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The measurement of empathic skill levels in community college nursing students

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nursing students**

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San Jose State University, 1991

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THE MEASUREMENT OF
EMPATHIC SKILL LEVELS IN
COMMUNITY COLLEGE NURSING STUDENTS

A Thesis

Presented to

The Faculty of the Department of Nursing
San Jose State University

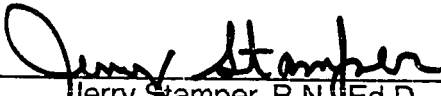
In Partial Fulfillment
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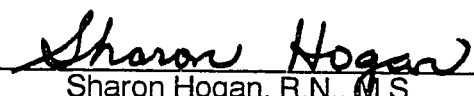
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ABSTRACT

THE MEASUREMENT OF EMPATHIC SKILL LEVELS IN COMMUNITY COLLEGE NURSING STUDENTS

by Margaret Laurence-Becker

This descriptive study looked at the relationship between the semester status in a nursing program at a community college and the student nurses' empathic skills. The sample consisted of 72 of the 78 nursing students who were enrolled at the college during the week of January 28, 1991.

Data were collected using the La Monica Empathy Profile and a questionnaire regarding the demographics of the group. Data were analyzed using multivariate and univariate analysis of variance.

Although the literature has supported the argument that empathic skills do increase according to semester status, no significant differences were found in this study. Based on the findings, recommendations are made for further studies that would test empathic skills of student nurses in other programs and locations. In addition, the effectiveness of specific teaching methods for empathic skills should be researched.

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My thanks to every teacher I've ever had,
and every student I've ever known,
to my family and friends
who encouraged me,
my children
who endured me,
my husband
who sustained me,
and my readers who tamed me.

TABLE OF CONTENTS

LIST OF TABLES.....	page vii
Chapter	
1. INTRODUCTION.....	1
Statement of the Problem.....	2
Research Questions.....	3
Purpose and Need.....	4
Definition of Terms.....	4
Research Design.....	6
Scope and Limitations.....	8
2. CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE.....	9
Conceptual Framework.....	9
Literature Review.....	12
Summary.....	15
3. METHODOLOGY.....	16
Research Design.....	16
Data Collection Instrument.....	17
Analysis of the Data	18
4. ANALYSIS AND INTERPRETATION OF DATA.....	19
Description of the Sample.....	19
Analysis of Demographic Data.....	20
Analysis of LEP Data.....	22
5. CONCLUSIONS AND RECOMMENDATIONS.....	24

Conclusions.....	24
Recommendations.....	26
REFERENCES.....	28
APPENDIXES	
A. Site Approval.....	33
B. Permission to Conduct Study.....	35
C. La Monica Empathy Profile.....	37
D. Questionnaire.....	43
E. Informed Consent.....	45

LIST OF TABLES

Table	Page
1. Summary of Demographic Data.....	21
2. Students' Mean Scores on the La Monica Empathy Profile.....	22

Chapter 1

INTRODUCTION

There are many reasons why men and women choose the nursing profession. A desire to help others is certainly a primary reason. Attitudes of caring, respect, and warmth must be communicated in order to be of help to others. Being empathic is the ability to share genuine feelings of care and concern. Empathy has been found to be the most important aspect of the entire helping process (Kalisch, 1971; Triplett, 1969; Zderad, 1969).

Advantages to high empathic skills include: (a) allowing the nurse to recognize the unstated patient needs, (b) assisting the patient to deal with feelings of loneliness and isolation, (c) facilitating the patient's self-worth (Kalisch, 1971), (d) giving the patient the experience of being cared about (Triplett, 1969), and (e) enabling the nurse to enter the world of the patient (Zderad, 1969). All nurses need to be able to express appropriate levels of empathy.

It may be argued that men and women who choose the nursing profession are attracted to it because they already possess well developed empathy. However, recent research suggests that empathic behavior is separate from what is being called empathic disposition, and that empathic behavior can be learned or improved upon. Even if a certain level of empathic skill is already attained, students can be taught to broaden and deepen their abilities (Reynolds & Presly, 1987).

If the responsibility of educators is to prepare their students to function in the role of nurse upon graduation, they need to know whether or not the

students' empathic skills are being addressed. An element that is this essential to the practice of nursing cannot be left to assumption.

Statement of the Problem

Empathy has long been recognized as essential to developing a therapeutic relationship with patients. Empathy is an integral part of the helping relationship. Empathy consists of feelings and involves the inner understanding of the experience of another. While it is true that skill and talent are essential in the professional use of empathy, it is also true that empathic knowledge must be checked and evaluated whenever possible.

According to Katz (1963), a simple way to explain the origin of the empathic skill is to realize that people are born to understand. Part of the biological heritage of the human being is the capacity to visualize and to apprehend the experiences of other members of the species. This capacity, while part of human nature, can be enhanced and refined with training.

Nurses claim to be professional helpers whose relationships with patients are characterized by humanism and caring. Rogers (1961) emphasized that empathy, as part of humanism, is essential to developing the relationship in which the emotional, mental, spiritual, and physical health of patients is promoted. As professional helpers, nurses require many specialized skills. The importance of developing empathy skills among nursing students was noted by Friesner (1974) who concluded that empathic interaction is one of the most important skills for professional nurses involved in helping relationships with clients.

Empathy is a behavioral skill that people use to show others that they understand their situation, they have their best interest at heart, and they

care. The only way others know what is in another's head is through their behavior, by showing what they feel. Empathy is a skill that can be developed in order to increase the accuracy with which people use words and gestures to share what they feel and think. According to LaMonica (1983), "empathy involves three steps: (1) The person wishing to be of help must accurately perceive another's world; (2) this understanding must be communicated back to the person being helped; and (3) the person receiving assistance must perceive that the helper has understood" (p. 2).

Research Questions

Based on the problem statement, the following research questions were asked:

1. What is the overall empathic skill level of student nurses in each of the four semesters of a nursing program at a community college?
2. What is the empathic skill level on each of five subscales of the La Monica Empathy Profile of student nurses in each of the four semesters of a nursing program at a community college?
3. Is there a statistically significant difference between the mean scores of students in different semesters?
4. Is there a statistically significant difference between the scores on the subscales of individual students in all semesters?
5. Is there a relationship between the student nurses' empathic skill level and their semester status?

Purpose and Need

The purpose of this descriptive study was to determine the empathic skill level of nursing students at a community college in each of the four semesters included in the nursing program.

The need for this study was based on evidence that: (a) empathy is considered a primary skill in therapeutic helping relationships, (b) the practice of nursing requires a therapeutic helping relationship, (c) the value of training to raise empathy scores has been demonstrated, and (d) there are no data to suggest that nursing curricula at this community college provide specific empathy training.

Definition of Terms

The instrument used in this study, the La Monica Empathy Profile (LEP), was created to measure an individual's level of empathy using five subscales: nonverbal behavior; perceiving feelings and listening; responding verbally; respect for others; and openness, honesty, and flexibility. Empathy and the empathy modes are defined as follows (La Monica, 1986a):

1. Empathy is having a central focus and feeling with and in another person's world for the primary purpose of being of help or assistance.
2. Nonverbal behavior is a person's use of body contact and body language to react in a situation and convey messages. This mode is at work when patients of participants perceive understanding, patience, warmth, concern, and comfort--without

words. Nonverbal behavior operates alongside and is woven throughout verbal communications.

3. Perceiving feelings and listening demonstrate the participant's ability and willingness to enter another's world of feelings--to put on another's shoes and understand that world as it is believed to be. Perceiving feelings and listening involve looking at a situation in light of another's goals, strengths and resources, and feeling that world for the sole purpose of knowing how to accurately anticipate needs.

4. Responding verbally shows the ways a participant gives messages of encouragement, support, and understanding. It involves accurate communication of perceived feelings, conveying that another has been heard and understood. The manner and intensity of another is reflected in the participant's responses, and perceptions of understanding are checked for validity.

5. Respect of self and others demonstrates the participant's degree of respect for the individuality of another, and a belief that one always has rationale for feelings and behaviors. Respect is at work when a participant accepts each facet of another, what is said, done, and felt. There is neither a "right" way of behaving nor a "wrong" way of behaving, since the needs of the whole individual are a unique picture.

6. Openness, honesty, and flexibility involve a willingness to share feelings and to respond to situations that occur outside

the norm, in accordance with one's ethical beliefs. Different approaches are used by the participant to encourage another [sic] to be open with their feelings whenever the situation arises. Priorities also may be rearranged according to the immediate needs of another. (pp. 13-14)

Research Design

This study used a descriptive design to determine if significant differences in empathic skill levels exist between nursing students in four different academic semesters in the same program. The independent variable was the semester standing and the dependent variables were the scores of the students in each semester on each of the five sub-scales of the La Monica Empathy Profile. It was assumed that students at the end of the undergraduate nursing program (students in Semester 4) would score better on the La Monica Empathy Profile (LEP) than the students at the start of the program (students in Semester 1).

A multivariate analysis of variance was conducted to determine if the combination of dependent variables was significantly different between the four semesters. The relationship between the levels of empathic skill and the semester in which the student was enrolled (1 through 4), was determined using a one-way analysis of variance. A frequency count was obtained for demographic variables, and data were collapsed for frequency distributions.

Sample and Setting

The subjects for this research were the students in a community college nursing program between the dates of January 21, and January 28, 1991. The college is located in northern California and draws its students

primarily from two cities whose combined population is approximately 210,000. According to the Public Information Department of the college, the majority of students are more than 25 years of age and the ethnic background of the general student population is as follows: (a) 58.9%, Caucasian; (b) 13.7%, Asian; (c) 10.9%, Hispanic; (d) 4.7%, Filipino; (e) 3.8%, African American; (f) 2.4%, Other; and (g) 5.6%, unknown or not answered (Internal Memo, Public Information Department, Fall 1990). At any given time, the nursing program contains students in four different semesters. All students enrolled during that time period were invited to participate. Students absent from that class were excluded. Arrangements were made to administer the LEP and the demographic questionnaire to students during class time after they had been informed of the study design and any known effects related to participation.

Instrument

The primary instrument used to collect data for this study was the La Monica Empathy Profile (LEP) (AppendixC). This instrument was chosen to measure empathic skills because there is sufficient evidence to support its validity and it has proven to be reliable (La Monica, 1987). In 1981, La Monica published research on the Empathy Construct Rating Scale (ECRS) showing discriminant validity of the instrument using Campbell and Fiske's (1959) multitrait-multimethod matrix. The results showed evidence of discriminant validity with $r = .20$ ($p < .001$). The ECRS was further investigated using Cronbach's coefficient alpha to determine internal consistency. The values of the two main factors (labeled Well-developed Empathy and Lack of Empathy) were .95 and .90 ($N = 300$) respectively. These values indicate

that the factors have high internal consistency. All the items on the LEP were taken from the ECRS and so have the same reliability and validity. The instrument consists of a paper and pencil self-report. A questionnaire requesting personal data and supplemental information was used to collect demographic data relevant to the study.

Scope and Limitations

This study measured the empathic skill level of student nurses in four different semesters at a community college. Measurements were taken in a classroom setting and at one point in time.

There were several limitations to the study. This study cannot be generalized to other colleges because it was limited to one community college in one geographical area. In addition, the four sample groups were small. The four non-randomized groups were not matched nor controlled.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

Conceptual Framework

The concept of empathy has had a variety of definitions over the years. At times the definitions have been contradictory to one another. Many different fields have studied empathy from their own particular points of view.

The word "empathy" comes from the German *Einfühlung*, which means feeling oneself into, and was translated as empathy by Edward B. Titchener (1910) when he translated the work of Theodor Lipps (1907). Familiar as the word may be, there is no commonly agreed upon definition.

The current definition of empathy is that it is a process with affective, cognitive, and communicative components. This concept of empathy, as used in this study, includes the work of Lipps (1907), Mead (1934), Dymond (1950), Katz (1963), Rogers (1961), Truax, Altman, and Mills (1974), Carkhuff (1969), and Keefe (1976). What started with Lipps as an affective process developed with Mead and Dymond into a process with affective and cognitive components. Rogers, Katz, Truax et al., Carkhuff, and Keefe added a communicative component to the current definition.

Many behaviors are included in these components. Dr. Elaine La Monica (1986 a) has described these behaviors as falling into five categories. These categories include: (a) nonverbal behavior; (b) perceiving feelings and listening; (c) responding verbally; (d) respect of self and others; and (e) openness, honesty, and flexibility. Each of these categories have distinct characteristics.

Nonverbal behavior includes the way a person uses body contact and body language to react to a situation. These reactions convey messages to others. This type of behavior is useful in situations where a person would want to amplify or detract from the intensity of a verbal message. It is also used to communicate feelings without using words or to communicate full attention and interest to another while listening, so that words do not interrupt the message being sent. It can also be used to send or underscore messages that often are taken for granted, for example: I want to help; I have time; I care about you, and I want you to succeed (p. 13).

La Monica (1986a) also states that perceiving feelings and listening demonstrates the participant's ability and willingness to enter another's world of feelings (p. 14). She includes behaviors such as: (a) letting others know that they wish to be of help by tuning into their message; (b) understanding others in order to know how best to help, teach, or counsel; (c) communicating their concern about others' perceptions, feelings, problems, and concerns; and (d) developing trust so that when suggestions are given, they are likely to be received and used (p. 14).

The behaviors associated with the category of responding verbally include how often and the ways someone gives messages of encouragement, support, and understanding. These messages are used to encourage people to discuss their feelings; to validate the participant's perceptions of another person's world; to help a person work through situations, tasks, problems, or concerns; and to influence

the behavior of others by leading, teaching, coaching, and consulting (p. 15).

Respect of self and others make up the fourth category. This behavior demonstrates a degree of respect for the individuality of another and a belief that there is always a rationale for feelings and behaviors. This behavior is exhibited by the following examples: (a) to protect the self-esteem and privacy of another; (b) to respond to the needs of the whole person (the strengths and the areas requiring further growth); (c) to communicate with each person on a truly personal and individual basis; (d) to demonstrate that self respect and respect for others are exactly equal; and (e) to show acceptance of others' ideas and beliefs even if they are contrary to an existing norm (p. 16).

The last category consists of openness, honesty, and flexibility. This category involves a willingness to share feelings and to respond to situations that occur outside the norm, in accordance with one's ethical beliefs. It would include listening to whatever others feel or want to express; sharing what the participant honestly feels about a situation within the boundaries of ethical and moral responsibilities; reacting at the time a situation arises; and looking outside the norms and creating new solutions to both old and new problems and concerns (p. 17).

According to Katz (1963), "when we experience empathy, we feel as if we were experiencing someone else's feelings as our own. We see, we feel,

we respond, and we understand as if we were, in fact, the other person. We stand in his shoes. We get under his skin" (p. 3).

Literature Review

Many researchers have described empathic communication as the primary skill in therapeutic relationships (Betz & Whitehorn, 1956; Carkhuff, 1969; Fiedler, 1953; Heine, 1950; Seeman, 1954). In 1974, Friesner discussed the importance of developing empathy skills among baccalaureate nursing students. He also emphasized that empathic interaction is one of the most important skills for professional nurses involved in therapeutic relationships with clients.

Although Collins was looking for a relationship between empathy and dogmatism, the results of her 1972 study suggested a significant difference between the empathy scores of sophomore and senior students with seniors' scores being higher. One of her recommendations was for further research on the relationship between empathy and progression in undergraduate baccalaureate nursing programs.

In related research using a different tool, Howard (1975) did not find significant differences in empathy ratings among students at different class levels in one nursing school. He recommended further research on the effectiveness of nursing curricula in improving the interpersonal skills of nursing students.

Kalisch (1971) found that a training program significantly improved and sustained the scores of undergraduate associate degree students on empathy tests. In related research, Kratochvil (1980) found that systematic training improved the scores of undergraduate nursing students in empathic

communication. La Monica, Carew, Winder, Haase, and Blanchard (1976) reported that a short-term staff development program significantly improved and sustained the low empathy scores of nursing undergraduates. Similar results were reported by others (Conroe, 1970; Kalisch, 1971; Hrubetz, 1975; Law, 1978; Tucker, 1977; Zimmerman, 1980).

Using a posttest-only control group design, Zimmerman (1980) randomly placed students into experimental and control groups and presented a 2 hour teaching module to the experimental group. The control group received no intervention. Both groups were then tested for empathy using both the Carkhuff's Index of Communication (1969) and the La Monica Empathy Construct Rating Scale (1981). Zimmerman found no statistically significant differences between the total scores of both groups on La Monica's ECRS. However, she found that on Carkhuff's Index of Communication, the experimental group's mean score was significantly higher than that of the control group. Zimmerman concluded that empathy can be developed with a clinical training program.

Schell (1983) investigated different methods of teaching empathy. Sophomore nursing students were exposed to human relations training, growth group, or transactional analysis sessions after the administration of a standardized test of empathy, the RA-E (Smith & Walker, 1982). Following the group experiences, they were retested with the same instrument. An analysis of variance was used to determine whether or not human relations training was more effective than other group processes in the development of empathy. T-tests between all means indicated that mean RA-E changes between Experimental Group A pre- to posttest were statistically significant.

Rogers (1986) used the La Monica ECRS (La Monica, 1981) to determine if significant differences in empathy levels would be found among nursing students in different semesters of the same program and between students in the same semester but in different programs. She reported that educational progression was not associated with significant increases in empathy ratings. She did find a significant difference in the ratings of students from different schools.

Reynolds and Presly (1987) separated empathy into two distinct categories. They were identified as state empathy (the empathic skills used in some situations and not in others), and trait empathy (empathic disposition that is expressed in all situations). The authors measured student nurses' empathic ability after classroom teaching and during and after nursing practice. This was done prior to the theoretical and clinical experience of a psychiatric nursing module. The results revealed that while state empathy (interactional empathy) did significantly change among some measures, trait empathy (empathic disposition) did not. Furthermore, trait empathy was shown to be more closely associated with other aspects of personality than was state empathy. The authors suggested that state empathy may not be stable, and is therefore a promising target for nurse educators.

In 1988, Becker and Sands used a new multidimensional measure to study empathy levels among baccalaureate nursing students during their first year of nursing education. Thirty-five nursing students completed the Davis Interpersonal Reactivity Index (IRI) at 4 times during their junior year. The results of a repeated measures ANOVA indicated high consistency for all IRI scores across the four data collection periods. T-tests were also performed to

compare IRI scores by gender. Males scored significantly lower than female nursing students on one aspect of the scale that measured the feelings experienced by the students when working with a patient who expressed emotional distress. The relationship between age, previous health-care experience, and IRI scores also varied by sex.

Summary

In summary, the literature clearly indicates that empathy is important to the role of the nurse. Empathy is a characteristic that is valued by students, patients, and leaders in the nursing profession. It is a characteristic that seems consistent with the expectations of the helping role. The literature further demonstrates that empathy can be learned.

Chapter 3

METHODOLOGY

This chapter presents the research methodology of the study. Included in the methodology is a description of the research design, data collection instrument, and data analysis.

Research Design

This investigation used a descriptive, correlational design and a cross-sectional sampling technique to determine if significant differences in empathic skill levels exists between nursing students in different academic semesters in the same program. The independent variable was the semester standing and the dependent variables were the scores of the students in each semester on each of the five subscales of the La Monica Empathy Profile. The sample for this research consisted of volunteer students in a community college nursing program who were enrolled during the dates of January 21 to January 28, 1991. This community college in northern California has an enrollment of approximately 2,500 students. A maximum of 80 students are enrolled in the nursing program. At any given time, the program contains students in four different semesters. All students enrolled during that time period were invited to participate. Students absent from that class were excluded. In the first week of a new semester, the students were allowed to voluntarily participate during class time.

Prior to the collection of data, permission was received from the College (Appendix A) and the Human Subjects Institutional Review Board at San Jose State University (Appendix B). The study took place during the first

week of a new semester. Students were contacted at school during class time. The study was explained, including any known risks related to participation, and questions were answered. Subjects' rights were explained and consent was obtained in writing (Appendix E). The instrument was distributed with a color-coded dot to indicate in which semester the subject was enrolled. Instructions were given, and participants were allowed 20 minutes to complete the instrument and the questionnaire.

Data Collection Instrument

Two instruments were used to collect data for this study. They were the Demographic Questionnaire (Appendix D) and the La Monica Empathy Profile (LEP). The LEP (Appendix C) was created to measure an individual's level of empathy using five subscales: (a) nonverbal behavior; (b) perceiving feelings and listening; (c) responding verbally; (d) respect for others; and (e) openness, honesty, and flexibility. The instrument contains 30 behavioral descriptions of empathy. Each of the above subscales has six items on the instrument. Each of the items contains a pair of behavioral descriptions. Respondents are asked to choose one statement from each pair that is most characteristic of their own behavior when talking or interacting with another person as a helper, coach, manager, or teacher. Scores range from 0 (under-use) to 12 (over-use) on each of the five empathy modes with a score of 6 on each being perfect.

In 1981, La Monica published research on the ECRS showing discriminant validity of the instrument using Campbell and Fiske's (1959) multitrait-multimethod matrix. The results showed evidence of discriminant validity with $r = .02$ ($p < .05$). The ECRS was further investigated using

Cronbach's coefficient alpha to determine internal consistency. The values of the two main factors (labeled Well-developed Empathy and Lack of Empathy) were .95 and .90 ($N = 300$) respectively. These values indicate that the factors have high internal consistency. According to La Monica (1986b), "the LEP has the same validity and reliability as the ECRS as the LEP results from extended research on the Empathy Construct Rating Scale, and all items in the LEP were taken from the ECRS" (p. 1).

The Demographic Questionnaire (Appendix D) was used to collect specific participant data. The following data were requested: (a) age, (b) marital status, (c) number of children and ages, (d) semester enrolled in, (e) previous experience in the medical field, (f) grade point average, and (g) ultimate degree desired.

Analysis of the Data

The results on the LEP were tabulated and subjected to two analyses. A multivariate analysis of variance was conducted using the Wilk's statistic to measure the linear combination of dependent variables across the sample. The relationship between the levels of empathic skill and semester status (1 through 4) was determined using a one-way analysis of variance. A frequency count was obtained for demographic variables, and data were collapsed for frequency distributions.

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the results found during this study which investigated the relationship between empathy skill level and semester status. Included is a description of the sample population. The research questions for this study were:

1. What is the overall empathic skill level of student nurses in each of the four semesters of a nursing program at a community college?
2. What is the empathic skill level on each of five subscales of the La Monica Empathy Profile of the student nurses in each of the four semesters of a nursing program at a community college?
3. Is there a statistically significant difference between the mean scores of students in different semesters?
4. Is there a statistically significant difference between the scores on the subscales of individual students in all semesters?
5. Is there a relationship between the student nurses' empathic skill level and their semester status?

Description of the Sample

The sample for this research was drawn from the nursing students in a community college nursing program between the dates of January 21 and January 28, 1991. The college is located in northern California. The students come from two surrounding cities which has a combined population of approximately 210,000. The cities are mostly suburban with light industry, computer companies, and an automotive plant.

According to the Public Information Department of the college, the majority of students are more than 25 years of age and the ethnic background of the general student population is as follows: (a) 58.9%, Caucasian; (b) 13.7%, Asian; (c) 10.9%, Hispanic; (d) 4.7%, Filipino; (e) 3.8%, African American; (f) 2.4%, Other; and (g) 5.6%, unknown or not answered (Internal Memo, Public Information Department, Fall 1990).

The nursing program operates year round with students beginning the program in both the fall and spring semesters. The program contains, at any given time, students in four different semesters. During the week of January 21, 1991, there were 78 students enrolled in the nursing program. All students enrolled during that time period were invited to participate, and 72 agreed. Students absent from that class were excluded.

Analysis of Demographic Data

The demographic questionnaire requested the following information: (a) age, (b) marital status, (c) number of children and ages, (d) semester enrolled in, (e) previous experience, (f) grade point average, and (g) ultimate degree desired. Most students did not respond to the questions of grade point average and ultimate degree desired so those data were not included.

The majority ($n = 61$) of the sample ($N = 72$) were between the ages of 20 and 40 years. There were 11 students in the 41 and above group. Only 2 students were over 50 years. There was a similar age distribution in all the groups. The overall mean age was 32. There was also a similar distribution in the groups of marital status, children, and previous experience. Table 1 displays a summary of the demographic data. Included are age, marital status, children, and previous experience in the medical field.

Table 1
Summary of Demographic Data (N = 72)

Demographic Variables	Semester			
	1 (n = 19)	2 (n = 19)	3 (n = 16)	4 (n = 18)
Age	%	%	%	%
20 - 29	53	47	57	28
30 - 39	37	37	25	55
40 - 49	05	16	12	17
50 - 59	05	00	06	00
Marital Status				
Single	26	16	25	28
Married	58	74	63	61
Divorced	16	10	12	00
Widowed	00	00	00	11
Children				
Yes	53	74	63	67
No	47	26	37	33
Previous Medical Experience				
Yes	68	32	63	67
No	32	68	37	33

Analysis of LEP Data

After the data were collected, the answer sheets were hand scored and grouped according to semester by the color code. The data from the four semesters were subjected to two analyses. First, a multivariate analysis of variance was conducted to determine if the combination of scores on the five subscales was significantly different between the four semesters. The Wilks' statistic indicated that the differences did attain significance [$F(15, 177) = 2.125, p = .011$]. Univariate analysis of variance tests were also conducted for each dependent measure between the four semesters. Table 2 displays the students' mean scores on the LEP.

Table 2

Students' Mean Scores on the La Monica Empathy Profile (N = 72)

Subscales	Semester			
	1	2	3	4
	<u>M</u> *	<u>M</u>	<u>M</u>	<u>M</u>
Nonverbal Behavior	5.9	6.7	7.9	6.4
Perceiving, Feeling, & Listening	5.5	6.5	4.8	5.3
Responding Verbally	5.1	5.2	5.6	4.1
Respect of Self & Others	6.3	6.0	5.7	6.8
Openness, Honesty, & Flexibility	7.2	5.6	6.1	7.4

*M = mean

The entire population mean score on the nonverbal subscale was 6.69 indicating slight over-usage of the skills in this category (6.0 on each subscale indicating balanced empathic skill). The mean score for the entire population on the perceiving, feeling, and listening subscale was 5.55 indicating under-use of these skills. The mean score of 4.97 on the responding verbally subscale also indicates that the population as a whole under-uses these skills. The mean scores for the entire population for the respect of self and others, and openness, honesty, and flexibility subscales also indicated over-use with scores of 6.22 and 6.56 respectively.

The results indicated that only two measures, Nonverbal Behavior and Openness/Honesty/Flexibility, showed significant differences across the four semester groups [$F(3, 68) = 3.13, p = .031$; $F(3, 68) = 3.90, p = .012$ respectively]. The Openness/Honesty/Flexibility measure approached but fell short of traditional significance ($p .09$). The level of statistical significance commonly accepted in a descriptive study is $p < .05$.

It is important to note that several statistical tests were conducted, increasing the probability of incorrectly claiming an effect. If corrected for the inflated alpha level, both effects approach but do not quite attain significance (corrected alpha = .01).

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

A descriptive study was done to determine if there is a relationship between empathic skills and the semester status of the students in a community college nursing program. This study sought to answer the following questions:

1. What is the overall empathic skill level of the student nurses in each of the four semesters of a nursing program at a community college?

2. What is the empathic skill level on each of five subscales of the student nurses in each of the four semesters of a nursing program at a community college?

3. Is there a statistically significant difference between the mean scores of students in different semesters?

5. Is there a relationship between the student nurses' empathic skill level and their semester status?

The La Monica Empathy Profile was used to measure the students' empathic skills. This chapter presents the conclusions and recommendations based on the findings of the study.

Conclusions

The level of empathic skills of the students in each semester was fairly well balanced based on 6.0 in each of the five subscales as a perfect score (0 to 12 possible). The mean scores for Semester 1 ranged from 5.10 to 7.15. The range for Semester 2 was 5.21 to 6.68. Semester 3 ranged from 4.75 to 7.93. The range for Semester 4 was 4.11 to 7.38. This may reflect

common personality traits of people drawn to the helping professions. In the literature this has been referred to as empathic disposition.

However, the results of the group as a whole showed a common under-use of the skills in the responding verbally subscale, with scores of 5.1, 5.2, 5.6, and 4.1, for Semesters 1 through 4, respectively. Perceiving, feeling, and listening skills were also under-used by Semesters 1 (5.5), 3 (4.8), and 4 (5.3). Non-verbal subscale skills were over-used by Semesters 2 (6.7), 3 (7.9), and 4 (6.4), and were minimally under-used by Semester 1 (5.9). While there may be many reasons for these results, the common under-use of the responding verbally skills may indicate a need for increased education in that specific area.

The data did not show a statistically significant difference between the mean scores of students in different semesters, or within students in the same semester. A relationship between the student nurses' empathic skill level and their semester status was not found. This finding may indicate that the student nurses in this program do not improve their empathic skills as they progress through the program.

Caution is recommended in generalizing these results to the population at large. Several factors may have influenced these results. The lack of curriculum content on empathic skills is an important factor. Although the literature shows that empathic skills can be taught, it appears from these results that they may not have been included in the curriculum in a specific way. The particular instructors at this school may themselves lack some of these empathic skills, and the students attracted to this school may have been influenced by economic, geographical, or cultural factors.

The significant difference ($p = .011$) indicated by the Wilks' statistic is most likely due to the two measures - nonverbal behavior and openness, honesty, and flexibility. The differences in these two measures may have been influenced by the particular class content the group had just completed in the prior semester; the instructors they had in the prior semester; or the participants in the group themselves.

Recommendations

The following recommendations are made based on the findings of this study:

1. The students who were in Semester 1 for this study should be retested when they are in Semester 4 to reduce possibilities of differences in scores based on differences in the groups themselves.
2. The study should be repeated using a larger sample and several schools so that the results are more applicable to the general population.
3. Specific empathy training should be developed and implemented in the nursing curricula, and tested for its effectiveness in increasing the level of empathic skills among the nursing students.
4. A study should be conducted using an experimental design with schools that do include empathy training in their curricula in order to refine the effectiveness of the empathy training method.
5. Future studies should use samples that have a similar ethnic make-up to reduce the effects of cultural differences.

This study measured the empathic skills of nursing students at a community college using the La Monica Empathy Profile (LEP). The results of this study showed that the students' empathic skills did not increase as

they progressed through the program. These results should be of concern to nursing educators. However, due to the small sample size and descriptive research design, further research is recommended. A skill this vital to the practice of professional nursing should not be left to chance.

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APPENDIX A
Site Approval

Community
College District



34

November 19, 1990

Margaret Laurence-Becker
515 Tabor Drive
Scotts Valley, California 95066

Dear Margaret,

The nursing faculty at College has granted approval for Margaret Laurence-Becker to have our currently enrolled nursing students complete her survey instrument for the purpose of gathering data for her research study.

Sincerely,



Sharlene Limon, M.S., R.N.
Division Director
Health Sciences

SL:df

43600 Mission Blvd.
P. O. Box 3909

94539-0390

415/ 659-6000

APPENDIX B
Permission to Conduct Study

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Margaret Laurence-Becker
515 Tabor Drive
Scotts Vally, CA 95066

From: Charles R. Bolz
Office of Graduate Studies and Research

Date: January 4, 1991

Charles R. Bolz

The Human Subjects Institutional Review Board has approved your request to use human subjects in the study entitled:

"The Effects of College Nursing Education
on Students' Empathic Skills"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at (408) 924-2480.

cc: Jerry Stamper, Ph.D.

APPENDIX C
La Monica Empathy Profile

INSTRUCTIONS

Consider situations in which you talk and interact with others—as a helper, coach, manager, or teacher. How do you usually feel when you talk with others? How do you usually behave in such interactions?

On the following pages are pairs of statements describing possible actions. For each pair, please circle the “A” or “B” statement that is most characteristic of your behavior.

In many cases, neither the “A” nor the “B” statement may be very typical of your behavior; but please select the response that you would be more likely to use.

LA MONICA EMPATHY PROFILE

39

1. A. I rearrange my busy work schedule to talk with someone who is upset.
B. I encourage a person to explore options before reaching conclusions.
2. A. I remain in touch with another person's mood by being sensitive to nonverbal cues.
B. I foster individuality in decisions.
3. A. I accept others for what they are and not for what I feel they should be.
B. I use a tone of voice that reflects warm feelings and understanding.
4. A. I protect the self-esteem of others.
B. My mannerisms communicate concern and warmth.
5. A. I mentally place myself in another person's shoes in order to understand more deeply.
B. I allow people to cry and I offer my support.
6. A. I share my honest feelings, providing they may be helpful to another person.
B. I show readiness to listen by sitting down.
7. A. I respect the values of others as well as what they say and do.
B. I rearrange my busy work schedule to talk with someone who is upset.
8. A. My mannerisms communicate concern and warmth.
B. I anticipate needs and offer assistance before a person asks for help.
9. A. I foster individuality in decisions.
B. I patiently listen to and remember what another person says.
10. A. I give genuine consolation, advice, assistance, and support.
B. I am comforting during periods of stress and uncertainty.

LA MONICA EMPATHY PROFILE

40

11. **A.** I allow people to cry and I offer my support.
B. I actually seem to feel some of the emotions that another person is experiencing.
12. **A.** I check to see if what I perceive from another person is valid.
B. I mentally place myself in another person's shoes in order to understand more deeply.
13. **A.** I give freely without concern for what I will receive in return.
B. I protect the self-esteem of others.
14. **A.** I use different approaches to encourage a person to discuss feelings.
B. I accurately perceive a person's feelings and mood.
15. **A.** I make time to help others who are not my responsibility.
B. I use words that accurately communicate the feelings and mood of another person.
16. **A.** I reach out and touch another in a soothing manner when it seems right.
B. I check to see if what I perceive from another person is valid.
17. **A.** I respond to the needs of the whole person.
B. I give genuine consolation, advice, assistance, and support.
18. **A.** I patiently listen to and remember what another person says.
B. I encourage situations in which people can be open with their feelings.
19. **A.** I use words that accurately communicate the feelings and mood of another person.
B. I remain in touch with another person's mood by being sensitive to nonverbal cues.
20. **A.** I concentrate on what another person is saying.
B. I appear relaxed and patient when talking with others.

LA MONICA EMPATHY PROFILE

41

- 21. A. I attempt to communicate with each person on an individual basis.
B. I reach out and touch another in a soothing manner when it seems right.
- 22. A. I encourage situations in which people can be open with their feelings.
B. I respond to the needs of the whole person.
- 23. A. I accurately perceive a person's feelings and mood.
B. I accept others for what they are and not for what I feel they should be.
- 24. A. I actually seem to feel some of the emotions that another person is experiencing.
B. I make time to help others who are not my responsibility.
- 25. A. I appear relaxed and patient when talking with others.
B. I share my honest feelings, providing they may be helpful to another person.
- 26. A. I use a tone of voice that reflects warm feelings and understanding.
B. I use different approaches to encourage a person to discuss feelings.
- 27. A. I anticipate needs and offer assistance before a person asks to help.
B. I respect the values of others as well as what they say and do.
- 28. A. I am comforting during periods of stress and uncertainty.
B. I give freely without concern for what I will receive in return.
- 29. A. I encourage a person to explore options before reaching conclusions.
B. I attempt to communicate with each person on an individual basis.
- 30. A. I show readiness to listen by sitting down.
B. I concentrate on what another person is saying.



STERLING FOREST, TUXEDO, NY 10987 914-351-4735 Fax. 914-351-4762



October 1990

Ms. Margaret Lawrence Becker
515 Tabor Drive
Scotts Valley, CA 95066

Dear Ms. Becker:

Pursuant to your request, XICOM, INC. consents to your use of the La Monica Empathy Profile Instrument under the following terms and conditions:

- (1) That the number of La Monica Empathy Profile Instruments "For Research Use Only" copies you will purchase is 80.
- (2) You will use the La Monica Empathy Profile Instrument in your Masters' Thesis "The Effects of College Nursing Education on Empathic Skills".
- (3) You will provide XICOM with a copy of the results of this study and a copy of any articles or other publications produced as a result of this study.
- (4) That your further agree that any publications based on this study will reference our publication as follows: "La Monica Empathy Profile Instrument, copyright 1986, Xicom, Inc., Tuxedo, New York".
- (5) For the limited rights conveyed herein, you will pay XICOM, Inc. \$160.00 (One Hundred and Sixty Dollars) plus shipping and handling.

If the above terms and conditions are agreeable, please sign on the line designated.

ACCEPTED AND AGREED:

XICOM, INC.

Margaret Lawrence Becker

Gail C. Ryan
Gail C. Ryan
Executive Assistant

10-30-90
Date

10/26/90
Date

APPENDIX D
Questionnaire

QUESTIONNAIRE

44

AGE: _____

MARITAL STATUS: _____

OF CHILDREN & AGES _____

CURRENTLY IN SEMESTER: _____

PREVIOUS EXPERIENCE (in years):

CNA _____

ER TECH _____

COREMAN _____

OTHER _____ (please specify other) _____

GRADE POINT AVERAGE AT THIS UNIVERSITY _____

ULTIMATE DEGREE DESIRED:

BSN _____

MSN _____

PhD _____

DNS _____

EDD _____

MID WIFE _____

NP _____

OTHER (please specify) _____

APPENDIX E
Informed Consent

AGREEMENT TO PARTICIPATE IN RESEARCH SAN JOSE STATE UNIVERSITY

RESPONSIBLE INVESTIGATOR: Margaret Laurence-Becker
TITLE OF PROTOCOL: The effects of College Nursing Education on students' empathic skills.

I have been asked to participate in a research study that is investigating the relationship between empathic skills and class status in College's Nursing Program. The results of this study should further our understanding of the effects of the curricula on the students' empathic skills.

I understand that:

1. I will be asked to complete the La Monica Empathy Profile Instrument and a questionnaire requesting demographic data.
Note: The total procedure should not take more than twenty minutes.
2. The possible risk of this study is that I might experience some test anxiety and/or some internal pressure to do well.
3. Possible benefits of participation in this study are an increased self-awareness of my empathic skills and an increased awareness by the faculty and administration regarding the effectiveness of the current curricula in increasing the students' empathic skills.
4. Results of this study may be published, but any information that can be identified with me will remain confidential and will be disclosed only with my permission or as required by law.
5. Any questions about my participation in this research will be answered by Margaret Laurence-Becker at (408) 438-1169. Complaints about the procedures may be presented to the graduate advisor, Dr. Bobbye Gorenberg at (408) 924-3134, or the Department Chair for the Nursing Department, Dr. Virgil Parsons at (408) 924-3182. For questions or complaints about research subject's rights, or in the event of research-related injury, contact Dr. Serena Stanford (Associate Academic Vice President for Graduate Studies & Research) at (408) 924-2480.
6. I have received and understand a copy of the "Experimental Subjects Bill of Rights."

7. My consent is given voluntarily without being coerced: I may refuse to participate in this study or in any part of this study, and I may withdraw at any time, without prejudice to my relations with _____ College or San Jose State University. ⁴⁷

8. I have received a copy of this consent form for my file.

I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE. MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION PROVIDED ABOVE AND THAT I HAVE DECIDED TO PARTICIPATE.

Date

Subjects Signature

Date

Investigators Signature