Empathy and Related Factors

The Psychiatric Nursing Context

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PSYCHIATRIC Nursing is a specialised branch of Nursing and requires special training and special ability for the nurses. The task of the nurse, here, is to become aware of how she is perceiving the other individual as well as the extent to which she is able to recognize the uniqueness of this human being, the patient or client. Psychiatric nurses are increasingly expected to manifest their competence in nursing through an awareness and ability to handle their inter-personal relationships with patients in a therapeutically useful manner. Thus, Empathy, an essential characteristic of helping relationship, is assumed to play a great role in Psychiatric Nursing practice, where the nurse has to help the individual whose interpersonal relationships are disturbed because of behaviour disorder.

In regard to the role of Empathy, Carkhuff identified three critical issues the practitioner would face in the helping process. These are: 1. Right to intervene in another's life in order to help; 2. Responsibility to the client; and 3. Roles to play differently with different individuals in order to fulfil his/her commitments to benefit the helpee.

The Problem

In most Psychiatric units the Nursing personnel are appointed on the basis of availability rather than of suitability. As such, the Nursing care given to Psychiatric patients is inadequate and nurses' relationship with patients may be untherapeutic or detrimental to the progress. Thus the objectives of Psychiatric nursing are not achieved.

Objectives

The objectives of the study are to examine: 1. Whether nurses with different preparations, differ in empathic ability in Psychiatric setting. 2. Whether nurses who spend more time in Psychiatric unit have a greater ability to empathize with their patients. 3. Whether male and female nurses differ in their empathic ability in a Psychiatric situation. 4. Whether age of the nurse is an influencing factor in empathizing with Psychiatric patients.

Conceptual Framework

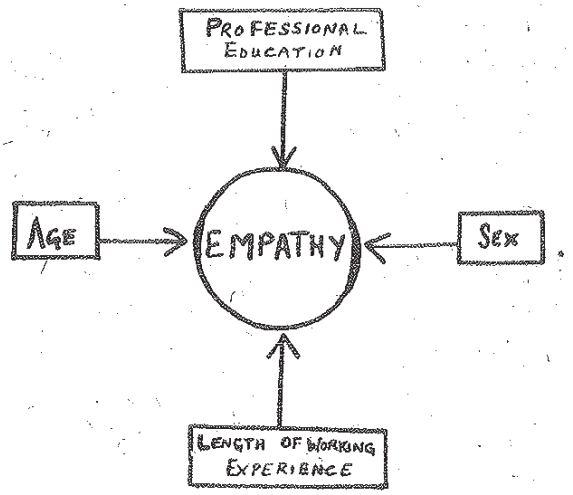
Carkhuff's Communication Index on a four-point scale (Carkhuff, 1969) was found to be an appropriate and feasible tool for assessing the empathic ability of the respondents from level one to level four. (Refer N.J.I., Nov. 1981 for particulars about the Index). A score of one on the scale indicates low empathy and four indicates high empathy. The higher the level of empathy, the broader and deeper is the understanding of the patients or client's feelings and more therapeutic is the nurse-patient relationship that it leads to (Refer N.J.I., Nov. 1981).

How empathy occurs or does not occur in every individual in his relations with others is a human phenomenon. According to Halpner and Lesser (Stein, 1961), ability to empathize with others is determined by the degree and kind of similarity between two individuals. Supporting this theory, Hall (1969) found that the patients in Mental Hospitals preferred to discuss their problems with their fellow patients than with nurses and physicians.

This theory of similarity indicates that it is unrealistic to expect all the nurses to be empathic in all situations. The findings of a recent study (Margaret, 1981) also revealed that fifty per cent of the respondents scored level three indicating average level of functioning and fifty per cent scored level two which is below average and none scored level four. It is consistent to the above fact that it is unrealistic to expect all nurses to possess high empathy.

Empathic ability may also be influenced by the other factors—professional education, length of working experience in psychiatric setting, sex, and the age of the individuals.

Conceptual Model of Factors Related to Empathy Chart



Carkhuff (1969) assessed the levels of empathy in perspective helpers—Non-professional and professional counsellors. The mean empathy scores of the lay counsellors was between 1.5 and 1.6 which was very low. The mean scores of professional teachers, beginning psychology graduates and experienced counsellors were 1.8, 1.9, 2.2 and 3.00 respectively. The study also revealed that the older group of teachers and experienced counsellors demonstrated high empathy in response to depression while the younger respondents demonstrated high empathy in response to anger.

The study of the impact of empathy training (La Monica, Carew and Winder 1976) revealed nurses' empathy scores to be extremely low on the pre-test and improved empathy scores on the post-test, suggesting the need for empathy training for nurses. The variables included in their study were: professional education, length of experience and the age of the nurses. The male nurses and those who had additional preparation in behavioural sciences were excluded in their sample. A comparative study of male and female Nursing students was reported by MacDonald (1977) that mean empathy scores for males were slightly higher than for female nurses.

Methodology

A descriptive survey was adopted to study the relationship between empathy and the variables under study: professional education, length of experience, sex and the age of the subjects.

Two instruments were used to collect data necessary to achieve the objectives stated in the study.

1. A proforma to elicit demographic data regarding professional preparation, length of experience in rendering direct care to psychiatric patients, sex and the age in years.

2. A structured questionnaire consisting of 25 statements made by the psychiatric patients and four (4) alternative responses of four empathy levels to each statement. The subjects were asked to indicate the preference of response which indicated the subject's empathy level based on Carkhuff's Communication Index (Margaret, 1981).

Example

Statement (of the Patient): I have so much to talk to you, but I can not talk. I am bothered with something which cannot be expressed to anybody.

Response

(a) You feel burdensome because something is bothering you and you cannot express to others (level three).

(b) I am sure, you will definitely express to the person who is close to you (level two).

(c) You are feeling burdensome because you did not find any one whom you trust and can express your problems to and you need to express to someone (level four).

(d) You can talk to me whenever you want to talk (level one).

From the selected Psychiatric setting, a sample of 54 nurses was obtained using stratified incidental sampling technique as quota sampling could not be done. Their ages ranged from 23 to 50 years and experience from 4 months to 16 years in rendering direct care to patients. The supervisors were not included in the sample as they were not giving direct care.

Analysis and Interpretation

Each response indicated by the subject was scored in terms of empathy level and the total score of each respondent was analysed in terms of raw numerical scores in order to facilitate comparison. Computational procedures were also worked out to find the statistical significance of difference in empathic ability of each category of the subjects.

The first objective in the study was to examine whether subjects with different preparations differ in their empathic ability. Hence, the data presented in Table 1 focussed on nurses with three levels of preparation and their empathy scores.

As is evident from Table 1 the subjects with B.Sc degree in Nursing obtained highest mean score and the Diploma nurses without Psychiatric Nursing course had the lowest score. Though F value ($F=0.01$) shows no statistically significant difference in three unequal samples, it indicated the tendency to differ from each other.

The data regarding other objectives of the study are presented below in Tables II, III and IV.

The data presented in Table II showing the relationship between the empathic ability and the length of experience indicate that those who had less experience obtained a higher mean score (63.13) than that of those who had more experience (56.22). There is an inverse relationship between length of experience and empathic ability of the subjects in this study. It is further supported by statistical significance ($t = 4.71$) at the 0.05 level. The findings in Table III show that male nurses have higher mean scores (64.15) than female nurses (59.88). But the t value ($t = 1.75$) did not support the difference in two means. It leads to the conclusion that the sex difference has no bearing on the empathic ability of the subject under study.

The findings regarding age and empathic ability of the subjects: it is found, the younger age group obtained higher mean score (63.52) than the mean score of the older age group (59.09). But the t value ($t = 1.82$) indicates no statistically significant difference in the empathic ability of the two groups of the subjects.

Table-I

Empathy Scores of Each Category of Subjects

Category	Numbers	Percentage of Sample	Mean Score	S.D.
1. Diploma Nurses without Psychiatric Nursing	8	14.82	58.75	3.2
2. Diploma Nurses with Psychiatric Nursing for atleast 6 months	41	75.93	61.46	9.65
3. Nurses with B.Sc., Degree in Nursing	5	9.23	63.8	6.27
N = 54				
F = 0.01				

Table-II

Empathy Scores and their Relationship with Length of Working Experience in Psychiatric Setting

Length of Experience	Number of Subjects	Percentage	Mean Score	S.D.
Above 5 years	14	26	55.07	3.60
5 years and below	40	74	63.13	6.9
N = 54				
t = 4.71				

Table-III

Empathy Scores of Male and Female Nurses

Category	Number	Percentage	Mn. Score	S.D.
Male Nurses	20	37	64.15	8.60
Female Nurses	34	63	59.88	8.80
N = 54				
t = 1.76				

Table-IV

Empathy Scores of Younger and Older Age Group of Respondents

Age Group	Number	Percentage	Mn. Score	S.D.
Above 30 years	27	50	59.04	9.97
30 years and below	27	50	63.52	8.05
N = 54				
t = 1.82				

Conclusions

As indicated in the study, the nurses with degree in Nursing whose preparation includes behavioural sciences and Psychiatric Nursing course, and the nurses with diploma in Nursing with additional course of Psychiatric Nursing, proved to be better. The difference in empathy scores of male and female nurses did not indicate statistical significance but males tend to be higher, which may be attributed to other factors that are not controlled. Empathy and length of experience of the subjects have indicated inverse relationship and statistically significant at 0.05 level of probability.

Implications

The implication is that it is essential and possible to prepare and appoint nurses to work in Psychiatric setting in order to be more therapeutic. Such criteria would hopefully prove to be more meaningful in appointing the nurses. Therefore, schools, colleges and institutions should emphasize the giving of adequate Psychiatric Nursing courses and incorporating special empathy training in their educational programmes.

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