Study of the Development of a Self Evaluation Form For Nurses —The Reliability and Validity of the EmpathicUnderstanding Scale—

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Abstract

Aim : The purpose of this study is to establish an Empathic Understanding Self-evaluation Scale that a nurse can use to measure her level of empathy in the clinical nursing situation. Using the Empathic Understanding Scale from the previous study requires a third party to evaluate a nurse's empathy level and this is difficult in the clinical setting.

Methods: 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, before and after the practicum. The evaluation method was similar to that of the previous studys, subjects received instruction and watched a micro counseling video. Evaluators used a Likert Scale and the Principal Factor method was used to perform factor analysis.

Results : Four factors were extracted. The comparison of the factor structures reveals similar structures with the data collected before the practicum but data collected after the practicum was different. The similarity of the structures showed validity of the Empathic Understanding Self-evaluation Scale for a nurse to measure his/her empathy levels toward patients. Reliability was confirmed by Chronbach's alpha.

Conclusions : The Empathic Understanding Self-evaluation Scale was found valid and reliable and easily used by nurses in the clinical setting as a self -evaluation tool.

Key words : Empathic Understanding Scale, Likert Scale, Micro counseling Method, Empathic Understanding Self-evaluation Scale, Japanese.

Introduction:

The Purpose of this study is (1) to develop an Empathic Understanding Self-evaluation Scale that can be used in the clinical nursing situation to measure the degree of empathy in a nurse/patient relationship and (2) to examine the reliability and validity of that Self-evaluation Scale.

Based on a nurses own life experiences, she will try to understand the thoughts and feelings a patient is experiencing. Also, by observing the patient's words and actions the nurse can gain understanding regarding his thoughts and feelings. Even though the nurse's experiences may be different from those of her

patient, she must be willing to understand from the patient's point of view how he perceives his illness and circumstances. As the nurse and patient communicate, the nurse must give feedback to the patient about what she understood from him and receive confirmation. In this way, the nurse is able to come closer to the patient and enter the internal world of emotions and feelings he is experiencing. When that occurs, empathy has been expressed by a nurse to her patient.

Many groups have attempted to establish a scale for measuring empathy. In 1972, Mehrabian and Epstein developed the Emotional Empathy Scale which measures the degree of one's empathy toward others' feelings. (Meharabian & Epstein,1972)

In 1980, that scale was translated and readjusted to Japanese emotions and life conditions by Kato and Takagi (Kato. & Takagi 1980). In 2001, the Hogan Scale (Evans, Will, Alligood & Neil, 1998) was developed to test basic empathy; empathy which humans naturally possess) and the Layton Empathy Test was developed to test trained empathy; that which is gained by studying empathy. (Layton & Wykle 1990) In 2000, an Empathic Understanding Scale was developed by Nagano, in Japanese. The scale consists of 21 question items, requires a third party to use it to measure empathy and was developed to be used in the Japanese clinical setting. The scale was proven to be valid and reliable. Nagano (2000)

Kato and Takagi's Emotional Empathy Scale is a very meaningful scale since it was developed based on Japanese life and emotions, however, there are difficulties in the clinical situation using the scale to measure empathy, particularly in nurse and patient relationships. And while the Layton Empathy Test and Hogan Scale are also useful and the Layton Empathy Test is especially meaningful in measuring trained empathy, there is a need for the scale to be adjusted for Japanese emotions. The Empathic Understanding Scale requires evaluation by a third party and that makes it difficult to measure empathy in a real clinical situation. In various clinical nursing situations, a valid, reliable self evaluation scale needs to be developed which can be used to measure empathy in a more simple way with less restrictions. Nursing requires offering support to patients with various health conditions and having ability to see the value of each individual. It is necessary for nurses to communicate well with and maintain good relationships with their patients. In order for nurses to accomplish that, they need to develop effective communication skills which will enable them to understand patients' problems. It is definitely necessary for nurses to have empathic understanding skills so that they can understand a patient from the patient's point of view. Psychiatric nurses and nurses caring for the terminally ill are especially required to have effective communication skills so they can deal with their patient's insecurities and unstable feelings. Therefore, in this study, using the Empathic Understanding Scale, with the understanding of Japanese emotions and daily life feelings, the author will develop the Empathic Understanding Self-evaluation Scale to enable for a nurse to measure her own degree of empathy.

In the next section, the author will explain the development of question items, constructing the Empathic Understanding Scale and how this study relates to the previous ones.

Instrument Development

Pilot Study

In developing the Empathic Understanding Scale, the author studied Ivey's explanation of Micro counseling and found that the Micro counseling Technique best captures aperson's emotions and feelings.

Fukuhara (1985) She then selected 23 question items from Ivey's work that she believed would best evaluate a subject's degree of empathy. Using those 23 items, she developed the Empathic Understanding Scale.

Each question item was evaluated by an evaluator, using a 10 cm straight line numbered from 0 to 10. The evaluators used a Likert Scale and the data was logged by the scale construction method. Seven evaluators, previously trained in evaluation technique, observed 18 subjects and evaluated their actions and attitudes (using the Empathic Understanding Scale). They marked their evaluations on the Likert Scale. The data was analyzed by the principal factor analysis method and four factors were extracted. (Table 1) Nagano (2000)

The cumulative contribution of the four factors was 78% confirming the reliability of the four factors constructing the Empathic Understanding Scale. The validity of that scale was evaluated by using the Emotional Empathy Scale, a scale proven valid to test empathy. When the Emotional Empathy Scale and the Empathic Understanding Scale were compared by multiple regression analysis, they showed internal consistency proving the Empathic Understanding Scale would effectively measure empathic understanding.

Previous Study

The purpose of this Study was to examine the reliability and validity of the Empathic Understanding Scale. The question items of the Scale used in this study totaled 20 items. Factors one through four extracted in the Pilot Study each contained five question items based on the weight of each item. There were 327 subjects and the author used the same procedure as in the pilot study. As a result, four factors were extracted. (Table 2) Nagano (2000) The cumulative contribution of the 4 factors was 71.5%. Each factor contributed the following: Factor 1, Acceptance Attitude (42.1%), Factor 2, Cognitive Attitude (13.4%), Factor 3, Reflective Attitude Regarding Emotions and Meanings (10.4%) and Factor 4, Verbalization Prompting Attitude (5.6%). This was the same factor structure as in the pilot study indicating that the Empathic Understanding Scale continues to be reliable and valid. Nagano (2000) While this is a very important issue, maintaining stable nurse/patient relationships is of equal importance in clinical settings.

The purpose of a nurse's assistance toward a patient in the clinical nursing situation (hygiene, toilet assistance skills, administering injections, etc,) is to develop a nurse/patient relationship in which the nurse and patient influence one another heart to heart. This will assist the patient in health recovery and afterward help the patient to continue a meaningful life with dignity.

Therefore, when nurses use assisting skills involving their patients, they must first think about developing rapport in their relationships. In order for nurses to understand others, they need to have an empathic understanding attitude. The nurse must try to understand from the patient's point of view, how the patient accepts and is able to face his illness. From this perspective, using the valid Empathic Understanding Scale requiring an evaluation of the nurse's empathic ability by a third party was quite difficult in the hospital because of the possible effects on nurse/patient relationships and colleague relationships. Therefore, an Empathic Understanding Scale which does not require a third party evaluator needed to be developed.

In examining the Empathic Understanding Scale established in the previous study (Table 2), the author noted the 4 th factor had only 3 items. Therefore, another appropriate question item was added to the 4 th factor (Verbalization Prompting Attitude) totaling 21 questions. Then the 21 question items were examined and corrected so that they were appropriate for use in a self-evaluation questionnaire. From that questionnaire the Empathic Understanding Self-evaluation Scale was developed.

Method:

Subjects for this study were 479 nursing students, however 46 of those students had insufficient data and were eliminated reducing the actual number of subjects to 433.

The author sufficiently explained to the subjects in written form the purpose of the study and each subject signed a written consent to participate. Data was collected by the author during two years, May 2001 through December 2002.

Procedure:

Data collection occurred within a week after the students began a practicum and within a week after they completed it. The 21 question items of the Self-evaluation Scale were adjusted to the appropriate expressions for self-evaluation.

Subjects listened to 30 minutes of instruction about the Empathic Understanding 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, subjects marked closer to 0 on the line. Using the Empathic Understanding Self-evaluation Scale questionnaire beginning with item #1, the subjects avoided looking at previous question items or evaluations. If some items were difficult to evaluate, they checked to see if their behavior and attitudes were similar to the examples of behavior, statements or questions provided in the question items. They 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 to the previous study.

Result:

In this study 2001-2002, in order to examine whether four factors, which have the same construction as the Empathic Understanding Scale, could be extracted, factor analysis was performed using Principal Factor Analysis, Varimax Rolling Method. An Empathic Understanding Self-evaluation 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 the Empathic Understanding Scale. (Table 3) and (Table 4)

The results of factor analysis of the Empathic Understanding Self-evaluation Scale before the practicum 2001 are: first factor 18.134% α =0.8608, second factor 15.809% α =0.8743, third factor 10.860% α =0.8017and fourth factor 10.354% α =0.6714. The contribution ratio of the four factors is 55.157% (Table 4).

The results of factor analysis of the "Empathic Understanding Self-evaluation Scale" before the practicum 2002 are: first factor 16.706% α =0.8560, second factor 13.631% α =0.8189, third factor 10.579 % α =0.7420, and fourth factor 6.847% α =0.6623. The contribution ratio of the four factors is 47.764%(Table 4). The author renewed the factor names according to the items which constructed the extracted factors.

The results of factor analysis of the Empathic Understanding Self-evaluation Scale after the practicum 2001 are: first factor 19.954% α =0.8888, second factor 17.770% α =0.8743, third factor 13.401% α =0.8621,

fourth factor 8.307% α =0.8288. The contribution ratio of the four factors is 59.432%. (Table 4) The results of factor analysis of the Empathic Understanding Self-evaluation Scale after the practicum 2002 are first factor 25.180% α =0.9229, second factor 15.909% α =0.8736, third factor 11.664% α =0.8563, fourth factor 9.525% α =0.7957. The contribution ratio of the four factors is 62.279%. (Table 4)

In order to examine internal consistency between the Empathic Understanding Scale from the previous study Nagano. (2000) and the Empathic Understanding Self-evaluation Scale (Table 3) and (Table 4), the author used data from both studies. Excluding item 21, which was not yet developed for the Empathic Understanding Scale, the same 20 question items were used in the four factor categories of the Empathic Understanding Scale and the Empathic Understanding Self-evaluation Scale before the practicum. The author determined how many of the question items belonged to each factor. Those numbers were divided by the total number of question items and converted to percentages. The percentage of the same question items in each factor in the Empathic Understanding Scale and in the Empathic Understanding Self-evaluation Scale before the Practicum was 70% which shows a high percentage rate. (Table 5) The items constructing the Empathic Understanding Scale and the Empathic Understanding Self-evaluation Scale were almost the same and revealed the same factor structure. The Empathic Understanding Self-evaluation Scale data collected after the practicum did not show the same significance.

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 Empathic Understanding Scale. As table 5 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 Empathic Understanding Scale and the degree of empathy measured by using the Empathic Understanding Self-evaluation Scale in the actual clinical situation are the same. This shows that the Empathic Understanding Self-evaluation Scale before the practicum has the same construction concept as the Empathic Understanding Scale 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 patient 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 patient experiences his/her own personal fear or insecurity. As the nurse begins to establish a personal relationship with the patient in the first interview, the nurse needs to relate to him/her with a friendly, considerate, warm attitude without fear. The nurse should deal with each session as if this were his/her very first time to counsel and a very new experience in his/her nurse/counseling experience. In so doing, the nurse is able to give each patient his/her undivided attention.

The meaning of the second factor, "Reflective Attitude Regarding Emotions and Meaning Factor" is

that the nurse is sensitive to the patient's verbal and non-verbal communication and this factor is especially expressed when focusing on non-verbal communication. It also means that the nurse understands the meaning of the patient's constantly changing feelings and emotions that are fear, anger, sorrow, joy and confusion.

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

Factor 4, "Cognitive Attitude Factor" means the nurse will give sufficient attention to all aspects of the patient's attitudes and behaviors. The nurse will give attention to the patient's verbal and non-verbal communication especially to what the patient speaks vaguely or unconsciously and will attempt to understand those emotions. Then the nurse will reflect back to the patient in the nurse's own words, the patient's thoughts.

The corporate affect of using these four factors is that the counseling nurse is able to enter the patient'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 his/her patient.

These four factor definitions show the attitude patterns that establish relationships between nurses and patients.

In the previous study (Empathic Understanding Scale, Nagano 2000) and this study, it became clear that Factors Ⅰ and Ⅱ are the important factors that contribute to empathic understanding. When nurses scored low on the first factor (question items 10, 6, 20, 14, 4, 17) and the second factor (question items 9, 13, 8, 1, 18, 19) in this scale, this showed the nurses empathic understanding skills were not sufficient. Thus the nurse needs to receive training to increase the necessary skill or make-up which skills were what is lacking. By using the Empathic Understanding Self-evaluation Scale with their patients, nurses gain understanding of their empathic understanding skill levels and which skills they need to the master or learn.

In Alligood's report on the Hogan Scale and Layton Empathy Test, she reported that the Hogan Scale measures empathy that a person naturally possesses and the Layton Empathy Test measures empathy a person gains later by learning. Evans etal. (1998) However, the Layton Empathy Test made it clear that trained empathy does not have a lasting effect. (Layton & Wykle, 1990) Alligood emphasized that in order for empathy to be increased, it is very important that natural empathy be trained and developed. Evans et al. (1998) Therefore, if nurses have not received empathy training, then he/she needs to be educated in empathy skills which can be learned and add to their natural empathy so that they can effectively express empathy in the nurse patient relationship. When considering that the Layton Empathy Test measures nursing student's empathy levels that were established after training, the Empathic Understanding Self-evaluation Scale has some similar elements. This Empathic Understanding Self-evaluation Scale was established as a result of an investigation of nursing students in Japanese medical culture, and it has made it possible for them to evaluate objectively how much empathy they expressed toward their patient.

Conclusion:

In this study, the Empathic Understanding Self-evaluation Scale has almost the same factor construction as the Empathic Understanding Scale. Therefore, as a selfe-evaluation scale that measures a nurse's empathy level, this Empathic Understanding Self-evaluation Scale is valid and reliable and no longer requires an intrusive third party evaluator. (Table 6) Thus, the Empathic Understanding Self-evaluation Scale can confidently be used in the clinical situation by nurses or other health professionals to measure their empathy levels toward patients. Better empathic understanding toward patients by those in the helping professions will improve relationships with patients and assist in more efficient patient health recovery.

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Table 1. Four factors extracted as a result of factor analysis

(Pilot Study)

Factors / Items	Factor 1 cognitive awareness attitude	Factor 2 acceptance attitude	Factor 3 verbalization prompting attitude	Factor 4 confirmation attitude
	Contribution ratio 48.4%	Contribution ratio 18.2%	Contribution ratio 6.1%	Contribution ratio 5.2%
Items 14	0.448			
Items 15	0.556			
Items 18	0.542			
Items 19	0.392			
Items 20	0.582			
Items 21	0.589			
Items 22	0.629			
Items 23	0.621			
Items 1		0.852		
Items 2		0.844		
Items 3		0.854		
Items 4		0.888		
Items 5		0.828		
Items 6		0.816		
Items 7		0.621		
Items 8			0.496	
Items 12			0.731	
Items 13			0.685	
Items 9				0.647
Items 10				0.674
Items 11				0.511
Items 6				0.427
Items 17				0.448

Table 2. Four factors extracted as a result of factor analysis

(Previous Study)

New Factors / Previous Items	Factor 1 cognitive awareness attitude	Factor 2 acceptance attitude	Factor 3 verbalization prompting attitude	Factor 4 reflective attitude regarding emotions and meaning
	Contribution ratio 13.4%	Contribution ratio 42.1%	Contribution ratio 5.6%	Contribution ratio 10.4%
Items 1		0.556		
Items 2		0.806		
Items 3 Previous		0.737		
Items 4 Factor 2		0.645		
Items 6		0.785		
Items 11	0.425			
Items 13	0.517			
Items 10 Previous	0.695			
Items 5 Factors	0.649			
Items 9 3and4	0.548			
Items 15				0.649
Items 16				0.694
Items 17 Previous				0.643
Items 20 Factors				0.552
Items 21 1and4				0.444
Items 22				0.669
Items 23				0.489
Items 7			0.701	
Items 8 Previous			0.710	
Items 12 Factor 3			0.391	

Table 3. Empathic Understanding Self-evaluation factor analysis (2001-2002)

Factors	Factor 1	Factor 2	Factor 3	Factor 4
Items	Acceptance Attitude	Reflective Attitude Regarding Emotions and Meaning	verbalization prompting attitude	confirmation attitude
	Contribution Ratio	Contribution Ratio	Contribution Ratio	Contribution Ratio
	0.174 (17.4%)	0.129 (12.9%)	0.109 (10.9%)	0.90 (9.0%)
(2001)				
PreQ6	.757			
PreQ20	.699			
PreQ10	.680			
PreQ4	.679			
PreQ14	.670			
PreQ16	.551			
PreQ11	.398			
PreQ21	.367			
PreQ1		.731		
PreQ2		.686		
PreQ8		.631		
PreQ13		.629		
PreQ9		.572		
PreQ18		.566		
PreQ7			.766	
PreQ3			.633	
PreQ5			.496	
PreQ15			.486	
PreQ19				.660
PreQ17				.577
PreQ12				.488
(2002)				
PreQ6	.782			
PreQ10	.733			
PreQ20	.652			
PreQ4	.609			
PreQ16	.579			
PreQ14	.528			
PreQ17	.444			

Table 3. Empathic Understanding Self-evaluation factor analysis (2001-2002)

Factors	Factor 1	Factor 2	Factor 3	Factor 4
Items	Acceptance Attitude	Reflective Attitude Regarding Emotions and Meaning	verbalization prompting attitude	confirmation attitude
	Contribution Ratio	Contribution Ratio	Contribution Ratio	Contribution Ratio
	0.174 (17.4%)	0.129 (12.9%)	0.109 (10.9%)	0.90 (9.0%)
(2002)				
PreQ1		.655		
PreQ9		.616		
PreQ13		.554		
PreQ18		.529		
PreQ8		.527		
PreQ12		.487		
PreQ2		.454		
PreQ7			.725	
PreQ3			.702	
PreQ5			.523	
PreQ11			.378	
PreQ15				.561
PreQ19				.444
PreQ21				.442

Method of extraction of the factors: Principle factor analysis method

Table 4. Empathic Understanding Self-evaluation factor analysis (2001-2002)

Factors	Factor 1	Factor 2	Factor 3	Factor 4
Items				
(2001)				
PreQ13	.779			
PreQ9	.751			
PreQ8	.704			
PreQ18	.668			
PreQ1	.598			
PreQ19	.560			
PreQ11	.426			
PreQ21	.342			
PreQ4		.755		
PreQ10		.709		
PreQ6		.668		
PreQ14		.651		
PreQ2		.569		
PreQ16		.522		
PreQ7			.753	
PreQ3			.735	
PreQ12			.519	
PreQ15			.515	
PreQ5			.472	
PreQ17				.769
PreQ20				.585
(2002)				
PreQ10	.849			
PreQ6	.822			
PreQ20	.744			
PreQ14	.722			
PreQ4	.722			
PreQ16	.683			
PreQ17	.657			
PreQ2	.556			
PreQ11	.344			
PreQ9		.739		
PreQ8		.687		
PreQ13		.609		
PreQ1		.502		
PreQ18		.489		
PreQ5		.407		
PreQ19			.715	
PreQ15			.637	
PreQ12			.577	
PreQ21			.402	
PreQ3				.752
PreQ7				.576

Method of extraction of the factors: Principle factor analysis method

Table 5. Comparison between: Empathic Understanding Scale and Self-evaluation Scale

Question items	Empathic Understanding Scale	Self Evaluation	Changes
Item 21	—	a	A new
Item 4	a	a	Question
Item 6	a	a	item, 21 is
Item 14	a	a	added in this
Item 20	a	a	Study
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.

Table 6. Empathic Understanding Self-evaluation Scale

Evaluators name ( ) Number ( ) Time of Evaluation ( )

Circle: Before the practicum or After the practicum

For the following questions 1to 21, please mark with a short vertical line on the horizontal line at the point that honestly evaluates your emotions. (Please mark all 21 questions, and do not leave even one unmarked.) The evaluation must begin with question #1 and continue, in order. Do not look back at the previous statement and evaluation. If you used the question used as the example, that is good.

1. I summarized the patient's emotions and feelings by saying, "Right now, it seems that you are feeling this.....".
2. I restated the important points in my own words and confirmed them with the patient.
3. In order to let the patient know I was interested in him/her, I said "If you have anything you want to talk with me about you can talk with me any time".
4. I expressed acceptance to the patient with warm, compassionate eye expressions.
5. In order to communicate my desire to know and understand the patient I asked, "Could you explain in more detail ? "
6. I tried to speak to the patient in a gentle, friendly, not stiff, easy to understand way so it would be easy for him/her to answer.
7. I coaxed the patient by saying, "Is there anything you're troubled about and would like to ask ? ".
8. I provided feedback regarding the patient's feelings in my own words saying, "Right now, it seems that you are feeling this and this".
9. I pointed out the patient's feelings by saying "I think you are saying this and this".
10. I tried to understand the context of what the patient was trying to communicate by saying "uh-huh" to encourage him to talk freely.
11. I asked specific questions so the patient could respond with only yes or no answers.
12. In order to understand how the patient perceives a problem, I asked, " What do you think about ..... ? ".
13. I restated the meaning of what the patient said in my own words, then confirmed by asking, "Does that mean this ..... ? ".
14. I faced the patient so that my interest would not be drawn away from the patient.
15. In order to communicate my desire to know and understand the patient, I asked, "Could you explain ..... ? " "What did you feel about that ? "
16. As I Listened to what the patient said, I tried to understand both the context of what the patient was talking about and what he/she was feeling as he/she was talking.
17. When I talked to the patient, my facial expressions were always relaxed.
18. Using the patients words, I repeated back to the patient his /her feelings, saying, "Uh-huh, so you are feeling this and this," or "So you are thinking this way".
19. To gain understanding of how a patient views a problem, I asked, "How do you perceive this ? "
20. I tried to always relax when I was relating to the patient .
21. I responded to the patient with, "Uh-huh," "What happened ? " and "What do you think ? " trying to encourage the patient to continue talking.

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