chang, Orr, & Rowland, 2002), or instructing observers to behaviorally mirror targets (e.g., Stel & Vonk, 2010).

Observer Empathy and Judged Empathy

Davis' (1996) original work distinguishes an observer's intra-individual experience of empathy (what we term *observer empathy*) from interaction partners' *perceptions* of the observer's empathy (referred to by Davis, 1996 as *judged empathy*). Following other research finding that differences between self- and other-reports of the same construct often capture substantively meaningful differences in rater perspectives (e.g. Connelly & Ones, 2010; Lance, Hoffman, Gentry, & Baranik, 2008), the empathy literature also reflects substantive differences between observer empathy and judged empathy. For example, Barkham and Shapiro (1986) found that counselors' self-reported empathy ratings remained stable across initial and ongoing sessions with clients, whereas clients reported that counselors were more empathic during ongoing sessions than initial sessions. Moreover, different counselor behaviors were differentially associated with empathy ratings for counselors and clients. Similarly, subsequent research has found that different interaction partners view different behaviors as indicative of empathy (e.g., Silvester et al., 2007). These findings indicate that observers and various interaction partners may perceive the observer's empathy quite

differently based on their different perspectives, goals, and features of the observer-partner relationship.

Davis' (1996) mediation model proposes that judged empathy is as an outcome of observer empathy. This proposition is supported by several studies finding that observer empathy predicts an interaction partner's subsequent judgments of empathy (e.g., Dowell & Berman, 2013; Maurer & Tindall, 1983). Experimental research has also shown that random assignment to empathy training is associated with improvements in patient ratings of empathy (Riess, Kelley, Bailey, Dunn, & Phillips, 2012), suggesting that observer empathy plays a causal role in determining judged empathy.

Comparing Empathy with Other Constructs

The multidimensional definitions of empathy overlap conceptually with a number of different constructs. In this section, we compare these constructs with empathy, highlighting conceptual and empirical distinctions as well as potential redundancies. We note that the nomological network of empathy relative to these constructs continues to be debated and is difficult to establish given the definitional and measurement problems in the empathy literature. Moreover, constructs that are theoretically distinguishable may not be empirically distinct (Le, Schmidt, Harter, & Lauver, 2010). Thus, considerable empirical work beyond what we describe in this section is needed to further support theoretical distinctions between these constructs.

Sympathy/Empathic Concern/Compassion

Though there are many definitions of sympathy and related constructs such as empathic concern and compassion in the literature, these constructs all emerge from an appraisal of another person's suffering, involve feelings of concern for the suffering person's well-being, and are often accompanied by a desire to help the suffering person. Historically, some scholars have discussed sympathy as a dimension of empathy (e.g., Davis, 1983).

However, the current consensus across disciplines is that empathy and sympathy are distinct constructs (e.g., Bernhardt & Singer, 2012; Cuff et al., 2016; Davis, 2009; Gonzalez-Liencres et al., 2013; Ickes, 2003; Zaki, 2014).

A key difference between empathy and sympathy/empathic concern/compassion is that affective empathy involves the experience of affective states that are *congruent* with others' affective states. In contrast, sympathy does not involve experiencing the same affective state as the target. For example, affective empathy occurs if an observer interacts with a distressed target and feels the target's distress. However, sympathy/compassion would occur if the observer—instead of feeling distressed—feels moved to alleviate the target's suffering. In other words, "compassion and empathic concern can be thought of as observers *feeling for* social targets without *feeling as* those targets do" (Zaki, 2014, p. 1632, emphasis in original). Moreover, affective empathy is possible anytime an observer is exposed to a target's affective state, regardless of the valence or appraisal of that state, whereas sympathy/compassion is only relevant when an observer perceives a target to be suffering (Bloom, 2016). Thus, affective empathy may occur in a much broader range of situations compared to sympathy/compassion.

Current conceptualizations describe sympathy/empathic concern/compassion as an *emotional response* to empathy (Bernhardt & Singer, 2012; Davis, 2009; Gonzalez-Liencres et al., 2013); this temporal ordering is supported by experimental evidence that manipulating cognitive empathy increases subsequent sympathy (Stocks, Lishner, Waits, & Downum, 2011). The empirical distinction between sympathy and empathy is also supported by research finding that empathy and sympathy are associated with different neural activation patterns (e.g., Banissy et al., 2012; Klimecki, Leiberg, Ricard, & Singer, 2013) and are differentially associated with a variety of outcomes (e.g., Longmire & Harrison, 2018).

Emotional Contagion and Affective Crossover

Emotional contagion and affective crossover both capture the inter-individual transmission of affective states. As originally defined by Hatfield et al. (1992), emotional contagion is "the tendency to automatically mimic and synchronize expressions, vocalizations, postures, and movements with those of another person's and consequently, to converge emotionally" (p.153-154). In our view, this conceptualization of emotional contagion represents one possible causal pathway among the dimensions of empathy, in which a component of behavioral empathy (behavioral mirroring) results in subsequent affective empathy (emotional convergence). Despite this definition of emotional contagion as a causal process, more recent research has tended to discuss emotional contagion more generally as social sharing of emotion (e.g., Barsade, 2002). These more recent conceptualizations of emotional contagion appear to be synonymous with affective empathy (e.g., Decety & Yoder, 2016; Hatfield, Rapson, & Le, 2009; Oishi et al., 2015).

The concept of *affective crossover* has also been used in organizational research to understand the transmission of affect states from one person to another (Bolger, DeLongis, Kessler, & Wethington, 1989; Westman, 2001; Westman & Etzion, 1995). Most research operationalizes affective crossover as the covariation between one person's affect state and another person's affect state (e.g., Song, Foo, & Uy, 2008). According to Westman (2001), affective empathy is one mechanism for explaining how affective crossover occurs. However, it is not the only mechanism; covariation can also be explained by one person's behavior toward the other (e.g., Person A is angry and takes out his or her anger on Person B, which in turn makes Person B angry), or common causes (e.g., Person A and Person B are both angry about a shared situation).

Emotional Intelligence

Like the empathy literature, the emotional intelligence (EI) literature has suffered from conceptual and measurement issues that have sparked vigorous debate among scholars

(Ashkanasy & Daus, 2005; Joseph & Newman, 2010; Locke, 2005). Broadly, theoretical

approaches to EI can be divided into ability models (e.g., Mayer, Caruso, & Salovey, 2000)

and mixed-models (e.g., Bar-On, 1997). We focus our discussion on how empathy relates to

ability models of EI given the lack of evidence for the mixed-model approach to EI (Joseph

& Newman, 2010; Joseph, Jin, Newman, & O'Boyle, 2015; van der Linden et al., 2017).

Ability models of EI focus on specific skills that are fundamental to being

emotionally intelligent. One of the most widely used ability models is a four-factor model of

EI consisting of 1) the ability to perceive emotions accurately, 2) the ability to use emotions

to facilitate thought, 3) the ability to understand emotions and their meanings, and 4) the

ability to manage emotions (Mayer et al., 2000; Mayer & Salovey, 1997). One of the four

factors—emotion perception—has some overlap with our definition of trait cognitive

empathy. Like cognitive empathy, emotion perception involves understanding others'

emotions. However, emotion perception also differs conceptually from cognitive empathy in

a number of ways. First, whereas cognitive empathy focuses exclusively on understanding

others' internal states, emotion perception also involves perceiving one's *own* emotions

(Joseph & Newman, 2010). Second, cognitive empathy is more broadly defined as the

tendency to understand others' internal states (i.e., thoughts *and* affective states), whereas

emotion perception is exclusively focused on understanding emotions. Third, cognitive

empathy is conceptualized as both a trait and a state, whereas emotion perception is

considered a relatively stable ability (Joseph & Newman, 2010).

Empathic Accuracy

Empathic accuracy is defined as the degree to which individuals accurately infer the

thoughts and feelings of a target person (Ickes, Stinson, Bissonnette, & Garcia, 1990; Zaki,

Bolger, & Ochsner, 2008). Some empathy researchers use the term empathic accuracy as a

synonym for cognitive empathy (e.g., Zaki et al., 2008), whereas others view empathic

accuracy as an outcome of cognitive empathy (e.g., Davis, 2009). In our view, empathic accuracy is conceptually equivalent to cognitive empathy, because we view "understanding" as synonymous with "accurately inferring" another person's thoughts and feelings. Thus, in the same way that affective empathy involves congruence between a target's affective state and an observer's affective state, and the behavioral mirroring aspect of behavioral empathy involves congruence between a target's behavior and an observer's behavior, cognitive empathy involves congruence of a target's internal state and an observer's perceptions of the target's internal state.

<div align="center">Summary – What is Empathy?</div>

In sum, based on the cumulative interdisciplinary body of research on empathy, empathy is considered a multilevel construct occurring at both the trait level (empathy across situations) and the state level (empathy within situations). Additionally, the literature supports three distinct dimensions of empathy: a) understanding another person's internal state (cognitive empathy), b) sharing another person's affective state (affective empathy), and/or c) behaviorally demonstrating that one has understood another person's internal state and/or shared another person's affective state (behavioral empathy). Finally, research supports Davis' (1996) original proposition that the observer's experience of empathy influences others' judgments of the observer's empathy (judged empathy).

We draw from these established findings regarding the construct of empathy to guide our review of organizational research on empathy. In particular, we evaluate the extent to which organizational research adequately addresses the multiple dimensions and levels of empathy that have been identified in the broader literature. This multidimensional and multilevel conceptualization allows us to critically evaluate where organizational research on empathy is lacking, and provide specific recommendations for how organizational researchers can overcome these limitations.

Critical Review of Empathy Research in Organizational Behavior

To critically examine organizational research on empathy, we carried out a search in PsycINFO, Business Source Complete, and ABI/Inform for all articles mentioning empath* from 1983 through 2018. We chose a start date of 1983 because this was the year of Davis' (1983) seminal empathy article. To ensure comprehensive coverage of the major industrial/organizational and organizational behavior research base on empathy, we searched articles within top-ranked journals identified by Zickar and Highhouse (2001)[1]. A total of 319 unique studies were found as a result of this search.

In order to be included in the review, articles had to use adult samples (or student samples with a clear organizational focus), use quantitative methods, and purport to measure or manipulate a dimension of empathy. Articles purporting to measure empathic concern/sympathy (e.g., Watkins, Fehr, & He, 2018) or other-oriented empathy (a component of the prosocial personality reflecting empathic concern; Penner, Fritzsche, Craiger, & Friefield, 1995) were excluded. Of the 319 unique studies reviewed, 30 met the inclusion criteria and were reviewed in detail (see Table 1).

Insert Table 1 about here

Based on our review of the articles in Table 1, we identify several critical issues with the conceptualization, measurement, and design of empathy research in the organizational literature. In turn, we provide recommendations for how researchers can overcome these issues to advance research on empathy in organizations. We conclude by identifying two fundamental questions for organizational research on empathy, critically evaluating the extent to which the current research base is able to provide answers to these questions, and offering recommendations for addressing these fundamental questions in future empathy research.

Critical Issues with Conceptualizations of Empathy

In evaluating empathy research in organizational behavior, we identified four key issues surrounding the conceptualization of empathy:

1. Definitions of empathy do not recognize empathy as both a trait and a state

Table 1 provides a detailed overview of how empathy was defined in each of the 30 reviewed studies. As illustrated in these definitions, empathy was most often defined in exclusively trait-based or state-based terms; empathy was rarely defined as both a trait and a state. This finding indicates that organizational research lacks consensus on the definition of empathy, and does not yet reflect the broader consensus that empathy is both a trait and a state (Cuff et al., 2016). Since construct definitions (ideally) drive methodological choices, using solely trait or state definitions of empathy may undermine investigation of empathy as a multilevel construct.

2. Definitions of empathy do not reflect the multidimensionality of empathy

With one exception (Silvester et al., 2007), all studies reviewed defined empathy in a way that omitted at least one dimension of empathy. While it is understandable that authors may not integrate the newer dimension of behavioral empathy in their definitions, it is surprising that both cognitive and affective dimensions are not included in many definitions, since there is longstanding and widespread acceptance of empathy as a multidimensional construct with these dimensions in the broader empathy literature (Cuff et al., 2016; Strayer, 1987). We believe that using construct-deficient definitions of empathy has undermined progress in understanding how different dimensions of empathy may have differential effects on important outcomes of interest to organizations. Moreover, findings from these studies may be incorrectly interpreted as involving the broader construct of empathy, when in fact they involve only a single dimension of empathy, and findings may not be consistent across dimensions.

3. The jingle fallacy is prevalent in empathy research

The jingle fallacy occurs when authors erroneously assume that two different things are the same (Kelley, 1927). Our review indicates that the jingle fallacy often occurs in empathy research when authors include sympathy as a dimension of empathy (e.g., Scott, Colquitt, Paddock, & Judge, 2010), or define empathy as sympathy/compassion (e.g., Herschcovis & Bhatnagar, 2017; Longmire & Harrison, 2018). As noted above, the current evidence and consensus indicates that empathy and sympathy are different constructs with different theoretical (e.g., Wondra & Ellsworth, 2015) and neurological (e.g., Decety, 2011) underpinnings, and different correlates (e.g., Longmire & Harrison, 2018). However, this consensus does not exist in organizational research, given that sympathy/compassion and empathy are often erroneously conflated. Other constructs conflated with empathy include emotional reactivity (e.g., McNeely & Meglino, 1994) and personal distress (e.g., Fox & Spector, 2000).

4. The jingle fallacy is prevalent in empathy research

We also found that the jingle fallacy—when authors erroneously assume that two identical or almost identical things are different because they are labeled differently (Kelley, 1927)—is prevalent in organizational research on empathy. This occurs when authors define empathy narrowly as one of the dimensions of empathy (or as sympathy), and then define another dimension of empathy as a different construct. For example, Lindsey, King, Hebl, and Levine (2015) defined empathy as "the capacity to understand others' emotions and experiences" (p.609), and then included a separate definition (and measurement) of perspective taking. Similarly, Longmire and Harrison (2018) conducted a meta-analysis to differentiate perspective-taking from empathy (operationalized as empathic concern). We believe this is problematic because, as discussed above, perspective taking is one process by which cognitive empathy may occur; indeed, cognitive empathy is often experimentally induced through perspective taking manipulations (Batson, Chang, Orr, & Rowland, 2002;

Drwecki, Moore, Ward, & Prkachin, 2011). The jangle fallacy contributes to confusion in the empathy literature and undermines progress on understanding empathy as a multidimensional construct.

Recommendations for Conceptualizations of Empathy in Organizational Behavior

1. Use definitions that recognize empathy as a trait and a state

Going forward, we believe that empathy researchers should always define empathy as a construct with both trait and state components. We hope that acknowledging both trait and state aspects of empathy in construct definitions will drive operationalizations of empathy that also recognize both trait and state aspects. Consequently, using a multilevel conceptualization may also lead to more sophisticated research designs that adequately capture both state and trait empathy (e.g., multilevel designs such as experience sampling methodology, or experimental manipulations of state empathy with trait empathy as a moderator). Although we think it is preferable to operationalize empathy and use research designs in ways that capture the breadth of the construct, we recognize that this is not always possible. However, *even when researchers use exclusively trait or state research measures*, we encourage the use of definitions that reflect both trait and state components. This is because both researchers and readers should be aware of the limits of inference when using measures that are construct-deficient. In other words, researchers should make clear that their findings only apply to trait (state) empathy when using a trait (state) measure, and that it is possible that their findings would be different if they assessed empathy as a state (trait). Moreover, researchers should ensure that their theoretical arguments align with their choice to focus on empathy as a trait (or state); it is inappropriate to use state-level theory to support predictions about empathy as a trait, and vice versa.

2. Use definitions that recognize empathy as multidimensional

We advocate that researchers always define empathy as a multidimensional construct

with cognitive, affective, and behavioral components. As above, although we encourage researchers to measure multiple dimensions of empathy, we advocate the use of multidimensional definitions *even when researchers measure only one dimension*. Given differential effects of different dimensions on outcomes (e.g., Galinsky, Maddux, Gilin, & White, 2008), we think it is critically important that inferences from research on a single dimension are not extrapolated to reflect empathy as a whole. For example, state affective empathy for others' negative affective states may engender a "narrowing effect" during information processing, where potentially useful and relevant information is excluded because of one's negative emotional state (König et al., 2018). In contrast, state cognitive empathy appears to foster information elaboration and creativity (Grant & Berry, 2011; Hoever, van Knippenberg, van Ginkel, & Barkema, 2012). In isolation, these studies appear to have conflicting results about the role of empathy in information processing. However, a multidimensional approach allows for the possibility of differential effects for different dimensions. Taking a multidimensional approach also allows researchers to advance theory by considering how the different dimensions may interact with each other to predict outcomes (e.g., Ang & Goh, 2010). We believe it is critically important that researchers not only recognize the multidimensionality of empathy, but that they clearly and correctly identify the dimension(s) they are studying. This practice would help to reduce the confusion about what empathy is, reduce the jangle fallacy, better align organizational research with the broader empathy literature, and advance theory on empathy.

3. Carefully consider how empathy relates to other constructs

Finally, researchers should carefully consider how empathy relates to other constructs of interest when developing their ideas. In some cases, it may be that the researcher who thought he or she was interested in empathy is actually interested in sympathy/compassion; in many cases, sympathy/compassion may be a better theoretical fit than empathy (e.g., when

employees are exposed to others who are suffering). Or, researchers may consider the possibility that empathy and sympathy/compassion may have differential effects on outcomes, and measure both constructs in their research (e.g., Longmire & Harrison, 2018). Regardless, we greatly encourage research on sympathy/compassion (with or without the inclusion of empathy), as long as clear and accurate definitions are used to differentiate sympathy/compassion from empathy. In fact, we suggest that researchers consider a moratorium on the term "empathic concern", and instead use sympathy/compassion to better differentiate this construct from empathy.

Researchers should also consider how other constructs they are interested in may relate to empathy. For example, researchers interested in studying empathy and emotional intelligence should consider potential conceptual and empirical overlap between cognitive empathy and the emotion perception dimension of EI. Researchers should also consider how these constructs may play a substantive role in the empathy process. For example, EI may moderate the effects of exposure to empathy-relevant situations on state empathy. Regardless of the constructs involved, researchers should be aware of potential redundancies, and be careful not to contribute to the jangle fallacy by discussing different dimensions of empathy as different constructs.

Critical Issues with the Measurement of Empathy

We identified three key issues surrounding the measurement of empathy in organizational research:

1. Measures of empathy are often contaminated

One of the most prevalent and concerning issues in organizational research on empathy is the use of contaminated measures. Our review of the measures used in Table 1 indicates that nearly all measures of empathy in organizational research are contaminated in some way. Many studies used measures that assessed one or more dimensions of empathy in

addition to other constructs which we do not consider to be empathy, such as sympathy or emotional reactivity. For example, two studies used Mehrabian and Epstein's (1972) Questionnaire Measure of Emotional Empathy (QMEE). Though this measure includes some items reflecting affective empathy, the majority of the items are construct-irrelevant (e.g., "I become very involved when watching a movie"), and some items reflect behavioral empathy. Similarly, two studies used the empathy subscale of the International Personality Item Pool (IPIP; http://ipip.ori.org/); this measure includes items assessing cognitive and affective empathy, but also includes construct-irrelevant items (e.g., "cry easily"). There were also a few studies that combined items measuring a dimension of empathy with items measuring a different construct; for example, Joireman, Kamdar, Daniels, and Duell (2006) combined the IRI subscales of perspective taking and empathic concern. Finally, several studies claimed to measure empathy, but used a measure that did not reflect any of the three dimensions of empathy; in most cases, these studies measured sympathy using the IRI empathic concern subscale or Batson's (1987) measure of empathic concern. Even the perspective taking subscale of the IRI (the most frequently used measure of cognitive empathy) contains irrelevant items that seem more reflective of a general open-minded attitude when it comes to disagreements (e.g., "I believe that there are two sides to every question and try to look at them both") than understanding others' internal states. In sum, the majority of studies used contaminated or inappropriate measures of empathy. These measures limit the extent to which researchers can detect differential effects of the different dimensions of empathy and further confusion between empathy and distinct constructs. Moreover, the widespread use of contaminated measures limits the extent to which findings in organizational research can be interpreted as reflecting empathy.

2. Measures of empathy are often deficient

Our review also demonstrates that measures of empathy used in organizational

research are often deficient in a number of ways. Even when measures of empathy are uncontaminated by items measuring other constructs, these measures tend to focus on a single dimension of empathy: cognitive, often measured using the IRI perspective taking subscale. Although some items on this subscale capture part of trait cognitive empathy—someone's tendency to understand others' thoughts or points of view—we believe this measure also has some deficiencies. As discussed above, the current view on perspective taking is that is it one of several cognitive processes by which people can experience cognitive empathy (Cuff et al., 2016). Some of the items of this subscale reflect this view—for example, "I sometimes try to understand my friends better by imagining how things look from their perspective". However, no items focus on other cognitive processes involved with experiencing cognitive empathy, such as understanding others' affective states or interpreting facial expressions. For these issues regarding deficiency as well as the previously-identified issues with contamination, we believe the perspective-taking subscale is an inadequate measure of cognitive empathy.

Mirroring the deficiencies in the conceptualization of empathy, we also found that measures of empathy do not capture the breadth of empathy in terms of its multiple dimensions or its conceptualization as a state and a trait. Indeed, only one measure in our review captured all three dimensions of empathy (Silvester et al., 2007). However, this measure was a single item that blended all three dimensions together; as a result, this study was unable to examine differential effects of the dimensions of empathy. Although a few studies assessed both state and trait empathy (i.e., Patient & Skarlicki, 2010; Silvester et al., 2007; Waung & Highhouse, 1997), these distinctions were made based on item wording rather than by research design; as a result, these studies provide weak evidence of the distinction between trait and state empathy.

3. Measures of empathy are often misaligned with construct definitions

Our review indicates that many studies conceptualized empathy in a manner that did not align with how empathy was measured. Some studies conceptualized empathy as a state (e.g., Settoon & Mossholder, 2002) or as both a state and a trait (e.g., Scott et al., 2010; Taylor, Kluemper, & Mossholder, 2010), but only used a trait measure. There was also frequent misalignment of conceptualizations and measurement of empathy dimensions. In some cases, authors conceptualized empathy in terms of one dimension but then measured another dimension (or a different construct altogether; e.g., Scott et al., 2010; Taylor et al., 2010). In several other cases, authors used a multidimensional conceptualization of empathy, but did not capture one or more of these purported dimensions in their measure (e.g., Bagozzi et al., 2013; DeCelles, DeVoe, Rafaeli, & Agasi, 2018; Ho & Gupta, 2012; Kellett, Humphrey, & Sleeth, 2002).

With one exception (Meinecke & Kauffeld, 2018), all studies included in our review measured empathy in an indirect way. By indirect, we mean that these studies did not directly assess the convergence between a target and observer. As discussed above, one of the hallmarks of empathy is convergence: affective empathy is defined as the convergence of a target's affective state with an observer's affective state; cognitive empathy as the convergence of an observer's perceptions of a target's internal state and a target's perceptions of his or her own internal state; and the behavioral mirroring component of behavioral empathy as the convergence of an observer's behavior and a target's behavior. Thus, we believe that measures that directly assess convergence are the most construct-valid representation of these dimensions of empathy. However, although several authors appeared to share our conceptualization of empathy as at least partially involving convergence (e.g., DeCelles et al., 2018; Ho & Gupta, 2012; Kellett et al., 2002; Kellett, Humphrey, & Sleeth, 2006; Riggio & Taylor, 2000; Scott et al., 2010; Silvester et al., 2007; Wolff et al., 2002), these authors did not use convergence-based measures.

Recommendations for Measuring Empathy in Organizational Behavior

1. Use convergence-based methods to assess empathy

Similar to other congruence-based constructs (e.g., Kristof, 1996), we believe that empathy is most accurately assessed using convergence-based methods (i.e., analyzing the extent to which the target's affective state, thoughts, and behavior, respectively, converge with the observer's emotions (affective), perceptions of the target's affective state and/or thoughts (cognitive), and verbal/physical behaviors (behavioral))). We suggest that, wherever possible and relevant, state empathy should be assessed by examining convergence between an observer and target. Convergence-based measures can be used to assess all three dimensions of empathy. For example, affective empathy has been operationalized as skin conductance concordance (Marci, Ham, Moran, & Orr, 2007), cognitive empathy as the extent to which an observer's ratings of a targets thoughts and feelings match the target's ratings of his or her own thoughts and feelings (e.g., Côté et al., 2011), and behavioral empathy as the extent to which an observer mirrors a target's behavior (e.g., Chartrand & Bargh, 1999). In the organizational research we reviewed, behavioral empathy has been operationalized using linguistic analysis of language style matching between leaders and followers in performance appraisal interviews (Meinecke and Kauffeld, 2018).

Importantly, trait empathy theoretically reflects congruence (of affect, behavior, or cognition) across *repeated* encounters with a variety of targets in different settings. Thus, a single assessment of affective, behavioral, or cognitive convergence provides inadequate information about an observer's general tendency to be empathic. Although it would be ideal to use repeated convergence-based assessments across targets and situations to determine the proportion of variance in empathy that is stable over time (i.e., trait empathy), we realize that this procedure may not be practical in many settings. Thus, trait empathy may be most feasibly assessed using self-report measures. However, we urge researchers to consider

available measures of trait empathy that repeatedly exposure participants to stimuli whenever possible (e.g., Pickett, Gardner, & Knowles, 2004).

2. Develop new measures and/or revise existing measures

Because convergence-based measures are not always feasible (e.g., for trait empathy) or appropriate (e.g., for judged empathy or empathic communication), our review indicates that new measures of empathy are needed for organizational research on empathy to move forward. These new measures should capture the breadth of cognitive, affective, and behavioral empathy and reflect a multidimensional conceptualization of empathy. Fortunately, existing measures of empathy can be revised to better reflect the construct of empathy. For example, several items on contaminated measures (e.g., QMEE, the IPIP) appear to reflect empathy. Researchers can conduct validation and psychometric evaluations of these various empathy measures to reduce these scales to only those items that appropriately reflect empathy. Deficient measures can also be supplemented by additional items to better capture the breadth of each dimension of empathy. In addition, a number of measures in the broader empathy literature exist that better reflect a multidimensional conceptualization of empathy than measures currently used in organizational research. For example, the Questionnaire of Cognitive and Affective Empathy (Reniers, Corcoran, Drake, Shryane, & Völlm, 2011) and the Basic Empathy Scale (Jolliffe & Farrington, 2006) both include cognitive and affective dimensions (though neither measure is perfect). Regardless of the specific measure used, we encourage researchers to carefully examine item content, psychometric properties, and construct validity when measuring empathy.

Given that behavioral empathy is a newer dimension of empathy, inductive research is needed to identify the specific behaviors reflective of this construct. Although the behavioral mirroring aspect of behavioral empathy can be assessed using convergence-based measures (e.g., Meinecke & Kauffeld, 2018), empathic communication does not involve congruence.

Therefore, new measures are needed that capture the range of behaviors involved in empathic communication. In developing these measures, we believe it is critically important for researchers to recognize the subtle distinction between *indicators* of empathic communication and *predictors* of judged empathy. For example, Silvester et al. (2007) behaviorally coded patient-physician interactions for communication behaviors, and then used these behaviors to predict patient and assessor ratings of physician empathy. Although some behaviors *predicted* judged empathy (e.g., discussion of personal topics, missed patient cues, using positive statements), that does not necessarily mean that these behaviors *indicate* behavioral empathy. Non-empathy behaviors may affect judged empathy in other ways; for example, by contributing to a positive halo or general liking. Empathic communication is only indicated if behaviors demonstrate the observer's affective empathy (i.e., sharing the same affective state) and/or cognitive empathy (i.e., understanding the target's thoughts and/or feelings). Identifying these behaviors is a critical task for the advancement of empathy research.

3. Consider integrating novel approaches to measuring empathy

In addition to self-report measures, empathy has been measured in the broader literature using physiological (e.g., EMG) and neurological (e.g., fMRI) methods. When used appropriately, these methods can overcome biases associated with self-report or observational measures, provide continuous information about empathy over the course of an interaction, shed light on the mechanisms underlying the empathic process, and provide convergent validity for self-report and observational measures of empathy. For example, Sonnby-Borgström et al. (2003) used EMG to assess facial mimicry reactions after exposure to pictures of angry or happy faces (an aspect of behavioral empathy). Research has also used physiological convergence to measure affective empathy; for example, Marci and colleagues (2007) used skin conductance concordance as a measure of affective empathy, and found that concordance was positively related to judged empathy. fMRI has been used to examine

affective empathy by comparing the extent to which areas of the brain that are activated during firsthand experience are also activated when witnessing another person undergo that experience (e.g., Singer et al., 2004). We see great promise in integrating these novel methods with new and/or revised self-report measures to better understand empathy in organizational research.

Though research is still needed to develop valid observer ratings of behavioral empathy, in the future we see potential for machine learning approaches to assessing behavioral empathy. Machine learning techniques may be used to create measures that automatically assess behavioral empathy in workplace email and intranet contexts, videos, and audio transcripts, without requiring a human rater (see George, Osinga, Lavie, & Scott, 2016; National Research Council, 2015; Oswald & Putka, 2017; Tonidandel, King, & Cortina, 2018). Though the "training" of any new measure requires the researcher to connect self-report or other-ratings of an individual on a psychological construct (e.g., behavioral empathy) with an individual's activity on a digital platform (e.g., email, social media activity), once the measure has been trained, future ratings are not impacted by the human biases of those involved in the interaction with the target. Therefore, machine learning approaches have the potential to overcome biases associated with observational ratings, and also can reduce the time- and labor-intensive task of behavioral coding. Machine learning approaches may also be useful for validating new measures of empathy. For example, the same methods used to validate new measures of personality using social media activity could be used to validate new measures of empathy. Research has shown that machine learning approaches can demonstrate stronger predictive validity than traditional self- and other-report measures (Kern et al., 2016; Kosinski, Wang, Lakkar-aju, & Leskovec, 2016).

Critical Issues with the Design of Empathy Research

In evaluating empathy research in organizational behavior, we identified a single

critical issue surrounding the design of empathy research: the preponderance of cross-sectional survey designs.

1. Cross-sectional survey designs are overused in empathy research

Mirroring the broader organizational research base, empathy research is dominated by cross-sectional survey designs. Although such designs can be reasonable in some circumstances, inferences drawn from this type of design cannot provide answers to fundamental questions about empathy in organizations. Specifically, cross-sectional survey designs preclude inferences about causality and change. Moreover, results from cross-sectional surveys may be biased in a number of ways (e.g., Maxwell & Cole, 2007; Podsakoff, MacKenzie, Lee, & Podsakoff, 2003).

Several studies reviewed used multisource designs, in which predictor and criterion variables were reported by two different sources. Although this design may overcome some limitations of single-source surveys (e.g., Podsakoff et al., 2003), it ultimately still suffers from the same limitations regarding inferences about causality and change faced by single-source cross-sectional designs. Likewise, studies using time-separated measurements of predictor and criterion may overcome bias due to temporal factors, yet are still fundamentally cross-sectional (Ployhart & Vandenberg, 2010). Thus, although some empathy research has attempted to overcome common method bias through the use of multisource or time-separated designs, these designs are not sufficient to address the limitations associated with cross-sectional designs.

Cross-sectional designs also provide weak evidence of how empathy may operate as both a trait and a state. In contrast, studies that manipulate the state of empathy and studies that examine repeated measurements of state empathy over time are well-suited to address the distinction between trait and state empathy. Only two studies included in our review manipulated empathy using an experimental design. Specifically, Bagozzi et al. (2013)

manipulated affective empathy by exposing participants to video clips of people displaying

various emotional states, and Patient and Skarlicki (2010) manipulated both cognitive and

affective empathy by instructing participants to take another person's perspective and to "feel

the full impact of what the other person is going through" (p. 566). One study (Daniels,

Glover, & Mellor, 2014) used a daily diary design to assess judged empathy; however, this

study did not report the proportion of variance in judged empathy at the within- and between-

person levels.

Recommendations for Designing Empathy Research in Organizational Behavior

1. Use experimental designs

Experimental designs provide the strongest foundation for making causal inferences.

Given that many of the fundamental questions about empathy center around the causal effect

of empathy on important outcomes (e.g., performance, positive interpersonal relationships),

experimental research is necessary to move organizational research on empathy forward.

Fortunately, there is an extensive body of experimental work on empathy in the broader

literature that organizational researchers can draw from when designing new experiments.

For example, several studies have manipulated cognitive empathy through role-taking

manipulations (e.g., Batson, Chang, Orr, & Rowland, 2002; Drwecki et al., 2011; Jackson,

Brunet, Meltzoff, & Decety, 2006); indeed, similar manipulations have been used in

organizational research on perspective taking (e.g., Grant & Berry, 2011; Ramarajan,

Rothbard, & Wilk, 2017). Affective empathy is often manipulated by exposing participants to

affective stimuli, such as exposure to various emotional expressions (e.g., Bagozzi et al.,

2013; Hennig-Thurau, Groth, Paul, & Gremler, 2006; Kramer, Guillory, & Hancock, 2014;

Lishner, Hong, Jiang, Vitacco, & Neumann, 2015). Behavioral empathy has been

manipulated by instructing observers to mimic a target's behavior (Stel & Vonk, 2010), or to

use particular empathic behaviors (e.g., paraphrasing, verbal expressions of understanding;

Seehausen, Kazzer, Bajbouj, & Prehn, 2012; Seehausen et al., 2016).

In addition to experimental inductions in lab settings, a number of empathy interventions have been implemented in field settings. For example, Reiss et al. (2012) implemented an empathy intervention for resident physicians that focused on increasing awareness of empathy and improving skills associated with cognitive empathy (i.e., emotion recognition) and behavioral empathy (i.e., verbal and behavioral responses). Lindsey et al. (2015) manipulated perspective-taking by asking college students to write a narrative about a day in the life of a member of a marginalized group. Organizational researchers should consider adapting such existing interventions and/or developing new interventions that align with a multidimensional conceptualization of empathy for implementation in field settings.

2. Use observational designs

Observational research on empathy is necessary for developing valid and comprehensive measures of behavioral empathy. From a practical perspective, we need to know what empathy looks like in different organizational contexts in order to develop useful empathy-related training and development initiatives. Moreover, we need to know which specific empathic behaviors are associated with ratings of judged empathy across different contexts and raters. Thus, it is critical for future empathy research to precisely identify the scope of behaviors included in behavioral empathy to determine the extent to which these behaviors can be reliably assessed by observers, and to determine the extent to which empathic behaviors are generalizable across occupational contexts. A useful methodological framework for observational research can be found in Yoder, Lloyd, and Symons (2018).

3. Use longitudinal designs

Longitudinal research is necessary for theoretical and practice advancements in empathy research. From a practical perspective, longitudinal research helps to provide specific, actionable advice on when, and for how long, the effects of empathy will last.

Indeed, there is some evidence that employees habituate to others' emotions over time with repeated exposure (Cheng, Chen, & Decety, 2017). From a theoretical perspective, the precision of our theories is enhanced by considering temporal issues (Ployhart & Ward, 2011). Relevant temporal issues in empathy research include whether trait and state empathy changes over time, and whether different people have different change trajectories. This research requires repeated assessment of empathy, ideally using more than three time points (Ployhart & Vandenberg, 2010).

4. Use multilevel designs

Given that empathy is a multilevel construct with trait and state components, we advocate for the use of research designs that can address empathy as both a trait and a state. For example, experimental research is well-suited to examine how the effects of state empathy on outcomes may be moderated by trait empathy (e.g., Zaki et al., 2008). Experience sampling studies would also be useful for answering questions about the effects of situational factors on state empathy, and how these effects may be moderated by trait empathy. Indeed, combining experimental designs with experience sampling methodology would address many of the methodological concerns with the current empathy research base.

We also see great potential for multilevel research on empathy at higher levels of analysis, such as within teams and organizations. The need to examine empathy at higher levels of analysis is reflected in recent theoretical and practical interest in corporate or collective empathy (Muller et al., 2014; Parmar, 2016), and experimental work suggesting that cognitive empathy can be induced within teams (Hoever et al., 2012). In pursuing research on empathy at higher levels, it is critically important for researchers to examine the theoretical meaning and structure of empathy at each level of analysis, rather than to assume isomorphism with individual-level empathy (Klein & Kozlowsi, 2000; Tay, Woo, & Vermunt, 2014).

Fundamental Questions for Organizational Research on Empathy

Given the aforementioned issues surrounding the conceptualization and measurement of empathy in organizational behavior, what do we actually know about the role of empathy in organizational behavior? To answer this, we decided to focus on two fundamental questions that are central to advancing research on empathy in organizations: *1) Is empathy associated with important outcomes of interest to organizations and employees?* and 2) *Can empathy be changed, and if so, how?* We have organized the remainder of our critical review around these two questions.

Is empathy associated with important outcomes of interest to organizations and employees?

In order for empathy research to be useful to organizations and employees, researchers must establish that empathy is related to important outcomes of interest. This is a fundamental question because, unless research shows that empathy is related to important outcomes, there is little basis for integrating empathy into selection batteries or investing in training initiatives to increase empathy. Our review indicates that empathy has most often been examined as a predictor of job performance and positive interpersonal outcomes.

Empathy and job performance.

The association between empathy and job performance (task and contextual) has been examined in several studies. In line with the broader literature on empathy and helping (Batson, Ahmad, Lishner, & Tsang, 2002), organizational research has examined whether empathy is associated with organizational citizenship behaviors (OCBs), particularly OCBs directed towards individuals, with several studies finding positive associations (e.g., Ho & Gupta, 2012; Joireman et al., 2006; Kamdar, McAllister, & Turban, 2006; McNeely & Meglino, 1994; Parker & Axtell, 2001; Settoon & Mossholder, 2002). Organizational research has also investigated whether trait and state empathy contribute to helping behaviors

in a variety of situations, including after witnessing customers' uncivil treatment of employees (Hershcovis & Bhatnagar, 2017), in response to customers' situational stressors (DeCelles et al., 2018), and following diversity training (Lindsey et al., 2015). This literature also suggests that trait empathy may mitigate the negative effects of hindrances to helping (e.g., Kamdar et al., 2006; Joireman et al., 2006), and amplify the positive effects of predictors of helping (e.g., Lindsey et al., 2015; Taylor et al., 2010).

Unfortunately, the conclusion that empathic individuals are more likely to engage in helping behavior/OCBs is premature due to the conceptual, measurement, and design issues identified earlier. The confusion between empathy and sympathy is particularly apparent in the OCB literature; some studies operationalize empathy as sympathy (e.g., Herschcovis & Bhatnagar, 2017; McNeely & Meglino, 1994; Taylor et al., 2010), some use contaminated measures of empathy that include items reflecting both empathy and sympathy (e.g., Joireman et al., 2006; Lindsey et al., 2015; Parker & Axtell, 2001), and others conceptualize sympathy as an outcome of cognitive empathy (e.g., Ho & Gupta, 2012; Settoon & Mossholder, 2002). Based on the empathy-OCB studies to date, is it unclear whether trait empathy, sympathy, or both empathy and sympathy are positively related to OCBs. Moreover, in the rare cases where measures of empathy are used that are not contaminated by sympathy, these studies focus exclusively on trait perspective taking (i.e., Ho & Gupta, 2012; Kamdar et al., 2006; Settoon & Mossholder, 2002). Thus, it is unknown whether the broader dimension of cognitive empathy (beyond the perspective taking process) relates to OCBs, whether other dimensions of trait empathy are related to OCBs, or whether state empathy predicts OCBs.

Relatively fewer studies have examined how empathy may relate to other dimensions of job performance, including task performance and counterproductive work behavior. A few studies in our review examined the association between empathy and task performance, with

the results of these studies showing mixed associations. Ployhart and Hakel (1998) found that trait empathy was positively related to both sales performance and increases in sales performance over time; however, because the items on this measure were not provided, we were unable to evaluate the extent to which this measure reflected empathy. There is some evidence that people higher in trait cognitive empathy may be perceived as better performers by others; for example, Fox and Spector (2000) found job candidates' trait perspective taking predicting raters' decisions to hire the candidate and perceived candidate qualifications in a simulated job interview. In contrast, McNeely and Meglino (1994) found an unexpected negative relationship between trait empathy and other-reported role-prescribed behavior, such as arriving at work on time and using work time wisely; however, this study used a measure of sympathy to measure "empathy". In a sample of hospice nurses, Riggio and Taylor (2000) found no significant association between trait perspective taking and hospice nurse performance (assessed through independent ratings of employees' personnel files). Emerging evidence suggests that supervisors' empathy may play an important role in facilitating employees' performance; specifically, Meinecke and Kauffeld (2018) found that supervisors' behavioral empathy (assessed by language style matching) indirectly predicted employees' intentions to change in response to an appraisal interview through assessors' perceptions of empathic communication. Although these findings are encouraging, it is premature to draw conclusions on the relationship between empathy and task performance based on these few studies and the use of deficient measures (Fox & Spector, 2000; Riggio & Taylor, 2000), measures misaligned with construct definitions (McNeely & Meglino, 1994), or unclear measures of empathy (Ployhart & Hakel, 1998).

There is also limited and inconsistent evidence on how empathy relates to counterproductive work behaviors (CWBs). In one of two studies, Ho and Gupta (2012) found no evidence of a direct or indirect effect of trait perspective taking on CWBs. In their

second study, the authors found a negative indirect effect of trait perspective taking on CWBs through empathic concern (conceptualized by the authors as another form of empathy) that was contingent on employees' perceptions of interpersonal justice. Detert, Treviño, and Sweitzer (2008) found that trait empathy (measured using the contaminated IPIP empathy scale) was negatively associated with unethical decision-making (a form of CWB), and that this association was mediated by moral disengagement. Unfortunately, due to the few studies addressing this question, and the use of deficient (Ho & Gupta, 2012) and contaminated (Detert et al., 2008) measures of empathy, it is difficult to make sense of these findings.

Another relevant question is whether empathy contributes to leadership performance. A few studies in our review examined how empathy relates to leader perceptions (i.e., Kellett et al., 2002; Kellett et al., 2006; Meinecke & Kauffeld, 2018; Wolff et al., 2002). Kellett et al. (2002) found that students who were judged as more empathic by their peers were more likely to be viewed as leaders by their peers. Similarly, in a separate study, Kellett et al. (2006) found that peer-rated "interactive empathy" (measured using a blend of affective, behavioral, and non-empathy items) was positively related to peer ratings of task and relations leadership; however, when different peers were used as sources of empathy and leadership ratings, the association between empathy and task leadership was nonsignificant. Interestingly, these studies found low levels of interrater agreement for empathy, suggesting that that different interaction partners may have quite different views of an observer's empathy when such judgments are based on brief interactions (see also Silvester et al., 2007).

Wolff et al. (2002) used critical incident interviews to assess empathy (operationalized broadly as "understanding others") among MBA students, and found that empathy was indirectly related to leadership emergence (i.e., peer selection as an informal leader) through critical incident ratings of pattern recognition, perspective taking, supporting/developing others, and group task coordination. However, interrater agreement

was not reported in this study, and common method bias is a concern, as a single rater and single interview was used to measure empathy and the mediators. Notably, empathy was not directly related to peer selection as an informal leader. In contrast, Meinecke and Kauffeld (2018) found high interrater agreement using a behaviorally-anchored rating scale of empathic communication (judged leader empathy, as assessed by trained raters). These ratings of judged leader empathic communication were positively related to employees' perceptions of supervisors' likeability.

Taken together, these findings suggest that when a single source provides measures of both empathy and leadership behaviors based on a brief interaction, empathy and leadership tend to be positively correlated. While earlier studies using different sources to capture empathy and leadership found weak or non-significant associations (e.g., Kellett et al., 2006; Wolff et al., 2002), a recent study (Meinecke and Kauffeld, 2018) found a positive association between judged leader empathy (as assessed by trained assessors) and employees' perceptions of leaders' likeability. These discrepancies may result from more rigorous measurement, the impact of training, or substantive differences in perspectives between interaction partners and independent observers.

Empathy and interpersonal outcomes.

Apart from its association with performance, empathy may play an important role in fostering positive interactions with coworkers, subordinates, and customers. Some support for the proposition that empathy may be associated with more positive communication behaviors exists in organizational research. For example, Patient and Skarlicki (2010) found that students who were experimentally induced to experience state cognitive and affective empathy used more fair communication (as assessed by observational ratings) when communicating negative feedback to a confederate. There is also evidence that positive communication behaviors *contribute* to judgments of empathy. For example, Silvester et al.

(2007) found that physicians who engaged in more discussion of personal topics with patients and missed fewer patient cues in an assessment center exercise were subsequently more likely to be judged as empathic by patients and assessors. Similarly, Meinecke and Kauffeld (2018) found that supervisors' behavioral empathy (as assessed through language style matching) was positively associated with assessors' judgments of supervisor empathy. These findings suggest possible reciprocal associations between empathy and positive communication behaviors.

Other research highlights the possibility that observer and judged empathy may have differential effects on interpersonal outcomes. Specifically, Park and Raile (2010) found that coworker-rated (judged) trait perspective taking was positively associated with coworker-rated communication satisfaction, even when using different coworker sources to rate each variable to account for common method bias. However, *self-reported* trait perspective taking was not significantly associated with coworker-rated communication satisfaction, and self-report and coworker-reported perspective taking were not significantly associated with each other. Interestingly, when self-rated perspective taking *exceeded* coworker-rated perspective taking, communication satisfaction was lower. These results provide evidence that self-report measures of perceived empathy may be biased, and bring up the interesting possibility that discrepancies between observers and interaction partners in empathy judgments may be an important predictor of interpersonal outcomes. It is possible that such discrepancies between observer and judged empathy may be reduced when observer empathy is assessed using convergence-based methods that, in our view, better reflect the construct of empathy than self-reported perceived empathy.

A few studies examined how the experience of *being empathized with* affects interpersonal outcomes and employee well-being. Using an experience sampling study, Daniels et al. (2014) found that employees who felt that others understood their feelings and

point of view (i.e., judged cognitive empathy) reported higher levels of relationship quality with coworkers, higher levels of positive affect, and lower levels of negative affect later that day. In contrast, Scott et al. (2010) concluded that managers' trait empathy was not directly related to employees' average levels of positive and negative affect. However, manager trait empathy moderated the daily association between employees' goal progress and employees' positive affect, such that the positive association was stronger when managers were higher in trait empathy. Unfortunately, this study used a measure of sympathy to assess empathy, limiting the extent to which findings can be compared across these two studies.

Recommendations to enhance our understanding of empathy's association with outcomes of interest to organizations and employees.

Ultimately, the methodological and conceptual problems discussed earlier pose a substantial threat to the validity of our findings and undermine the conclusions we are able to make about how empathy relates to important outcomes of interest to organizations. Implementing the recommendations outlined earlier, including using construct-valid measures of the multiple dimensions of empathy and using stronger research designs, is necessary to overcome these challenges. In addition to these more general methodological recommendations, we also have several unique recommendations for advancing research on how empathy relates to important outcomes.

In terms of the association between empathy and outcomes, we believe that researchers need to consider the situation to a much greater extent than is reflected in the current literature. As outlined in trait activation theory (Tett & Burnett, 2003), the association between traits and job performance depends on the extent to which situations activate the trait. Extending this model to empathy, we might expect trait empathy to be relevant to important outcomes to the extent that employees are *exposed to empathy-relevant situations* (Davis, 1996). Specifically, we might expect trait empathy to be more strongly associated

with outcomes when jobs, contexts, and tasks involve exposure to targets experiencing

changes in their emotional expressions or personal situations (Wondra & Ellsworth, 2015).

For example, empathy may be particularly important for performance in challenging contexts

(e.g., providing negative feedback during a performance appraisal) or in jobs involving

encountering others in emotionally-charged situations (e.g., police officer, social workers,

healthcare practitioners). We also encourage researchers to consider how different features of

empathy-relevant situations (e.g., valence, novelty) may interact with the different

dimensions of empathy to predict outcomes. For example, a grief counselor who is high in

trait affective empathy may experience poor job performance at the beginning of his or her

career; however, as the counselor is exposed to additional grieving clients over time, and as

his or her clients begin to recover from their losses, the negative effects of trait affective

empathy on job performance may diminish. Recent theoretical work by König and colleagues

(2018) also suggests that empathy may have curvilinear associations with outcomes; future

research should consider this possibility, particularly when investigating interactive effects

(Edwards, 2009). These suggestions mirror calls for greater attention to context in the

emotional intelligence literature (Jordan, Dasborough, Daus, & Ashkanasy, 2010). As in the

EI literature, the literature on empathy is strengthened by identifying situations in which *lack*

of empathy is associated with better outcomes, in which different dimensions of empathy are

differentially associated with outcomes, and in which associations between empathy and

outcomes may be curvilinear (Jordan et al., 2010).

In addition to considering the role of the situation, we encourage researchers

interested in the association between empathy and outcomes to carefully consider the

intended practical implications of their research when deciding to study empathy as a trait or

a state. If researchers are interested in identifying additional traits that predict important

outcomes (e.g., job performance) in order to guide selection decisions, trait empathy

measures should be included alongside other robust predictors of these outcomes, such as personality (Barrick & Mount, 1991; Tett, Jackson, & Rothstein, 1991), core self-evaluations (Judge & Bono, 2001), and general mental ability (Schmidt & Hunter, 2004). It remains to be seen whether empathy can improve prediction of outcomes in specific occupational contexts above and beyond these existing widely-used measures. Alternatively, some research suggests that empathy may interact with other traits such as personality when predicting outcomes such as performance (e.g., Taylor et al., 2010). However, if trait empathy does not incrementally add to prediction of outcomes, we do not see adequate justification for continuing this line of research. If, on the other hand, researchers are interested in empathy as a mechanism for improving employee outcomes in particular situations, interventions manipulating state empathy are relevant and necessary. Certainly there are other practical and theoretical aims of studying empathy beyond changing selection practices or designing interventions. Our point is that researchers should be mindful of what they aim for empathy research to achieve, and that these aims should guide methodological choices.

We also see an opportunity for organizational researchers to contribute meaningfully to theory on empathy by elucidating the mechanisms through which state and/or trait empathy relate to outcomes. Although the broader empathy literature distinguishes the different dimensions and levels of empathy and between observer and judged empathy, there is little guidance on how and why empathy may relate to outcomes of interest to organizations. Signaling theory (Spence, 1973) may provide a useful theoretical framework for understanding how behavioral and/or judged empathy may predict outcomes of interest. For example, displaying empathic communication may be a key signal to interaction partners that observers are focused on their partners' well-being rather than on themselves, which may facilitate improved interpersonal outcomes. Signaling theory may also be useful for explaining the observed lack of agreement in empathy ratings between observers and

interaction partners (e.g., Park & Raile, 2010) and among different interaction partners (e.g., Silvester et al., 2007). In addressing mediating mechanisms between empathy and outcomes, we encourage researchers to use appropriate research designs (i.e., experimental and/or longitudinal designs). In our view, cross-sectional mediation models involving trait empathy measured alongside other traits (e.g., sympathy) provide inadequate evidence of the mechanisms through which empathy relates to outcomes of interest.

Can empathy be changed, and if so, how?

The second fundamental question centers on the question of whether empathy can be modified or changed, and if so, how. This is an important question because if empathy is found to positively (or negatively) impact important organizational outcomes, interventions can be implemented to modify empathic tendencies or empathic states.

To answer the question of whether empathy can be changed, experimental studies are needed. Unfortunately, only two studies included in our review purported to manipulate empathy using an experimental design. Bagozzi et al. (2013) manipulated affective empathy by displaying video clips of faces displaying positive and negative facial expressions; this manipulation resulted in activation of neural structures (assessed via fMRI) that were not activated in a control condition that displayed moving geometric shapes. Although activation in some regions (i.e., the left and right insula) occurred to a greater extent in the experimental condition than the control condition, Bagozzi et al. (2013) also found that additional brain regions were activated when videos of negative emotions displayed that were not activated when videos of positive emotions were displayed. These findings suggest that the neural pathways underlying affective empathy for positive versus negative emotions may differ. Additionally, although this manipulation resulted in unique patterns of neural activation, it is unclear the extent to which displaying video clips resulted in changes to participants' *affective states*; in other words, activation of neural structures in response to emotional

stimuli does not necessarily indicate that subjects are subjectively experiencing congruent affective states. These structures are implicated in a variety of processes in addition to empathy (e.g., interoception; Menon & Uddin, 2010); as a result, we do not believe subjective affective experience can currently be inferred from fMRI activation patterns alone. For this reason, we believe it is critically important to triangulate findings from fMRI or physiological assessments with convergence-based subjective measures of affective states whenever possible. In addition, we believe that research designs that directly assess convergence in neural or physiological activation patterns (e.g., Marci et al., 2007; Singer et al., 2004) provide much stronger evidence of state empathy than studies that assess the responses of a single source.

Patient and Skarlicki (2010) experimentally manipulated both cognitive and affective empathy by instructing participants to take a confederate's perspective and to "feel the full impact of what the other person is going through" (p. 566). Interestingly, participants in the empathic condition were rated by observers as displaying more interpersonal and informational justice in their interactions with the confederate than participants in a no-instruction control condition. However, because both cognitive and affective empathy were targeted by the manipulation, it is unclear whether this finding was driven by state cognitive, state affective, a combination of state cognitive and state affective empathy, or mediated through behavioral empathy.

A few studies in our review used manipulations of what we would consider empathy, but did not describe these as manipulations of empathy in the articles. Lindsey et al. (2015) randomly assigned freshman students to one of three diversity training methods: perspective-taking, goal-setting, or stereotype-discrediting. As noted above, perspective-taking is one prevalent method of inducing cognitive empathy. In the perspective-taking condition, students were asked to write a short narrative about the experience of a member of

marginalized group. Those in the perspective-taking condition had less prejudiced attitudes towards lesbians and gays and displayed more LGB-supportive behavior eight months later than those in the stereotype-discrediting condition. These effects were mediated by improvements in motivation to respond without prejudice. However, the perspective taking condition did not reduce prejudice or supportive behavior towards African Americans. These results suggest that inducing cognitive empathy can be effective for reducing prejudice and discrimination, although the effects may vary depending on the target. Moreover, Lindsey et al. (2015) found that trait empathy moderated the effects of condition on prejudice and supportive behavior toward LGB individuals and African Americans, such that a positive association only occurred when trait empathy was lower. Unfortunately, these conclusions are limited by the use of a contaminated measure of trait empathy (i.e., the IPIP empathy scale), and the lack of inclusion of a manipulation check to ensure that the perspective taking condition indeed increased perspective taking.

Bagozzi et al. (2013) also used an experimental design to manipulate theory of mind—defined as "the ability to read the desires, intentions, and beliefs of other people" (Frith & Frith, 2008, p.504, as cited in Bagozzi et al., 2013). We and others consider the concept to be synonymous with cognitive empathy (Shamay-Tsoory et al., 2009; Smith, 2006), as it involves understanding another others' internal states. To manipulate theory of mind, Bagozzi et al. (2013) presented participants with stories involving professional interactions between an employee and a customer, and asked participants to answer questions about why the employee engaged in particular behavior as described in the story. Those in this condition exhibited greater activation of brain regions associated with cognitive empathy (i.e., temporo-parietal junction, medial prefrontal cortex, and prenucleus) than those in the control condition (in which participants answered factual questions about the story).

Recommendations to enhance our understanding of whether empathy can be

changed.

Although the studies described above show initial evidence that empathy can be effectively changed using experimental manipulation in organizational research, improvements in research design are needed to move research in this area forward. First, it is critical that researchers follow and report basic features of experimental design, including the use of construct-valid manipulations and manipulation checks, blinding, and inclusion of appropriate control groups. We are concerned that several of these key features were missing from the articles we reviewed. Second, longitudinal experimental research is needed to provide guidance on how long the effects of empathy training may last, and what the appropriate "dose" of empathy is. Lindsey et al. (2015) found initial evidence that the effects of empathy training can be lasting, particularly for those who are lower in trait empathy. However, research from outside organizational behavior suggests that empathy may decline over time as employees are repeatedly exposed to empathy-relevant situations (e.g., Cheng et al., 2017).

Aside from improvements in methodological rigor, we encourage researchers to use a multidimensional approach to better understand how the dimensions of empathy can be changed and the outcomes of these changes. Experimental (e.g., Zaki et al., 2008) and theoretical (e.g., Davis, 1996) work on empathy suggests that exposure to an empathy-relevant situation is a proximal predictor of state empathy. Specifically, theory suggests that empathy-relevant situations involve changes in a target's emotional expression (e.g., target starts to cry) or personal situation (e.g., hearing that the target has been fired; Wondra & Ellsworth, 2015). This work implies that changing employees' exposure to empathy-relevant situations may be one way for organizations to activate employees' empathic responses. For example, jobs can be designed in such a way as to increase contact with beneficiaries (Grant, 2007), thereby increasing the likelihood of exposure to empathy-relevant situations (e.g.,

emotional expression), which in turn may facilitate empathy (Daniels et al., 2014; Kellett et al., 2006). Research is needed to determine how exposure to various empathy-relevant situations may differentially affect the three dimensions of empathy.

A multilevel approach is also needed to understand the conditions under which empathy can be changed. Consistent with trait activation theory (Tett & Burnett, 2003), prior research has found that the extent to which empathy-relevant situations are associated with empathic reactions to those situations depends on the observer's level of trait empathy. For example, research has found that exposing participants to photos of happy and angry faces produces congruent facial expressions in subjects with high trait affective empathy, but not low trait affective empathy (Dimberg & Thunberg, 2012; see also Sonnby-Borgström, 2002; Westbury & Neumann, 2008). These findings underscore the need for a multilevel approach when examining how and under what conditions empathy can be changed, and are consistent with recent theory outlining how trait empathy may interact with state empathy when predicting outcomes (Cropanzano et al., 2017). In addition, experimental studies are needed to test the extent to which the effects of observer empathy on outcomes are mediated by judged empathy, to elucidate the boundary conditions that can account for discrepancies between observer and judged empathy, and to understand the role of trait empathy in these associations.

Although we greatly encourage additional well-designed experimental research on empathy in organizations, we also encourage researchers to evaluate the costs and benefits of engineering employees' emotional states. Under certain conditions, inducing empathy may be less beneficial than inducing other affective states, or may even be harmful. For example, neuroscience research has also shown that feeling pain with others (affective empathy) activates the same regions involved in the experience of firsthand pain. However, a compassionate reaction does not replicate the painful state itself, but rather produces feelings

of concern and warmth as well as a motivation to help the sufferer (de Vignemont & Singer 2006; Klimecki, Ricard, & Singer, 2013, Singer & Lamm 2009). This research suggests that, in some circumstances, it may be more beneficial to instruct individuals to attain compassionate affective states rather than to encourage affective empathy. Moreover, inducing one dimension of empathy may have negative effects on positive outcomes if other dimensions of empathy are not also induced. For example, behavioral empathy in the absence of cognitive empathy may be experienced as disingenuous by interaction partners, and may contribute to negative outcomes. Thus, researchers and practitioners should not assume that empathy is universally beneficial; additional research is needed to determine the potential costs and benefits of inducing different dimensions of empathy before organizations implement such initiatives.

Conclusion

To our fellow empathy scholars, we feel your pain. Empathy has been defined and measured in a multitude of ways, making it difficult for scholars to reach consensus about what empathy is and is not. This lack of consensus has severely limited our ability to accumulate knowledge around how and why this construct is associated with organizational behavior. However, our review of the broader empathy research base suggests emerging consensus that empathy is a multidimensional construct with state and trait components. Our critical review of empathy research in organizational behavior demonstrates that is it essential for organizational researchers use greater precision when conceptualizing and measuring empathy. These advancements are needed for our field to better align with the broader empathy literature and to advance the science of empathy.

Though our review highlights that our field has substantial room for improvement in terms of how empathy is conceptualized, measured, and studied, we also believe organizational research is well-positioned to contribute to the broader empathy literature by

developing more valid measurements of empathy and deploying novel and rigorous methods

(e.g., experimental, observational, and longitudinal designs; convergence-based approaches).

By overcoming the critical issues in empathy research identified in our review using the

stated recommendations, we believe our field will be able to meaningfully evaluate the extent

to which empathy is associated with important outcomes of interest to organizations and

employees. Ultimately, we hope that organizational research will be able to provide practical

recommendations on whether and how empathy can be fostered in organizational settings.

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Footnotes

[1]We also included *Journal of Occupational and Organizational Psychology, The Leadership Quarterly,* and *Journal of Business and Psychology* based on their rising impact factors over the past decade.

Table 1

Summary of Studies Included in Review

Authors	Definition	Measure of Empathy	Sample, Design, and Analyses
Bagozzi, Verbeke, Dietvorst, Belschat, van den Berg, and Rietdijk (2013)	"….empathy consists of three components: (1) an emotional reaction that might include a sharing of the other's feelings **[state, affective]**, (2) a cognitive capacity to take the perspective of the other **[trait, cognitive]**, and (3) a monitoring mechanism that registers the source of the experienced affect in a way differentiating self from other **[state, other]**…" (p. 1770)	**Study 2:** Emotional state exposure **[state, affective, experimental]** [†] Activation of mirror neuron system as shown on fMRI **[state, affective, observational]**	**Study 2:** *Sample:* Boundary spanners from a variety of firms who were attending a management training institute associated with a university *Design:* Within-subjects experimental
Daniels, Glover, and Mellor (2014)	"Empathy occurs when another recognizes the expressor's affective state and identifies with the expressor's perspective on the reasons for that affective state…" (p. 787) **[state, cognitive]**	2-item measure of perceived empathy **[state, cognitive (judged), self-report]**	*Sample:* Managers and administrators at a call center for a government agency *Design:* Within-subjects repeated measures (experience sampling)
DeCelles, DeVoe, Rafaeli, and Agasi (2018)	"Defined as an affective state that reflects understanding of a congruent emotional state in another (target) person (Eisenberg & Miller, 1987), empathy is a blend of other-focused emotions that foster connection (including, for example, discrete feelings of sympathy and compassion toward others experiencing distress..." (p.5) **[state, cognitive/affective/sympathy]**	**Study 3b:** 3-item adjective checklist measure **[state, other/sympathy, self-report]**	**Study 3b:** *Sample:* Customer service workers recruited from Prolific Academic survey platform *Design*: Between-subjects experimental
Detert, Treviño, and Sweitzer (2008)	"Empathy is an individual difference that describes the degree to which an individual notices and is concerned about the needs or concerns of others…" (p. 376) **[trait, cognitive/ sympathy]**	10-item International Personality Item Pool Empathy subscale **[trait, other/cognitive/affective/sympathy, self-report]**	*Sample:* Undergraduate students *Design:* Multiwave cross-sectional survey
Firth-Cozens (1992)	None provided	Questionnaire Measure of Emotional Empathy (Mehrabian & Epstein, 1972) **[trait, other/affective/sympathy/behavioral, self-report]**	*Sample:* Junior doctors *Design:* Multiwave cross-sectional survey
Fox and Spector (2000)	"The term 'empathy' has been used to refer to two distinct phenomena, cognitive empathy (role taking) and affective reactivity (Davis, 1996). Cognitive role taking is when one person attempts to understand another by imagining the other's perspective. It is the ability to understand the other person's psychological point of view, including her/his likely reaction to one's own behavior **[state/trait, cognitive]**...Affective reactivity, on the other hand, refers to emotional outcomes experienced by the observer in response to (usually distressed) emotional displays by another person **[state, sympathy/other]**" (p. 205)	3 Subscales of the IRI were used to measure empathy: 1) Davis (1996) perspective taking subscale of IRI **[trait, cognitive, self-report]** 2) Davis (1996) empathic concern subscale of IRI **[trait, sympathy/other, self-report]** 3) Davis (1996) personal distress subscale of IRI **[trait, other, self-report]**	*Sample:* Undergraduate students *Design:* Cross-sectional survey/Observational

Hershcovis and Bhatnagar (2017)	"...empathy, an other-focused emotion produced when people perceive that others are suffering (Batson, Fultz, & Schoenrade, 1987)" (p. 1529) **[state, sympathy]** "…empathy is a deontic emotion focused on the well-being of the target." (p. 1539) **[state, sympathy]**	**Studies 2 and 3:** 5 items adapted from Batson et al. (1988) **[state, sympathy/other, self-report]**	**Studies 2 and 3:** *Sample:* Mechanical Turk workers *Design:* Between-subjects experimental
Ho and Gupta (2012)	"[Perspective taking is]... a cognitive, intellectual form [of empathy] reflecting the cognitive act of adopting the perspective of another and understanding or recognizing that person's thoughts and perspectives" (p. 436) **[state, cognitive]** "Another form of empathy that researchers have considered is affective in nature, specifically the feelings and emotions (e.g., concern, compassion) that an individual experiences as a result of another's emotional state or condition, and this has been termed empathic concern, sympathy, and empathic emotion…" (p. 436) **[state, sympathy]** "…a third form of empathy exists in the form of emotions that match or are similar to those of another person…" (p. 436) **[state, affective]**	**Studies 1 and 2:** Perspective taking toward guests **[trait, cognitive, self-report]** and empathic concern towards guests **[trait, sympathy/cognitive]** modified from Axtell et al., 2007)	**Study 1:** *Sample:* Customer-contact employees at a luxury hotel in Singapore *Design:* Cross-sectional survey **Study 2:** *Sample:* Customer-contact employees at two luxury hotel chains in Singapore *Design:* Multisource cross-sectional survey
Joireman, Kamdar, Daniels, and Duell (2006)	"Dispositional empathy reflects the extent to which an individual can take another person's perspective (perspective taking) and has warm, tender feelings of concern for another's wellbeing (empathic concern; Davis, 1983)." (p. 1310) **[trait, cognitive/sympathy]**	**Studies 2 and 3:** Davis (1983) perspective taking and empathic concern subscales (averaged together) **[trait, cognitive/sympathy/other, self-report]**	**Study 2:** *Sample:* Engineers from an oil refinery in a large multinational conglomerate *Design:* Between-subjects experimental **Study 3:** *Sample:* Engineers from an oil refinery in a large multinational conglomerate and their supervisors *Design:* Multisource cross-sectional survey
Kamdar, McAllister, and Turban (2006)	"…the psychological construct of empathy captures at least two distinguishable but related phenomena—perspective taking as the tendency to be aware of and adopt the perspective of the other (cognitive empathy) **[trait, cognitive]** and empathic concern as the tendency to respond emotionally to the fortunes and misfortunes of others (affective empathy…) **[trait, affective]**" (p. 843)	Davis (1983) perspective taking subscale **[trait, cognitive, self-report]** Davis (1983) empathic concern subscale of IRI **[trait, sympathy/other, self-report]**	*Sample:* Engineers and their immediate supervisors from an oil refinery *Design:* Multisource cross-sectional survey
Kellett, Humphrey, and Sleeth (2002)	"Salovey and Mayer (1990, p. 194)…define empathy as ''the ability to comprehend another's feelings and to re-experience them oneself'" (p. 524) **[trait, cognitive/affective]**	7-item empathy measure from the Emotional Competence Inventory **[trait, cognitive(judged)/behavioral(judged)/other, other-report]**[†]	*Sample:* Graduate and undergraduate organizational behavior students *Design:* Multisource cross-sectional survey

Kellett, Humphrey, and Sleeth (2006)	"Empathy, defined as "the ability to comprehend another's feelings and to re-experience them oneself" (Salovey & Mayer, 1990, pp.194-195)…" (p. 147) **[trait, cognitive/affective]**	5 items measuring interactive empathy **[trait, affective(judged)/behavioral(judged)/other, other-report]**	*Sample:* Graduate and undergraduate organizational behavior students *Design:* Multisource cross-sectional survey
Lindsey, King, Hebl, and Levine (2015)	"Empathy is a dispositional construct that captures the capacity to understand others' emotions and experiences." (p. 609) **[trait, cognitive]**	10-item International Personality Item Pool Empathy subscale **[trait, other/cognitive/affective/sympathy, self-report]**	*Sample:* Incoming freshman at a Southern University *Design:* Between-subjects experimental
Longmire and Harrison (2018)	"Empathic concern (or simply, "empathy") is an emotional response to another's hardship (Davis, 1980)" (p.894) **[state, sympathy]**	Various	*Sample:* Various *Design*: Meta-analysis
McNeely and Meglino (1994)	"Empathy, one's sensitivity to the emotional experiences of another…" (p. 837) **[trait, other]**	Davis (1980) empathic concern subscale **[trait, sympathy/other, self-report]**	*Sample:* Female departmental and administrative secretaries at a U.S. university *Design:* Multisource cross-sectional survey
Meinecke and Kauffeld (2018)	"We define leader empathy as a leaders' ability to accurately recognize and understand the emotional reactions and feelings of their followers (see Mahsud et al., 2010). This understanding, in turn, helps leaders to respond appropriately to the needs of their followers and to craft an appropriate (emotional) response." (p. 3) **[trait/state, cognitive/behavioral]**	Language style matching using the Linguistic Inquiry and Word Count (LIWC) program (Pennebaker, Francis, & Booth, 2001) **[state, behavioral, text analysis]** 6 items measuring from a modified Assessment of Empathic Communication in Medical Interviews (REM; Nicolai et al., 2007), as rated by assessors **[state, cognitive/behavioral/other (judged), other-report]**	*Sample:* Audiotaped supervisor/employee dyadic appraisal interviews *Design:* Multisource, multi-method (observational, survey, text analysis)
Molinsky, Grant, and Margolis (2012)	"…empathy, a state of emotional concern for another person in need, distress, or suffering…" (p. 28) **[state, sympathy]**	Batson's (1987) empathic concern scale **[state, sympathy/other, self-report]**	**Study 1**: *Sample:* Working professional managers *Design:* Between-subjects experimental **Studies 2 and 3**: *Sample*: Undergraduate students *Design*: Between-subjects experimental
Morand (2001)	"Mehrabian and Epstein (1972) define empathy as the ability to take the role of another, to be able to understand another's feelings, and to become actively involved in expressed emotions of others." (p. 25) **[trait, affective/cognitive]**	Questionnaire Measure of Emotional Empathy (Mehrabian & Epstein, 1972) **[trait, other/affective/sympathy/behavioral, self-report]**	*Sample:* MBA students employed full-time *Design:* Cross-sectional survey/lab task (nonexperimental)

Park and Raile (2010)	"Empathy has been conceptualized and empirically examined as a multidimensional construct (e.g., Dillard & Hunter, 1989; Stiff et al., 1988), and perspective taking has been viewed consistently as a key dimension of empathy…Perspective taking is typically defined as the tendency of an individual to adopt the viewpoint of another..." (p.570) **[trait, cognitive]**	Davis (1983) perspective-taking subscale **[trait, cognitive, self-report]** Davis (1983) perspective-taking subscale **[trait, cognitive(judged), other-report]**	*Sample:* Kindergarten teachers in Korea *Design:* Multisource cross-sectional survey
Parker and Axtell (2001)	"Empathy with suppliers refers to the extent to which employees empathize with a supplier, in ways such as being concerned and understanding about their problems or experiencing pleasure in their achievements" (p.1091) **[state, sympathy/cognitive/affective]**	Empathy with suppliers **[trait, other/cognitive/sympathy, self-report]** Positive attributions **[trait, other, self-report]**	*Sample:* Front-line production employees at a United Kingdom glass manufacturing company *Design:* Multisource cross-sectional survey
Patient and Skarlicki (2010)	"Cognitive empathy refers to being able to recognize and predict the feelings of others (Davis, 1994) **[trait, cognitive]**. Affective empathy, which is the focus of our research, involves the ability to recognize emotional reactions to the suffering of another person. An important component of affective empathy is one's empathic concern for others (Davis, 1980). Empathic concern is other-oriented and involves feelings of warmth, concern, and compassion for a person in distress…**[trait, sympathy]**" (p. 558)	**Study 1**: Davis (1980) empathic concern subscale **[trait, sympathy/other, self-report]** **Study 2**: Experimenter verbally stated: "Put yourself in the other person's shoes. Try to imagine how they think and feel about the feedback. Try to feel the full impact of what the other person is going through." **[state, cognitive/affective, experimental]** Manipulation check: 4-items **[state, cognitive/affective/sympathy, self-report]**	**Study 1:** *Sample:* Managers from a broad range of industries *Design:* Between-subjects experimental **Study 2:** *Sample:* Undergraduate students from Canada *Design:* Between-subjects experimental
Ployhart and Hakel (1998)	Not provided	6 items that asked how empathetic the individual believed others perceived the person to be **[trait, unknown, self-report]**	*Sample:* National securities brokerage firm employees *Design:* Multisource longitudinal archival dataset/survey
Riggio and Taylor (2000)	"…Davis' (1983) multidimensional conception of empathy, indicates that there are at least three distinct types of empathy: Perspective-Taking—the ability to cognitive identify with another and see his or her perspective **[trait, cognitive]**; Empathic Concern—an understanding of and concern for the feelings of others **[trait, sympathy]**; and Personal Distress—empathy associated with vicariously experiencing another's emotional state **[trait, affective/other]**" (p. 353)	Davis (1980) perspective taking subscale of IRI **[trait, cognitive, self-report]** Davis (1980) empathic concern subscale of IRI **[trait, sympathy/other, self-report]** Davis (1980) personal distress subscale of IRI **[trait, other, self-report]**	*Sample:* Nurses in hospice organization *Design:* Multisource cross-sectional survey

Scott, Colquitt, Paddock, and Judge (2010)	Empathy reflects the capacity to place oneself in the "emotional shoes" of another person **[trait, cognitive]**…Empathic individuals are not only adept at gauging the emotions of others, but they also tend to share in those emotions, experiencing them vicariously **[trait, affective]**. Thus, empathy involves both a cognitive (i.e., understanding or comprehending another's state) **[state, cognitive]** and an affective (i.e., sharing another's state) component **[state, affective]**" (p. 127) "The literature on empathy has distinguished between two types of vicarious responses that individuals may experience towards others: empathy concern and personal distress…Empathic concern encompasses traditional notions of empathy and consists of positive response towards others such as concern, warmth, and compassion **[state, sympathy]**, whereas personal distress is a negative orientation consisting of responses towards others such as alarm, worry, and being upset **[state, other]**." (p. 131)	Batson (1987) empathic concern subscale **[trait, sympathy/other, self-report]** Batson (1987) personal distress subscale **[trait, other, self-report]**	*Sample:* Information-technology employees at large medical facility in the U.S. *Design:* Within-subjects repeated measures (experience sampling)
Settoon and Mossholder (2002)	"Perspective taking is the cognitive act of adopting the perspective of another..." (p. 257) **[state, cognitive]** "Empathic concern represents the emotional experience of compassion and feeling for another in need…" (p. 258) **[state, sympathy]**	Davis (1994) perspective taking subscale **[trait, cognitive, self-report]** Davis (1994) empathic concern subscale **[trait, sympathy/other, self-report]**	*Sample:* Employees at state university and state regional medical center *Design:* Multisource cross-sectional survey
Silvester, Patterson, Koczwara, and Ferguson (2007)	"[Empathy] is most often conceptualized in one of two ways: (a) as a heightened sensitivity to another's emotional state that results in a shared emotional response and feelings of sympathy **[state, other/affective/sympathy]**, or (b) as the ability to decode a target person's thoughts and feelings and respond accordingly **[trait, cognitive.]**…" (p. 519) "[Judged empathy is] an observer's judgement of another person's empathy based on their demonstrated behavior…" **[state, behavioral(judged)]** (p. 519) "...empathy was defined as "a capacity and motivation to take in patient/colleague perspective, and sense associated feelings—the ability to generate a safe/understanding atmosphere" (p. 521) **[trait, cognitive/affective/behavioral]**	3 items rated by patients **[state, cognitive (judged), other-report]** 1 item rated by assessor **[trait, cognitive/affective/behavioral (judged), other-report]**	*Sample:* Physicians in the UK *Design:* Multisource cross-sectional survey/Multisource observational
Taylor and Bergmann (1987)	None provided	3 items rated by recruiter **[state, cognitive, self-report]** 10 items rated by applicants **[state, other (judged), other-report]**	*Sample:* Job applicants and recruiters *Design:* Multisource multiwave cross-sectional survey

Taylor, Kluemper, and Mossholder (2010)	"The term 'empathy' has been used in the literature to refer to the identification with or vicarious experience of others' thoughts and feelings" (p. 817) **[state, affective/cognitive]** "...empathy describes the tendency to respond emotionally to the perceived welfare of others" (p. 817) **[trait, sympathy]**	Davis (1980) empathic concern subscale **[trait, sympathy/other, self-report]**	*Sample:* Entry-level counselors at large non-profit in the U.S. *Design:* Multisource cross-sectional survey
Waung and Highhouse (1997)	None provided	One item assessing self-reported experienced empathy **[state, unclear, self-report]** Davis (1983) empathic concern subscale **[trait, sympathy/other, self-report]**	*Sample:* Undergraduate students *Design:* Experimental design
Wolff, Pescosolido, and Druskat (2002)	"...a critical component of emotional intelligence labeled empathy…Empathy is defined as actively seeking to identify with another's emotions so that one experiences oneself to be similar to or nearly identical with the other person (Sally, 2000." (p. 510) **[trait/state, affective]** "…the cognitive skill of perspective taking…Perspective taking is defined as analyzing, discerning, and considering the merits of another's point of view…in a sense stepping into another's shoes to analyze and understand the situation from his or her perspective." (p. 509) **[trait/state, cognitive]** "The intent [of empathy] is to understand others" (p. 513) **[trait, cognitive]** "The intent [of perspective taking] is to perceive another person's beliefs, emotions, and perspectives, particularly when they are different from the observer's own beliefs, emotions, and perspectives" (p. 513) **[trait, cognitive]**	Critical incident interviews coded for managerial competencies adapted from Boyatzis (1995): perspective taking **[trait, cognitive, coding of archival interviews]** and empathy **[trait, cognitive/behavioral/other, coding of archival interviews]**	*Sample:* MBA students *Design:* Multisource observational

Note: Terms in brackets represent our coding of whether the construct definition and measure utilized reflects 1) trait or state influences, and 2) cognitive, affective, behavioral, or judged dimension(s) of empathy. All specific measures and citations of empathy definitions referenced in this table were not included in our reference page; readers are to consult the specific studies for a full citation to these measures.