Empathic Ability in a Psychiatric Setting

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A research study on 'Empathic Ability of Nurses Working in a Selected Psychiatric Setting' was conducted by Ms. Margaret, Asstt. Professor, College of Nursing, Afzalganj, Hyderabad, primarily to determine the level of empathic ability among the nurses in such a setting. A report on the study follows:

VARIOUS definitions denote that Nursing is primarily assisting individuals, sick or well, in meeting their health needs. Hence the essence of Nursing, in a broad sense, is the helping relationship, and nursing a helping profession. Travelbee defined: "Nursing is an interpersonal process whereby the professional nurse practitioner assists an individual or family to prevent or cope with the experience of illness and suffering and if necessary, assists the individual or family to find meaning in these experiences". According to Rogers, helping relationship covers a wide range of relationships betwen mother and child; nurse and patient; physician and patient; teacher and pupil; counsellor and client and a therapist and any normal individual who needs to improve their function in this dynamic society. In order to have a helping relationship the nurse is required to demonstrate adequate empathic ability. The other characteristics of helping relationship are—effective attitude towards the client; genuineness; non-possessive warmth and immediacy of relationship. But empathy was found to be a primary ingredient of the helping relationship. Kemp states: "The empathic nurse permits the patient to share in making decisions that determine his goal and how he will reach it; accepts and likes the patient even when he is unlikeable or inconsistent; lets him know that she is standing by—come whatmay; may genuinely desire to help him, comfort him, support him, share knowledge with him and encourage him to recover and resume his normal activities."

The Background

In the struggle towards professionalization, major focus is placed on the extension and expansion of nurses' role in general and that of psychiatric nurses in particular. The psychiatric nurse is expected to play different roles such as a mother, teacher, counsellor and therapist and to perform these roles, empathic understanding is essential for the nurse. Therefore, ability to empathize becomes an essential ingredient in Nursing. Without empathic understanding, the relationship would be a superficial type of nurse-patient interaction and a semi-helpful nurse-patient interaction.

The Problem

Based on Carkhuff's Empathy Scale, a study to assess the empathic ability of the nurse working in a selected psychiatric setting was conducted:

Objectives

1. To determine the level of empathic ability among the nurses working in a selected psychiatric setting.

2. To compare the ratings obtained on the structured questionnaire with those that are obtained on the unstructured questionnaire.

Assumptions

The assumptions basic to this study were:

1. The response of the subject indicates the empathic level of the subject.

2. Response on the structured questionnaire indicates a more accurate level of empathy than the response on the unstructured questionnaire.

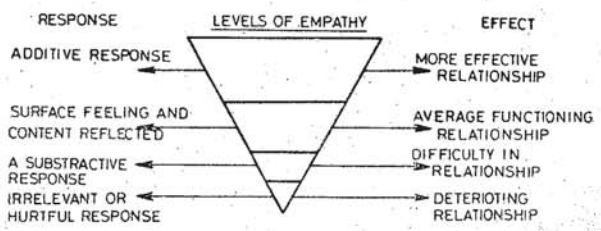
3. The respondents will demonstrate almost the same level of empathy on all the items in the questionnaire.

4. There will be high-empathy, average-empathy and low-empathy nurses working in a psychiatric setting.

Theoretical Framework

The theoretical framework utilized for this study was the model of Carkhuff's Communication In-

A Conceptual Model of Carkhuff's Communication Index



dex. This Communication Index is a scale to measure empathic ability of the respondents from level one to level four.

The above model indicates the higher the level of empathy, the broader and deeper is the understanding of the patient's or client's feelings and the relationship that each level of empathy leads to.

Robert Carkhuff describes empathy as "a word which we use when one individual is learning or understanding another. Empathy involves crawling inside of another person's skin and seeing the world as if you were he". According to Rogers, empathy is the ability to accompanying a person wherever his feelings lead him,no matter how strong, deep, destructive or abnormal they seem. Thus empathy is considered as the most critical ingredient of the helping relationship and without empathy there is no basis for helping another individual. According to Halpner and Lesser, ability to empathize with others is determined by the degree and kind of similarity between two individuals. Thus, the theory of assumed or felt similarity indicates that it is unrealistic to expect all nurses to be empathic in all situations. But it is possible to expand the boundaries to grow in the ability to empathize and this should be the objective in preparing nurses to work in a psychiatric setting. A few studies conducted in this field indicated that empathic training will help in raising the levels of empathic ability. Lamonica and Kalisch in their experimental approach to the effect of empathy training, found that 95.83 per cent of the registered nurses and 100 per cent of the students had improved in empathic ability.

Need for the Study

It is generally recognised that patients in mental hospital need important relationships with the hospital personnel who are accessible to them round the clock. The nurse is a helper in the Nurse-Patient relationship. A characteristic of the Nurse-Patient interaction is that each encounter is unique and original, and the nurse needs to empathize and be therapeutic. Nursing intervention implies putting her knowledge and empathy with the patients so that each time when she converses with the patient, she will help him express himself more clearly and through skilful questioning, making him feel at home in his verbal communications. Hence, it is a great necessity to study as to what extent the nurses are able to empathize with their patients. Nursing educators and administrators should be vitally concerning with the helping skills of nurses and should develop systematic methods of assessing and teaching helping skills.

Methodology

Four purposes of this study the variables involved are operationally defined as follows:

1. Empathic ability: Ability to identify the patient's feeling and the message conveyed in verbal interaction and clarify these to the patient.

2. Levels of empathy: Scores obtained on the scale in terms of levels. (Level one 1.00-1.49; level two 1.5-2.49; level three 2.5-3.49 and level four 3.5-4.00).

3. Manifest content: The content that is expressed in the statement made by the patient himself and which the nurse needs to feed back to the patient.

4. Latest content: The implicit or hidden content that is not expressed by the patient at the moment as he does not want to convey or is unaware of it and needs to be guessed by the nurse and clarify from the patient whether this is what he wants to express.

The descriptive, evaluative survey was adopted because this study aimed at assessing empathic ability of the nurses working in a psychiatric setting, against the standard criteria, i.e., Carkhuff's four-point Empathy Scale (see conceptual model), comparing the scores obtained on the structured and on the unstructured questionnaires, to try to evaluate the quality of care rendered and to establish the need for empathy training.

Two instruments (paper pencil tests) were used to collect data from the respondents.

1. An open-ended questionnaire which consists of 25 statements made by the psychiatric patients and the respondents were asked to write down as to how he or she would say to the patient in response. This was used to provide adequate scope to expresse their own response.

2. A close-ended questionnaire which consists of four alternative responses to each statement of the patient at four levels of empathy in order to facilitate objectivity in assessing empathic ability of the respondents. The respondents were asked to indicate her or his preference of the response.

The statements on the responses were developed by reviewing the research and non-research literature related to Nurse-Patient interaction, collecting items from the records of B.Sc. Nursing students in psychiatric care, consulting experts in psychiatric nursing and clinical psychology and utilizing investigator's own experience in the psychiatric setting. Each statement contains certain manifest and latest content and one or more facilities. These statements are the common verbal expressions of the patients during Nurse-Patient interaction and not hypothetical but realistic. The feelings conveyed in the statements are aggression, anxiety, anger, apprehension, disgust, dissatisfaction, fear, guilt, hostility, happiness, inferiority, insecurity, sad-

ness, security, self-pity and sorrow. The areas of content are self-perception, group situation, attitudes towards hospital personnel, patient's own progress, family interpersonal relationships, emotional catharsis, suspiciousness, stigma of mental illness and vocational problems.

A sample of 54 nurses was selected using the incidental sampling technique. The criteria for the selection was that they would be giving direct care to psychiatric patients having atleast a month's experience and hence the supervisors were not included in the sample. After obtaining the acceptance of the subjects the coded questionnaires were given to the respondents with directions to respond to the open-ended questionnaire and later, the structured questionnaire. Many nurses expressed that it was difficult to respond to the open-ended questionnaire. All the respondents showed interest in responding to the structured questionnaire.

Analysis and Interpretation

The first objective of the study was concerning the assessment of emphatic ability of nurses. Hence, it was intended to describe the empathy levels of the subjects under study and to see how they were distributed in terms of four levels. Carkhuff has interpreted the four levels as described here: level one (1.00-1.49 score)—deteriorating relationship; level two (1.50-2.49 score)—difficulty in relationship; level three (3.00-3.49 score)—average functioning relationship and level four (3.50-4.00 score)—More effective relationship. A similar interpretation is given to the mean scores of each respondent. A summary thereof is presented in Table I.

TABLE I

Empathy Levels of Respondents

Empathy Level	Number	Percentage
Level one	0	0
Level two	27	50
Level three	27	50
Level four	0	0
		N-54.

It is encouraging to note that all the respondents scored above level one. Half of the sample scored level three indicating average level of functioning. The other half of the subjects scored level two which indicates difficulty in relationship but not deteriorating relationship and no one scored level four. It is consistent to the fact that it is unrealistic to expect all the nurses to possess a high level of empathic ability. In general, empathy level of nurses in this study is higher than that found by Lamonica where 61.54 per cent of the subjects had low levels ranging from 1.23 to 1.73 on the pre-test and only 25 per cent scored level three on the post-test.

For further analysis, a summary of the scores is presented in the form of frequency polygon and compared with a normal curve to see how far, the scores approached normalcy and the extent of generalization possible to a large population.

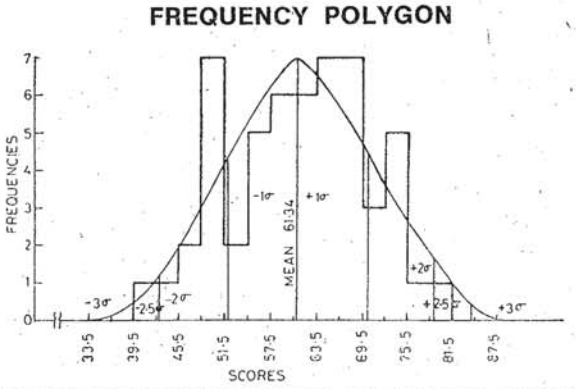


FIG.1 DISTRIBUTION OF EMPATHY SCORES OF RESPONDENTS COMPARED TO THE BEST FITTING NORMAL CURVE

The frequency polygon shows the distribution of scores obtained by respondents (N-54), on the structured questionnaire in terms of class intervals and frequencies. Though the data was slightly skewed (SK=0.65), it appears to be approximating normalcy. Here, the obtained curve is compared with the normal curve. The mean score of the group was 61.34. In this distribution, the scores falling between ± 1 are considered as average range, falling between 52.9 and 70.39 scores; the scores falling above +1 are taken as high score falling above 70.39 scores and the scores falling below —1 are considered as low scores falling below 52.29 scores. The date regarding the number of subjects in these categories are presented in Table II.

TABLE II

Empathy Scores of Nurses Distributed within the Normal Probability Curve

Empathy Score Distribution	Number	Percentage
High (+1)	7	12.96
Average (± 1)	36	66.67
Low (below —1)	11	20.37
Total	54	100

The curve shows some approximation to normal curve, though it is skewed on the negative side (SK-0.65). This suggests that with a large sample, there is a possibility to get a normal distribution of scores on the present scale. The data was also collected on the unstructuted questionnaire in order to achieve the second objective—to compare the ratings obtained on the structured questionnaire and on the unstructured questionnaire. This data was analysed and

interpreted to find the correlation between their response on the structured and unstructured questionnaires. The unstructured questionnaire was responded to only by 40 subjects. Pearson's product moment of coefficient of correlation procedure was worked out, the correlation was positive (+0.24). The distribution of the scores are presented in Table III.

TABLE III

Empathy Scores Obtained on the Structured and Unstructured Questionnaire

Type of questionnaire	Mean score	SD	SEm
Unstructured	33.25	5.10	0.81
Structured	62.12	0.30	1.47
N=40 t=19.25		r=+0.24	

The mean score (62.12) of the group on the structured questionnaire as indicated by the data was nearly twice the mean score (33.25) on the unstructured questionnaire. In addition to this, the standard deviation (5.10) indicated comparatively more consistency of scores around the mean. A two tailed test was computed and 't' value 19.25 is statistically significant at 0.01 level. The empathy scores obtained under two situations were significantly different from each other.

As already discussed, the nurses have shown a significantly lower empathic ability on the unstructured scale. But, the positive 'r' of 0.24 suggests that there is some relationship between the scores of two situations.

Implications

The implication is that there is a need to assess and develop empathic ability of the nurses working in a psychiatric setting and the responsibility lies on the administrators and the educators. Nursing administrators should assess the levels of empathy of nursing personnel; incorporate human relation models in training; provide continuing education to help the new employees by giving empathy training and provide role models to their team members.

The nursing educators may utilize the model of Carkhuff's Communication Index for teaching effective Nurse-Patient interaction; play a role model to the students not only in a psychiatric setting but also in academic and personal situations; integrate theory and experience in learning helping skills, into the curriculum. The administrators and the educators may utilize research findings regarding the assessment and development of empathic ability of the therapeutic effects.

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