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Empathic Understanding Scale
Study of the Development of a Self Evaluation Form
－From the Micro counseling Point of View－

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ABSTRACT

The purpose is to establish a "self-evaluation Empathic Understanding Scale" measuring empathy in the clinical nursing situation.

Subjects were 433 nursing students, who completed communication skills classes, attended a 2-3 week practicum and agreed to participate by informed consent. Data collection used the Empathic Understanding self-evaluation scale, during the first week of and a week after the practicum. The evaluation method was similar to that of the previous study, subjects received instruction and watched a micro counseling video. The Likert Scale was used and Principal Factor method performed factor analysis.

Before and after the practicum four factors were extracted showing the same factor construction as the previous study and when compared, the factor construction before the practicum was similar, but after the practicum was not. Factors constructing the two evaluation scales were similar validating the Empathic Understanding self evaluation as effective for clinical nurses to measure their empathy toward patients.

Key words: Empathic Understanding Scale, Evaluation by others,
Likert Scale, Micro counseling Method, Self Evaluation.

Introduction:

The Purpose of this study is to establish an Empathic Understanding Self Evaluation scale, which measures the degree of empathy a nursing student demonstrates in the nurse/patient relationship in the clinical nursing situation. As nurses care for their patients, it is first necessary for the nurse to establish a relationship with the patient and often he /she is asked to take the role of a counselor with the patient. The quality of nursing will increase or decrease depending

on how much a nurse will work with his/her patient or is willing to be involved standing by as a supportive person. The patient, the object of nursing, is a valuable human being to be cared for. How the nurse views the patient and his/her understanding of the patient's value is what determines how the nurse speaks to his/her patient.

Nursing is usually practiced in relationship to others whether directly or indirectly. According to Travelbee's concept, she explained that from the relationship point of view, nursing is the process of human relationships, an ongoing experience of relationship between the nurse and another individual who needs support. Through that relationship, the nurse will affect the person receiving support and the receiver also influences the nurse. It is a process of activity or change. (1971)

Since both the caregiver and the receiver have different life experiences and have their own thoughts and ideas, the fact is that there are barriers and differences in their thinking. However, on the other hand, their approach toward one another is based on the common ground of nursing and they both influence one another as individuals. The nurse endeavors to prevent the patient's sickness or to help that patient face a serious illness. In order to do this the nurse must aim at interrelationship with the patient. Therefore, for a nurse to advance with his/her patient toward a common goal, the nurse must understand the problems of people (patients) who are different from him/her.
In order to really understand a patient, it is necessary for the nurse to possess empathic understanding, which is an attitude of willingness to comprehend from the patient's point of view, how he perceives and copes with his illness.

In previous research, (Nursing and Health Science, Vol.2, No.1, March 2000, pp 17-27) this author established the Empathic Understanding Scale (EUS) based on the micro counseling method. This scale requires an evaluator to complete the evaluation and is aimed at aiding the nurse in building the empathic understanding necessary to establish a nurse /patient relationship. In the previous study internal consistency is already proven between the EES emotional empathy scale and the EUS. However, practically speaking, there are varied clinical nursing situations and the EUS needed to be evaluated with regard to this as to whether it was a reliable test battery that would that would be versatile enough with few restrictions. So, as the result of factor analysis, two extra factors were identified.

The results were different from the previous study results in which four factors were extracted in the factor construction. The result of three-way analysis of variance among the evaluators testing time frame, and question items shows significance. The elements analyzed were: the evaluator, the testing time frame and the question items. Each element was analyzed by three-way analysis of variance for main effect, two-way interaction and three-way interaction. The main effect and two-way interaction of each element were significant (probability was less than 0.0001),

probability was less than 0.4227.

In considering these results, the author considered the differences shown in the evaluator's perception of the student's behavior. Therefore, based on the need for the evaluators to have consistent training and the fact that it is extremely difficult to introduce an evaluator into the clinical nursing situation, etc. this study is aimed at establishing a self-evaluation of the Empathic Understanding Scale for the nurse, using the question items from the previous study.

Review of Literature

For thirty years, the nursing profession has adopted the concept of client-centered therapy as reported by Rogers. Nursing researchers in Europe and North America have been studying the elements of empathy, endeavoring to measure those elements in order to be able to use them in the nursing field. However, the study of the methods needed to apply empathic understanding to the clinical nursing situation, and measuring it's effect is still being researched. Therefore, in the interrelationship between patients and the nurses this author thinks there is a need to try to extract the elements of the nurse's empathy toward the patient and to be able to measure the degree of empathy. A previous study, Nagano 2000, has established that the Empathic Understanding Scale, EUS, (for Japanese) and the Emotional Empathy Scale, EES, are internally consistent. The Emotional Empathy Scale was established by Mehrabian and Epstein in 1972 and consists of 33 question items. That scale was translated in 1998 by Kato and Takagi and adjusted to fit Japanese feelings and daily life conditions. The Emotional Empathy Scale consists of 3 subscales; 1) emotional warmth, 2) emotional coldness and 3) emotionally not influenced, and 25 question items and this EES measures and scales the observer's emotional response as he observes the emotional reactions of others. The three subscales are 1) emotional warmth, 2) emotional coldness and 3) emotionally not influenced.

In counseling, Carl R. Rogers considers empathic understanding a very significant concept because the counselor's attitude is very important. "The state of empathy or being empathic, is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the 'as if' condition"(Rogers 1967). According to Rogers, empathic understanding happens when the counselor, as an individual, captures the client's feelings, emotions and thoughts through the client's words and behavior. Then, based on the counselor's own experiences, thoughts, feelings and ideas, he/she communicates to the client those feelings that were verbally expressed by the client. Empathic understanding is based on the counselor's point of view from his own experiences and perceptions and how much he can really understand the client's point of view. When the counselor responds to what he understood from the

client, he confirms the client's internal emotions and feelings, which cause him to feel he isclose to the client. Rogers emphasizes, that it is important for the counselor to never lose his own identity. However, he sees empathic understanding as the primary, basic condition from which a counselor approaches a client.

Regarding empathy, Janice M. Morse 1992 and others examined the elements constructing empathy through Psychology and nursing and pointed out four elements, moral, emotional, cognitive and behavioral. Moral elements include an attitude of acceptance and a friendly attitude or an interest in others based on sympathy or a welfare mentality. Emotional elements refer to the nurse's personal ability to understand the patient's emotions and feelings. This appears at an early toddler age and hits its peak in adulthood and keeps developing throughout a person's life. Cognitive elements include the ability to understand, judge, analyze and discern what the patient feels now. Behavioral elements are the nurse's ability to communicate his or her interest about the patient. Morse tried to measure empathy so that these four elements of empathy would be used in nursing and she studied behaviors that prompts empathic communication between patients and nurses and developed an empathy training program etc. However, none of these reached an effective conclusion. Regarding this, Morse and others pointed out that there is no usable, effective empathy scale between the patient and nurse. In order to obtain such a scale, she stated first that there is a need to make clear how to communicate emotional and moral empathy between patients and nurses.

Alligood, M.R. 1992, uses the Layton Empathy Test and the Hogan Scale to measure two types of empathy and compares and examines them. The Layton Empathy Test score shows the degree of empathy of a person who has received training. The Hogan scale measures basic empathy. This test score shows the degree of a person's natural empathy from the heart.

On the other hand, Shotai 1989, suggest three construction elements regarding empathy; the person who receives empathy, the person who shows empathy and the interaction of both. Included in those construction elements are the nurses interest toward the patient, an active attitude toward caring, and the degree of care offered by the nurse, age, years of experience, mental capacity, and similar experiences.

Ivey reported empathy is necessary to respond to a client's emotions. (Ivey, A.E. 1971,1978) The counselor is not looking at the client's cognitive side, but responds to feelings and emotions. The counselor needs to understand both emotions which appear outwardly and those which occur inwardly. In order to understand the client, the counselor must pay attention to the client's expression of feelings, and listen to how the client is communicating through the context of what he expresses verbally. After the counselor listens to his client, he must communicate or reflect back to the client the emotions and feelings which heunderstood from the client. According to the client's response,the counselor can judge whether or not he has correctly understood

the client.

To develop empathy, reflection of the client's emotions and feelings is most important. The reflection of feelings, which brings correct understanding of the world of a person's emotions and feelings, is the basis of helping all human beings. Nurses often take a counselor's role with their patients using empathic understanding to gain understanding, from the patient's point of view, of how they fight against and cope with their illnesses. However, since empathy is a subjective cognition of an individual's feelings and emotions, it is therefore a very difficult concept to grasp.

Understanding the importance of empathy in the nurse/patient relationship, nurses need to be trained in how to counsel with empathy to be effective. Novice nurses or nurses without counseling experience are often unable to express the behaviors, which convey empathic understanding. Microcounseling is a systematic approach to training, which facilitates helpers to become more effective. As Ivey, who developed the Microcounseling approach explained, it is an effective way to understand human feelings and emotions. This is considered to be the same as the empathic understanding approach developed by Rogers, and is very similar to the process of entering a client's internal frame of reference. Therefore, the questionnaire items selected for this study were chosen from the counseling technique explanation stated in Ivey's Micro counseling approach. This Micro counseling method is the counselor training method developed by Ivey and his co-workers for teaching counselors to counsel with empathic understanding. This method involves the counselor (1) observing a model counseling session, (2) listening to an explanation of the counseling skills to be used, (3) practicing a role-play of a counseling session using the learned skills, (4) receiving feed-back from the micro counseling instructor, (5) repeating the role-play using the feedback, and (6) exchanging roles to practice the role-play again.

As Travelbee stated, quoted in the introduction, "nursing is the process of human relationships, an ongoing experience of relationship, between the nurse and another individual who needs support". The purpose of the nurse's support skills (hygiene, toileting, how to administer injections etc.,), toward the patient in the clinical nursing situation is; 1) to build relationships between nurses and patients who need support and care in a way that their hearts can affect each other, 2) to promote the patient's healing and recovery, and 3) to improve his quality of life and provide him opportunity to live a meaningful life filled with human dignity and significance. Therefore, it is necessary for nurses who are involved with patients, as they use support skills, to first think about how to form rapport in their relationships. For that reason, as the nurse attempts to understand from the patient's point of view how he copes with his illness, it is imperative that he/she possesses empathic understanding.

Purpose

This research is to establish a reliable and valid self-evaluation scale, which will measure the nurse's degree of empathy toward his/her patient in the clinical nursing setting. The result of previous research in which subjects were evaluated by a third party evaluator in clinical settings using three way analysis of variance among the three the elements 1) evaluator, 2) time frame, 3) question items shows, the main effect for the evaluator and two way interaction among the three elements is significant because P<.0001. Three way interaction shows that probability was less than or equal to 0.4227. This means that each evaluator has his/her own cognitive perspective and perceives the evaluation items differently. This showed the EUS needed to be improved making it more valid and reliable and evaluators needed to be trained to evaluate consistently. However, even if they were trained, it is very difficult for a third party to evaluate a nurses empathic understanding skills in the clinical setting, thus a self evaluation form needed to be developed to evaluate the nurse's ability to show empathic understanding. This study was conducted for that purpose.

Method:

Subjects for this study were 433 nursing students, 205 (2001) and 228 (2002), ages 20-24, who completed communication skills classes and were in a 2-3 week practicum in psychiatric nursing. They were in five facilities located in Shizuoka, Chiba, Mie and Wakayama Prefectures. Data was collected during two years, May through December of 2001 and September through December 2002 by using the "self-evaluation EUS" containing 21 items that were corrected to more appropriate expressions for self-evaluation and a micro-counseling video for subjects to observe.

Procedure:

A sample was taken one week prior to students beginning the practicum and one week after they completed it.
A Likert scale using a 10-centimeter horizontal line numbered 0 at one end and 10 at the other was marked after each item. After the self-evaluation, points were calculated using the ratio scale based on the scale construction method.

The Evaluation Method was a self-evaluation system. Subjects listened to 30 minutes instruction about the EUS self evaluation scale and then viewed a 30-minute micro counseling VTR before beginning the practicum. To complete the self-evaluation, the subjects judged their own behavior and actions as to how well they expressed empathic understanding. If empathic understanding was expressed through the subject's behavior and attitude appropriately, subjects marked on the line closer to

10. If behavior and attitude were inappropriate, the subject marked closer to 0 on the line. Using the EUS questionnaire beginning with item #1, the subjects avoided looking at previous question items or evaluations. If some items are difficult to evaluate, the subjects checked to see if their behavior and attitudes were similar to the examples of behavior, statements or questions given in the question items. The subject made sure that no question items were skipped on the answer sheet.

Factor analysis was based on the principal factor analysis method, and validity of construction concepts was examined by comparison of the previous study.

Result:

In this study, in order to examine whether four factors, which have the same construction as the EUS evaluated by others, could be extracted, factor analysis was performed using Principal Factor Analysis, Varimax Rolling Method. A "self-evaluation EUS" scale containing 21 question items was used and the data collected before and after the practicum during 2001 and 2002 was analyzed. As a result, four factors were extracted which contained the same four-factor construction as in the EUS evaluated by others. (Table 1) and (Table 2)

Table-1 EUS Self-Evaluation Factor Analysis (2001・2002)

Factor / Item	1 Acceptance Attitude	2 Reflective Attitude Regarding Emotions and Meaning	3 Verbalization Prompting Attitude	4 Confirmation Attitude
	Contribution Ratio	Contribution Ratio	Contribution Ratio	Contribution Ratio
(2001)	0.174(17.4%)	0.129(12.9%)	0.109(10.9%)	0.90(9.0%)
PreQ 6	.757			
PreQ 20	.699			
PreQ 10	.680			
PreQ 4	.679			
PreQ 14	.670			
PreQ 16	.551			
PreQ 11	.398			
PreQ 21	.367			
PreQ 1		.731		
PreQ 2		.686		
PreQ 8		.631		
PreQ 13		.629		
PreQ 9		.572		
PreQ 18		.566		
PreQ 7			.766	
PreQ 3			.633	
PreQ 5			.496	
PreQ 15			.486	
PreQ 19				.660
PreQ 17				.577
PreQ 12				.488
(2002)				
PreQ 6	.782			
PreQ 10	.733			
PreQ 20	.652			
PreQ 4	.609			
PreQ 16	.579			
PreQ 14	.528			
PreQ 17	.444			
PreQ 1		.655		
PreQ 9		.616		
PreQ 13		.554		
PreQ 18		.529		
PreQ 8		.527		
PreQ 12		.487		
PreQ 2		.454		
PreQ 7			.725	
PreQ 3			.702	
PreQ 5			.523	
PreQ 11			.378	
PreQ 15				.561
PreQ 19				.444
PreQ 21				.442

Method of Extraction of the Factors: Principle Factor Analysis Method

Table-2 EUS Self-Evaluation Factor Analysis (2001, 2002)

Item \ Factor	1	2	3	4
(2001)	.779			
PostQ 13	.751			
PostQ 9	.704			
PostQ 8	.668			
PostQ 18	.598			
PostQ 1	.560			
PostQ 19	.426			
PostQ 11	.342			
PostQ 21		.755		
PostQ 4		.709		
PostQ 10		.668		
PostQ 6		.651		
PostQ 14		.569		
PostQ 2		.522		
PostQ 16			.753	
PostQ 7			.735	
PostQ 3			.519	
PostQ 12			.515	
PostQ 15			.472	
PostQ 5				.769
PostQ 17				.585
PostQ 20				
(2002)				
PostQ 10	.849			
PostQ 6	.822			
PostQ 20	.744			
PostQ 14	.722			
PostQ 4	.722			
PostQ 16	.683			
PostQ 17	.657			
PostQ 2	.556			
PostQ 11	.344			
PostQ 9		.739		
PostQ 8		.687		
PostQ 13		.609		
PostQ 1		.502		
PostQ 18		.489		
PostQ 5		.407		
PostQ 19			.715	
PostQ 15			.637	
PostQ 12			.577	
PostQ 21			.402	
PostQ 3				.752
PostQ 7				.576

Method of Extraction of the Factors: Principle Factor Analysis Method

The results of factor analysis of the "EUS self-evaluation" before the practicum are: first factor 17.4%, second factor 12.9%, third factor 10.9% and fourth factor 9%. The contribution ratio of the four factors is 50%.

In the comparison of the correlation of the EUS evaluated by others and the "EUS self-evaluation" before the practicum, the factors were examined to determine whether each factor construction contains the same question items. Comparison of the correlation between the evaluations from each study collected before the practicum shows that the factors contain almost the same question items. Therefore, the factor constructions are similar to those extracted in the previous study. However, there was no similarity in the data extracted after the practicum.

Changes in factor construction occurring in this study are as follows: items 10 and 11 in factor 2 and item 16 in factor 3 changed to factor 1. Item 21 was added to factor 1. Item 17 in factor 3 changed to factor 4 and item 15 in factor 3 changed to factor 3 (in this study it was renamed Verbalization Prompting Attitude). Thus, the names of the factors were renewed according to the items, which constructed the factors. (Table 3)

Table- 3　EUS Comparison between: Evaluation by others and Self-Evaluation

Question items	Evaluatedby others	Self Evaluation	Changes
Item 21	—	a	A new Question item,21 is added in this Study
Item 4	a	a	
Item 6	a	a	
Item 14	a	a	
Item 20	a	a	
Item 10	c	a	c to a
Item 16	r	a	r to a
Item 11	c	a	c to a
Item 17	r	c	r to c
Item 12	c	c	
Item 19	c	c	
Item 1	r	r	
Item 2	r	r	
Item 8	r	r	
Item 9	r	r	
Item 13	r	r	
Item 18	r	r	
Item 5	v	v	
Item 15	r	v	r to v
Item 3	v	v	
Item 7	v	v	

Acceptance attitude factor (a)
Reflective attitude regarding emotions and meaning factor (r)
Verbalization prompting attitude factor (v)
Confirmation attitude factor (c)
Pre-practicum: Result of self-evaluation factor construction change.

Discussion:

The result of the analysis completed on the data which was collected in clinical settings before the practicum showed that the factor construction was almost the same as the factor construction from the previous study using the EUS evaluated by others. As table 3 shows, question items 10, 11, 15,16, and 17, have been redistributed among the factors. However, the factors are still constructed with the same question items. This means the degree of empathy measured under controlled conditions (role-play, instruction, viewing the Micro counseling video and feedback) using the EUS evaluated by others and the degree of empathy measured by using the "EUS self-evaluation" in the actual clinical situation are the same. This shows that the EUS self-evaluation before the practicum has the same construction concept as the EUS evaluated by others and is therefore considered valid and reliable.

For each extracted factor, new appropriate names were considered according to which question items constructed each factor. Factor names are: Factor 1 "Acceptance Attitude Factor", Factor 2 "Reflective Attitude Regarding Emotions and Meaning Factor", Factor 3 "Verbalization Prompting Attitude Factor" and Factor 4 "Cognitive Attitude Factor". The definition and explanation of the attitudes of each factor are as follows: Factor 1, "Acceptance Attitude" means that each client is accepted unconditionally and positively as one unique valuable person in spite of his emotional attitude, for example, anger, fear, confusion and feeling rejected or rejection attitude. The client experiences his/her own personal fear or insecurity. As the counselor begins to establish a personal relationship with his client in the first interview, the counselor needs to relate to the client with a friendly, considerate, warm attitude without fear. The counselor should deal with each session as if this were his very first time to counsel and a very new experience in his counseling practice. In so doing, the counselor is able to give each client his undivided attention.

The meaning of the second factor, "Reflective Attitude Regarding Emotions and Meaning Factor" is that the counselor is sensitive to the client's verbal and non-verbal communication and this factor is especially expressed when focusing on verbal communication. It also means that the counselor understands the meaning of the client's constantly changing feelings and emotions that are fear, anger, sorrow, joy and confusion.

The third factor, "Verbalization Prompting Attitude Factor" means that the counselor will ask open and closed questions in an effort to understand the client more fully. That helps each client to feel secure and free and encourages him or her to express themselves freely. At that time the counselor accepts the flow of his own emotions and expresses them freely and openly allowing the counselor to relate to the client with a sincere, pure attitude without emotional barriers.

Factor 4, "Cognitive Attitude Factor" means the counselor will give sufficient attention to all aspects of the client's attitudes and behaviors. The counselor will give

attention to the client's verbal and non-verbal communication especially to what the client speaks vaguely or unconsciously and be able to understand those emotions. Then the counselor will reflect back to the client in the counselors own words, the client's thoughts.

The corporate affect of using these four factors is that the counselor is able to enter the client's internal frame of reference or his private world. In order for nurses and patients to establish a relationship the nurses need to express a high degree of empathy toward their patients. If in the clinical setting the nurse establishes the type of relationship that is described in these factor definitions, then he/she has expressed the highest level of empathy toward her patient.

Conclusion:

Due to the inconvenience and difficulties associated with a introducing a third party evaluator into the clinical situation with a patient, the aim of this study was to establish a self-evaluation scale that would allow nurses to evaluate their own empathic understanding. The factors constructing the scale of the pre-practicum EUS self-evaluation and the EUS evaluated by others were found to be very similar, thus validating the EUS self-evaluation as an effective tool to measure empathic understanding. Therefore, this valid, reliable self-evaluation scale became usable for measuring a nurse's degree of empathy toward a patient, in the clinical setting, without input from a third party. Giving careful attention to the EUS scale scores, nurses can gain understanding of how effectively they empathize with their patients. In fact, as nurses endeavor to establish relationships and to communicate with patients in the clinical setting, this contributes to the nurse creating rapport with his/her patients.

However, the degree of self-esteem affects the accurate evaluation of a nurse's empathic understanding when using the EUS self-evaluation to measure his/her degree of empathy toward patients. Rosenberg stated, regarding self-esteem, that it is not the comparison of your self to others but it is one's own emotional perception of his evaluation of himself. (1965) Therefore, nurses need to be trained for the purpose of improving their self-esteem so that they can more accurately measure their degree of empathy toward patients. For further study, there is a need to develop training programs to improve an evaluator's self-esteem.
Also, in previous studies the evaluators received more extensive training in order to evaluate the degree of a nurse's empathic understanding, which improved the evaluator's empathic understanding. This training was not included in this study for EUS self-evaluation.

The Communication Training Model (Table 4) was developed by the author to improve nurses' communication skills. This is a model to be used to improve

communication skills by using the items of the EUS scale to improve empathy. This Table contains four Skills Factors which are: Factor 1, "Acceptance Attitude Skills", Factor 2, "Reflective Attitude Regarding Emotions and Meaning Skills", Factor 3, "Verbalization Prompting Attitude Skills" and Factor 4, "Cognitive Attitude Skills". The effectiveness of micro training to improve these skills has been proven previously. (Figure.1) Skills were improved by micro-counseling training (instruction, feedback, role-play) resulting in increased empathic understanding attitude and leading to improved communication skills from the nurse toward his/her patient. (Table 4)

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