1957

A preliminary investigation of the empathic ability of members of a nursing care team: as a means of determining the relationship of this ability to satisfactory interpersonal relationships.

A PRELIMINARY INVESTIGATION OF THE EMPATHIC ABILITY OF MEMBERS OF A NURSING CARE TEAM: AS A MEANS OF DETERMINING THE RELATIONSHIP OF THIS ABILITY TO SATISFACTORY INTERPERSONAL RELATIONSHIPS

By

Myrtle Evans Adams

(B. S., Tuskegee Institute, 1953)

A field study submitted in partial fulfillment of the requriements

for the Degree of Master of Science

in the School of Nursing

Boston University

August, 1957

First Reader: Eva Schadt

Second Reader: Frances K. Clyde

ACKNOWLEDGEMENT

The writer acknowledges the support of funds from a training grant, Public Law 911, United States Public Health Service, NT-53, from the Division of Nursing Resources, Bureau of Medical Services, United States Health Service.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

Empathy, or the ability to place one's self in a position relative to that of another is a quality of human nature that is at least genetic. It is, therefore, possible to enhance one's ability to empathize with others through training and diligent practice.

Nursing does to some extent help to develop the empathic responses of those persons engaged in the giving of nursing care to patients. In this situation the person learns to empathize with the patient through conscious efforts to understand and anticipate his needs and behavior. Empathy for the patient is not viewed as a critical area. It is the apparent inability of some individuals (all levels of nursing) to empathize with those persons with whom they must work or supervise which seems crucial.

Efforts to empathize with associates are believed to be at a minimum in those relationships between, and among, superiors and ancillaries. This is especially true as they attempt to function as members of a nursing care team. This inability to place one's self in a positive relative to that of another accounts for some of the existing interpersonal relations problem in nursing. This is particularly evident among nursing care team members.

It is disconcerting that relatively little success has been gained, so far, in devising methods and tools which would measure the empathic ability of persons engaged in nursing or other social sciences.

This study purports to test a tool devised to measure the empathic ability of members of one nursing care team, in relation to how well a

member is able to place himself in a position relative to that of another member.

Statement of Problem

What can be learned that would be of value to nursing, from an investigation of the empathic ability of members of a nursing care team?

Justification of Problem

There are three inferences for investigating this problem, as seen by the writer.

(1) It is assumed by many that the nurse develops a high empathic ability for the patient because she has developed an awareness of, and sensitivity for the patient.

In a didactic way, Speroff[1] speaks of the discrepant behavior of the nurse in that she may display a good measure of empathic ability in her work-a-day relationship with the patient, at the same time displays utter lack of it in her associations with well persons with whom she works.

There are many reasons that may be given for this type of behavior among nurses. Perhaps, one rationalization may be that the nurse is preoccupied with the accomplishment of numerous nursing duties. Along with this concern goes a feeling that others with whom she works should

---

[1] Speroff, B. J., "Empathy is Important in Nursing", Nursing Outlook, 4:6, pp. 326-328, June 1956.

realize and understand this preoccupation with patients and job. The demand, however for the nurse to assume a leadership role and work increasingly in groups makes the ability to empathize even more important.

(2) Nursing emphasizes the need for the nurse to have some insight into her own basic desires for status, acceptance, and prestige, only then will she be able to recognize these desires in others with whom she works. The empathic responses are of utmost importance when the nurse has to deal with patient or personnel problems. The nurse deficient in the ability to take the role of the other is at a disadvantage.

(3) So far as the writer could determine the literature revealed no tool that had been perfected to measure the empathic ability of nursing personnel.

Purposes of Study

The purposes of this study are:

1. To determine how the ability to empathize effects interpersonal relations among members of a nursing care team.

2. To ascertain if the six components of empathy used for rating purposes in this study are peculiar to the measurement of empathy among members of a nursing care team.

Definitions of Terminology

It is necessary, at this time, to define "empathy" and "nursing care team" as used in this study.

The writer acknowledges the use of definitions given in the literature by Kandler and Hyde[2], Speroff[3], and Dymond[4] in arriving at the present definition of empathy:

The ability to place one's self in a position relative to that of another, so that one is able to anticipate the feelings, thinking and behavior of another, in certain situations.

Nursing care team: An organized group working together over a consecutive length of time, towards the same goal.

Scope and Limitations

This study was conducted in one state supported, research and teaching psychiatric hospital. Well known for its permissive environment, this hospital was particularly conducive for this type of research project.

This study was further confined to one unit within the hospital which at the time of the study was a closed male ward. Only nursing personnel comprising the nursing care team participated. Out of the eleven persons assigned to day duty at the time of the study, nine participated fully and two only in part. The nursing care team consisted of two graduate nurses, three student nurses, and six hospital attendants.

Limitations known before the study was started and those materializing while the study was in process are:

---

[2] Kanlder, Harriet M. and Hyde, Robert W., "Changes in Empathy in Student Nurses During the Psychiatric Affiliation." Nursing Research, 2:33-36, June 1953.

[3] Speroff, op. cit., p.2

[4] Dymond, Rosalind, "A Scale for the Measurement of the Empathic-Ability" Journal of Consulting Psychology, Vol. 12, pp. 127-133, 1949.

(1) The study was exploratory in nature.

(2) The scarcity of literature and previous studies in nursing on this problem.

(3) The design of the study. Rating of self feelings and feelings toward others are sometimes threatening to persons who may already harbor feelings of insecurity in a group.

(4) Some members may tend to rate according to what they think is expected rather than make an attempt to place themselves in a position relative to that of another member.

(5) The writer was aware of the warnings given by Hastorf and Bender[5] against the measuring of empathy by means of discrepancy scores. They contest that it may measure the similarity between the empathizer and the person with whom he attempts to empathize. This study does not attempt to investigate the inter-relationship of empathy and similarity.

(6) The rating scale required considerable contemplation on the rater's part. In the beginning, the constant guidance of the investigator was needed.

(7) In view of the fact that nursing personnel must rotate the nursing care team could only be studied for one week. For this reason the advantage of having the same composite group rate themselves at a later date was lost.

---

[5] Hastorf, A. H. and Bender, I. E., "On Measuring Generalized Empathic Ability", Journal of Social Psychology, 1953, 48:4, pp. 503-506.

Preview of Methodology

The preliminary step of this study was to construct an objective type, self rating scale similar to Dymond's[6] scale for measuring empathy. Six components of the empathic ability were chosen from literature. The scale was composed of these components arranged as positive statements.

Each member was asked to rate himself and to do the same type rating for two other persons at each rating session. Choices of persons to rate were made by selecting the one person with whom each worked best and the person with whom each worked least well. In this way a sociometric choice was obtained along with the ratings.

Personal data that was thought to be pertinent to the study was also obtained.

Sequence of Presentation

The remainder of the study is divided into the following chapters:

Chapter II - presents a review of literature, bases for hypotheses, statement of the hypotheses.

Chapter III - explains the methodology of the study and collecting of data.

Chapter IV - covers the analysis of the data, discussion of data and presentation of both.

Chapter V - contains the summary, conclusions, and recommendations.

---

[6] Dymond, op. cit., p.129

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

There is a paucity of research reported in nursing literature on the measurement of empathy. Kandler and Hyde[7] reports an attempt to measure changes in student nurses ability to empathize with psychiatric patients during the psychiatric affiliation. They theorised that changes in empathy during psychiatric affiliation to be related to the student's insight into her basic attitudes toward patients and herself. The findings of this study are of interest to those wishing to investigate further in this area, even though there was no satisfactory criteria by which the test used could be validated.

Much has been written in sociological and psychological literature on empathy and attempts to measure this ability among normal and relatively unspecialized groups.

Dymond's[8] preliminary investigation of the relation of insight and empathy reported in 1948, suggested that empathy may be one of the underlying mechanisms on which insight is based. She further concluded that one of the first steps for determining this relationship would be "to

---

[7] Kandler, op. cit.

[8] Dymond, Rosalind. "A Preliminary Investigation of the Relation of Insight and Empathy." Journal of Consulting Psychology, 1948, Vol. 12, pp. 228-233.

discover the major self-other and expectation-response patterns within which the subjects operates. The patterns into which there is a lack of insight should be set aside for special (attention)".

In 1949, Dymond[9] followed through with the supposition that this attention should take the form of an attempt to produce greater empathy by having an individual consciously try to take another's role in their relationship. She devised a self-rating objective type scale for the measurement of empathy. The following question was kept in mind while structuring the scale: "How well can the subject transpose himself into the thinking, feeling, and acting of (another)". It was concluded that if he could do this he should be able to predict how others will behave in certain defined situations.

The test was designed for use among a group of social psychology students. The results reported seem to point to a possible validity but there was no final claim made to this fact as the work was too preliminary.

Lindgren[10] in a further evaluation of Dymond's[11] test for the relation of insight and empathy reported:

> If empathy is used in the sense employed by Dymond i.e. the "faculty" of being able to see things from the other person's point of view, "this method possesses a certain face validity in that the individual is asked to empathise; to predict the thoughts or feelings of another and a check is made to see whether he has empathised correctly.

---

[9] Dymond, op. cit. p.127

[10] Lindgren, Henry C. and Robinson, Jacqueline, "An Evaluation of Dymond's Test: Insight and Empathy", Journal of Consulting Psychology, 1953, 17:3, pp. 172-176.

[11] Dymond, op. cit. p.228

Bender and Hastorf[12] used a similar type scale as did Dymond[13] in measuring what was called generalized empathy. Through the usual method of measuring empathy by deviation scores these authors termed the disparity between a person's predictions of the response of another and the actual response made by the other "raw empathy".

Bases of Hypotheses

The factors which contributed to the hypotheses of this study taken from the literature, writer's experience and hunches are as follows:

(1) Empathy is positively related to the ability to understand ourselves.

(2) Persons obviously differ from one another in the ability to see things from the other person's point of view.

(3) Teamwork is related to the ability of team members to empathise with each other.

(4) An investigation of the empathic ability of members of a nursing care team should prove to be of some value to those persons having to do with personnel development.

---

12 Bender, op. cit. p.503

13 Ibid. p.228

Statement of Hypotheses

The following hypotheses have been set up for this study:

1. Those persons receiving a high sociometric choice, possess a higher empathic ability than those persons receiving a low sociometric choice.

2. Graduate nurses would be expected to obtain a higher empathy score than other members of the team.

CHAPTER III

METHODOLOGY

The method used to measure the empathic ability of members of a nursing care team was an objective type, self rating scale. The test used was comparable to that employed by Dymond[15] (Appendix A) in her attempt to measure the empathic ability of a small group of students and to relate this ability to the degree of insight they had into their interpersonal relationships.

The important differences between Dymond's study and the present one are:

(1) The writer seeks a sociometric choice along with a measure of the empathic ability.

(2) In order to obtain this choice, a member is asked to rate the person with whom he works best and the one with whom he works least well.

The writer finds it necessary to remind the reader that one of the purposes of this study was to determine how the ability to empathize effects interpersonal relationships among team members.

According to Tagiuri[16] an understanding of an interpersonal relationship depends upon the availability of information regarding two of its aspects: The first of these is the nature of the response one person

---

[15] Dymond, op.cit. p.5

[16] Tagiuri, Renato. "Relational Analysis: An Extension of Sociometric Method with Emphasis upon Social Perception." Sociometry, 1952, 15, 91-104.

makes to another. The second aspect consists of the knowledge that each person has of how the other person will respond toward him. Sociometric choices as used in this study are limited to these two aspects of interpersonal relationships.

The test was made up of seven parts, each containing the same six components of the empathic process. In the first part a member was asked to rate himself on a five point scale (always through never). In the second part he (A) was asked to choose the person with whom he worked best and rate him (B) on the same six components. In the third part he (A) was asked to predict how he thought the person (B) would rate himself. In the fourth part he (A) predicted how he thought the person (B) would rate him (A). (Appendix B)

A second choice was made of the person (C) with whom he (A) worked least well. This required (A) to place himself in a position relative to that of C's. The same ratings were done as given above. At the end of each rating session seven sets of ratings were received from each member.

A measure of the empathic ability of a member (A) could be derived by calculating how closely his predictions of (B's) and (C's) ratings of themselves are to (B's) and (C's) self ratings.

The six components of the empathic process chosen from the literature for rating purposes were:

(1) Feelings of acceptance

(2) Self confidence

(3) Leadership ability

(4) Sense of humor

(5) Sensitivity

(6) Over-all empathy

Components two, three, and four were selected from Dymond's scale. Component number six, over-all empathy was included as a further measure of a member's ability to empathize with those with whom he works. The writer reasons that a high empathic ability as measured by the other five components could be checked against the rating received on component six as proof that the member has made an attempt to empathize successfully.

These components were written as positive statements. The statements were aimed at tapping various feelings and attitudes which individuals commonly experience.

Procurement of Data

The test was submitted to a group of graduate students for a trial run. This led to some revision of the point scale. As stated before the rating of the six components, chosen for this test, was on a five point scale varying in degrees from always to never. Most of the members of the group tend to rate the middle choice of "sometimes". For this reason the scale was limited to four points (always, most of the time, seldom, and never). It was felt by writer if given only two positive degrees and two negative, the rater would put forth more of an effort to empathize with another member before rating him.

It was observed that there would have to be more specific directions given by writer as to what was desired of the persons during the ratings. With changes in the directions the test was again submitted to several persons for criticism. In final form the test was limited to three pages.

It was felt that the simplicity of the test would lead to better response.

The group studied was a nursing care team, composed of two graduates, three student nurses, and six hospital attendants. Two members of the nursing care team did not participate entirely. The writer was introduced to the group by the head nurse. Information pertaining to the study was given in specific and brief terms to prevent chaos among the members as to what was desired of them. The group asked questions freely. At first some members exhibited anxiety toward the rating of self feelings and feelings toward others in the group. When it was explained that each person would have a code number and would not be identified in the study, anxiety gave way to genuine curiosity. Each member was asked to give the following personal data thought to be pertinent to the study: age, status, length of time employed, length of time assigned to this unit, veteran or non veteran. (Appendix C)

Privacy during rating sessions was afforded each member. This not only provided a quiet place for the person to concentrate, but gave the investigator a chance to observe the rater's behavior as efforts were made to place himself in a position relative to that of the member he was rating.

CHAPTER IV

PRESENTATION AND DISCUSSION OF DATA

A total of twenty-nine tests were completed by the nine members of the nursing care team, who participated in the entire study. The average number of tests each member completed was three. One student nurse, and one hospital attendant completed four tests each from which the first three were used.

Personal data obtained showed a median age of 22, a median assignment time to ward of five months, and an average mean employment time of six months, with the exception of one member who had been with the hospital for three years. Two members had had army experience.

As previously stated each member had a code number. The key to the code system is as follows:

Gn - Graduate nurse

Sn - Student nurse

Ha - Hospital attendant

A number was attached at the end of the abbreviation in the like manner: Gn 1, Gn 2 etc.

In analyzing the data, the findings were organized in relation to the bases of the hypotheses, and to support the hypotheses. The method of Deviation Scores was employed to calculate the empathy score for each member.

An example of how the empathy score may be obtained is given in Chapter III (page 12). Empathy scores were calculated from each of the three sets of tests. The three scores were then divided by the number to

obtain a final score. The empathy ratings of members with persons they worked best and those of persons they worked least well were separated.

Table I shows the empathy scores of all members in rank order from the lowest to the highest score received. The lower the score the higher the empathic ability.

Gn 2 ranks first among the nurses with an empathy score of 1.3. However she ranks second in relation to the other team members' empathy scores. Ha 4 ranks first with an empathy score of .6. The choice of persons to rate made by Gn 2 gave some indication of how much of an effort she put forth to successfully empathize with other members of the team. She chose a member from each level of nursing personnel represented on the team. One authority on test for empathy purposed that the ability to empathize is at its highest when one can place himself in a position relative to another who is dissimiliar to oneself. The writer also had the feeling that Gn 2 attempted to test her own ability to empathize by choosing these different team members. It was of interest to note that this nurse was soon to assume head nurse duties within this unit.

Ha 4 tends to rate other hospital attendants which was not unusual. This member arrived at a rating for another member through careful evaluations of his ratings during a rating session. He was observed to place the rating he gave a member on a separate piece of paper. Then he rated the person as he thought he would rate himself. Comparing the two sets of scores he thoughtfully made corrections. In most instances, the way he rated the member and his prediction of how the member would rate himself varied. Ha 4 made an attempt to empathize in that he was conscious of the fact that his perception of a member would vary from how a member

TABLE 1. RANK ORDER OF EMPATHY SCORES OF MEMBERS OF THE NURSING CARE TEAM

Team Members	Test 1	Test 2	Test 3	Final Score	Rank Order
Gn 2	1	2	1	1.3	2
Gn 3	4	3	1	2.6	6
Sn 2	4	0	2	3.0	7.5
Sn 4	5	1	1	2.3	5
Sn 5	1	3	1	1.7	3
Ha 4	1	1	0	.6	1
Ha 9	3	3	0	3.0	7.5
Ha 10	3	2	6	3.6	9
Ha 11	2	3	1	2.0	4

perceives himself to be.

Sn 5 ranked third with a empathy score of 1.7. This student chose graduate nurses and one attendant as persons to rate. She was observed to give careful consideration to the rating of others.

HA 11 ranked fourth with an empathy score of 2.0. His behavior during rating sessions was more overt than any other members'. Often he addressed himself as the person he was rating so that he attempted to assume the position of that member for the time being. Amusingly, this member sometimes lost his role and was reminded several times by investigator as to what role he was trying to take.

Sn 4, Sn 3, Sn 2, and HA 10, received lower scores than other members. They ranked fifth, sixth, seventh, and eighth, respectively.

SELF AWARENESS SCORE

The writer recalls the first hypothesis of the study at this time. It states:

1. Those persons receiving a high sociometric choice score possess a higher empathic ability than those persons receiving a low sociometric choice score.

In keeping with the law of internal validity which refers to the normal tendency for human beings to do things in an orderly way, it would seem that a high empathy rating would mean that the person receiving it has good understanding of himself. Another type of score was sought to bear out this assumption. The writer called this score "self awareness".

A member's rating of himself was compared to ratings he received from other members. Both least and best liked choice ratings were included. The self awareness score was obtained by subtracting the number of times

a member's self ratings deviated from ratings he received from others. The lower the score the higher the self awareness.

Table II presents the self awareness scores for seven of the nine team members, two member's scores were not obtainable. On 2 ranks first with a self awareness score of .33. This means she deviated only thirty-three percent of a hundred from her own self rating score of 10. Other scores of self awareness follows in rank order.

TABLE II. RANK ORDER OF SELF AWARENESS SCORES OF MEMBERS OF THE NURSING CARE TEAM

Team Members	Self Scores	Deviations Test 1	Test 2	Test 3	Total Self Awareness	Rank Order
Gn 2	10	-1.0	∕1.0	∕1.0	.33	1
Gn 3	6	∕2.5	∕3.0		2.8	5.5
Sn 2	10		∕2.0	∕2.0	2.0	4
Sn 4*						
Sn 5*						
HA 4	7	-.6	∕2.0	-1.0	1.2	2
HA 9	9	-3.5	-6.1	0	3.2	7
HA 10	1	0	∕5.6		2.8	5.5
HA 11	11	-.5	-1.2	∕2.2	1.3	3

*Not obtainable

A comparison of empathy scores and self awareness scores showed a shift in ranking of members on the two scores. It was not expected that a member would make a shift larger than one place if the writers' assumption was right. How members shifted in ranking the two score together is shown in Table III. To determine the relationship between a high empathy score and a high self awareness score an attempt was made to compare the two scores by statistical means. The statistical method employable to this sort of data is the Rank Difference Coefficient Correlation. The formula is as follows:

$$(\text{rho}) = 1 - \frac{6 \times \text{E } D_2^2}{N\,(N-1)}$$ [17]

[17] Garrett, Henry E. Elementary Statistics, Longmans, Green and Co., New York 1956, p.109.

TABLE III. RANK ORDER CORRELATION OF EMPATHY SCORES AND SELF AWARENESS SCORES

Team Members	Empathy Scores	Rank Order	Self Awareness	Rank Order	Diffs. Rank (D)	Diffs. Rank 2 Squared (D)
Gn 2	1.3	2	.33	1	1	1
Gn 3	2.6	4	2.8	5.5	1.5	2.25
Sn 2	3.0	5.5	2.0	4	1.5	2.25
Sn 4*						
Sn 5*						
HA 4	.6	1	1.2	2	1	1
HA 9	3.0	5.5	3.2	7	2.5	6.25
HA 10	3.6	7	2.8	5.5	2.5	6.25
HA 11	2.0	3	1.3	3	0	
N - 7						Total 19.00

* Not obtainable

Table III shows the ranking of the two sets of scores for comparison. Cn 2, and HA 4 are observed to change places in rank. Where Cn 2 ranked first on empathy scores she ranked second on self awareness scores and vice versus for HA 4. All members were observed to shift one place in ranking on self awareness scores. The writer attributes this to a possible misconception of ratings received by a member from other members. A coefficient of .66 indicates there is a close relation between the ability to understand one's self and the ability to understand others. With this understanding of others a member can be expected to obtain a high empathy score. The figure .66 is significant at the five percent level. The findings in this correlation were accepted by writer in light of what the present test purports to do.

MISCONCEPTION SCORE

One question persisted throughout the analyzing of the data. It is stated this way: "What if there is some misconception on the part of the rater in his ratings of other members?" The writer wondered what effects this would have on the empathy scores already obtained. A score was invented with the presumption of obtaining a measure of a member's possible misconception as to how another member would rate himself. It was expected that those members receiving a high empathy score and a high self awareness score would logically receive a low misconception score.

Thus far one element appeared constant in the two Deviation Scores already obtained. This common element was the empathy ratings or predictions a member (A) had made for another member (B). To this element was added the actual rating a member (A) had given another member (B), also added was the member's (B) own self rating. These three sets of scores were to be compared in some way to obtain a Misconception Score. The manner of comparing the scores to measure misconception was as follows: If (A's) actual rating of (B), (A rates B as A sees him) and (A's) predictions of how (B) would rate himself are difference yet, (A's) ratings given as a prediction of how (B) would rate himself are closer to (B's) self ratings there is little or no misconception on the part of the rater. If (A's) rating of (B) would rate himself are vastly dissimilar to (B's) own self rating there has been some misconception on (A's) part in the rating and predicting of self rating for (B). The Misconception Score was obtained by adding the deviation points of the actual rating of a member and the deviation points of predictions of how a member would rate himself as they varied from the self rating of the member. A score was

obtained from the three sets of tests and divided by three to derive at an average score. Socres were calculated for those members having high empathy scores and high self awareness scores.

Table IV presents a comparison of empathy scores to misconception scores. A high coefficient of correlation was not expected as there were many variables bearing on this particular score. The lower the misconception score the least misconceiving on the rater's part. A coefficient of .80 was obtained which was too high to be significant. The writer expected a near perfect correlation if the misconception score was a true measure of distorted perception. Gn 2, Gn 3 and HA 10 received misconception scores that were lower than their empathy scores. On a whole there is a strong probability of obtaining a more accurate score of misconception on a test - retest with more data than was available in the present study.

SOCIOMETRIC CHOICES

It was one assumption in forming the hypotheses that team work is related to the ability of team members to empathize with each other, if it is to be effective. From an analysis of choices made by team members as to persons with whom each worked well or least well, some insight was gained as to how the ability to empathize or the lack of this ability effects interpersonal relationships among the team members.

Table V, presents the sociometric choices made by members of the team as to person with whom each worked best or least well. All choices made on the three sets of tests are shown. Members HA 2, and HA 6 did not participate entirely in the study. It was observed that these two members received a majority of the liked least well to work with choices.

TABLE IV. RANK ORDER CORRELATION OF EMPATHY SCORES AND MISCONCEPTION SCORES

Team Members	Empathy Scores	Rank Order	Misconception Scores	Rank Order	Diffs. Rank	Diffs Squared
Gn 2	1.3	2	1.0	1	1	1
Gn 3	2.6	4	2.0	3	1	1
HA 4	.6	1	1.3	2	1	1
HA 10	3.6	5	3.0	5	0	
HA 11	2.0	3	2.3	4	1	1
N = 5					Total	4

However, in rating these two members the writer noticed that apparent efforts were made to empathise with them by other members of the team. HA 2 was rated mostly on the positive side of the scale which denotes that he was seen as a good worker by many of the other members. The one item that was rated low in regards to how the members chosing HA 2 saw him was the item pertaining to leadership ability. This was of interest as this attendant assumed charge man duties within the team. HA 6 ratings received on the liked least well side of the test showed a general lack of efforts to empathise by the members rating him. This lack of empathising could be proven further if HA 6 had rated himself, however this information was not available. Surprisely, HA 4 was also an isolate within the team regardless of his apparent ability to empathise with other members. He received three liked well to work with choices and seven liked least well to work with choices. This attendant was intelligent and well educated. Other attendants referred to him as a "school boy." Other isolates within the group were the student nurses. This was thought to be due to the length of time the students spent on the unit, and to their preoccupation with their own adjustment to the patients.

Analysis of the sociometric data gave support to the first hypothesis. On 2, HA 4, and HA 11 each received a high sociometric choice score as members with whom a majority of the members of the team liked best to work with. These three members also ranked high in choice pattern, that is, they chose to rate various team members representing the difference levels of nursing personnel within the team. They attempted to empathise with others regardless of status. Other members tend to rate members that formed sub-groups within the team. (attendants rated attendants, students

TABLE V. NUMBER OF TIMES TEAM MEMBERS WERE NAMED AS BEST LIKED AND LEAST LIKED WORKING ASSOCIATES

Team Members	Test 1		Test 2		Test 3		Total		Rank Order	
	B	L	B	L	B	L	B	L	B	L
Gn 2	1	1	3		1		5	1	2	3
Gn 3	1		1	1			2	1	4	3
Sn 2					1		1		7.5	1.5
Sn 4*										
Sn 5*										
HA 4	2	1		1	1	3	3	7	3	8
HA 9	1			1			1	1	7.5	3
HA 10	1		1				2		4	1.5
HA 11	4		3	1	4		11	1	1	3
HA 6		4		3		4		11	9	9
HA 2		1	1	2	1	2	2	5	4	7
							Total	27		

B - Best Liked Choice

L - Least Liked Choice

*Scores not obtainable

rated students, etc.) The team expressed its attitude toward tem work by the types of persons whom most members chose as liking b est to work with. Since these persons have high empathy scores they must seem to relate warm, empathic interpersonal relationships that makes for a harmonious atmosphere within which most of the members can function effectively as a team member.

Gn 2, scores were the closest to what the writer expected from each member if he had empathized successfully with the persons of his choice. Gn 2 maintained first or second place in all ranking of scores. She obtained a high empathy score, a high self awareness score, a low misconception score and a high sociometric score. An attempt was made to find a positive relationship between a high sociometric choice score and a high empathy score. Those members receiving high empathy scores and high sociometric scores on like best to work with data were used for the comparison of the two sets of scores. Student nurses' scores were not included here due to a lack of sociometric choice scores. Table VI shows an attempt at comparing the two sets of scores by Rank Difference Correlation. A coefficient of $\pm.78$ was significant at the five percent level. Five members out of nine apparently made efforts to empathize with those members chosen as best liked work associates. The same five members received rank order sociometric scores of first to fifth place. This does not include student nurses. This finding supports the hypothesis that persons receiving high sociometric choice scores possess a high empathic ability. The validity of this hypothesis was borne out on best liked to work with choices of members of the team.

There was not sufficient data to support the second part of this

TABLE VI. RANK DIFFERENCE CORRELATION: EMPATHY SCORES AND SOCIOMETRIC CHOICE SCORES

Team Members	Empathy Scores	Rank Order	Sociometric Scores	Rank Order	Rank Diff.	Rank Diff. Squared
Gn 2	1.3	2	5	2		
HA 4	.6	1	3	3	2	4
Gn 3	2.6	4	2	4		
HA 11	2.0	3	12	1	2	4
HA 10	3.0	5	1	5		
N = 5						8

hypothesis, that persons receiving low sociometric scores possess a low empathic ability. The members chosen most often as liked "least well working associates" did not participate entirely in the study. However, from the findings of this study the writer infers that there is a positive relationship between being chosen as liked least well as a working associate and one's ability to empathize with members of the team.

The second hypothesis was proven valid in that the findings indicated the graduate nurse possessed a higher empathic ability than other members of the team. The total average empathic ability score for the graduate nurses was 1.9. The average empathic ability score for student nurses was 2.3. Hospital attendants average empathic ability was 2.5

Three types of scores were obtained from the data to test the stability of the empathy score received for each member of the team. Logically, a member possessing a high empathic ability would be expected to have some insight into his own self actions in order to better understand the behavior of others. It was also assumed that this member would have little misconception in the rating of other members. This hypothesis was proven valid on "best liked working associates" data. The "liked least well working associates" data was not sufficient to bear out the second part of this hypothesis that thos persons receiving low sociometric choices possess low empathic ability.

The consistently high scoring on all three types of scores sought, by the graduate nurse verified the second hypothesis. The average empathy score for graduate nurses was 1.9. However, separate scores show one hospital attendant to score higher in the ability to empathize than any other member.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

An attempt has been made to test a tool purporting to measure the empathic ability of members of a nursing care team. It was also suggested that a high empathic ability would be positively related to a high sociometric choice. To secure data to support this hypothesis an objective type self-rating test for empathy was constructed. Each member of the nursing care team was asked to do specific ratings of himself and other members. The test rating instructions forced a member to try to place himself in the position of the person he was rating. If he was successful in this attempt he should be able to predict the member's behavior in certain situations.

Sociometric choice data was obtained by asking each member to chose the person with whom he worked best and the person with whom he worked least well. This data was also expected to enlighten the writer on existing interpersonal relationships among the team members.

In analyzing and presenting the findings from the data, three types of scores were obtainable. A score of each member's empathic ability, a self awareness score, and a misconception score.

To establish the hypotheses validity, attempts to discover positive correlations were made between the various types of scores.

That there is some relation between a high empathic ability score and choices of best liked co-worker on the sociometric ratings was supported by the findings of the study. Those members having high empathic

scores also received high sociometric choice rating. An attempt at comparing the two scores points to a possible positive coefficient of correlation. The assumption of the test being reliable for measuring empathy cannot be made on such limited data as was obtained in this study. The least well choices on the sociometric ratings and empathy ratings were not substantiated in this study. However, the writer feels that the information gained through observation, ratings of least well choices, and informal interviews with members, yielded definite information as to the effects a lack of the empathic ability has on interpersonal relationship among team members. It would seem, then, that a step has been taken in the right direction to discovering the lack of, or possession of, this ability among members of a nursing care team. Some of the reasons why this information would be of value has already been given in this study.

Conclusions

The findings of the study indicat that there is a probable positive relationship between a member's ability to empathize with a fellow worker and understanding of himself. This statement can further be interpreted to mean that a member with a high empathic ability also possesses the ability to stand off and see himself from the other person's point of view.

The ability to empathize is one in which members obviously differ from one another. This statement is verifiable in keeping with the support given from the data. The highest empathic ability score was made by a hospital attendant with considerable educational background. The next highest score was received by the graduate nurse who was to

assume a head nurse's position in the near future. The writer was not surprised to find that the same members scoring high im empathy, scored high in self-awareness, and low in misconception. It seemed to the writer very likely that if a member made an attempt to place himself in a position relative to that of another and was successful in the effort, all three scores obtained by this test would some interrelationship.

Team work among the members was characterized by seemingly smooth interpersonal relationships on the surface. A closer look at interpersonal relations as viewed from direct observation, and sociometric data gave some idea as to how the lack of the ability to empathize effect team work. The data showed that the majority of the sociometric choices for the co-worker with whom a member worked best, went to a hospital attendant who did not assume charge duties within the group. The charge man was rated as an efficient worker with most of the negative ratings falling in the area of a lack of leadership ability. Isolates in the group did not show a marked difference in scores made on the empathy score from those members being chosen as work best with choices. There was some discrepancy in the isolates self-awareness scores and in their misconception of how they would be rated by others in the group. It is the writer's opinion that further attempts to having these members consciously try to empathize with other members would bring about a higher self-awareness score and lower misconception as to how one sees himself and others as a member of the team.

In terms of the results of this study and the writer's intense interest in that phase of nursing research that has to dowith personnel development, it is concluded that test for empathy may prove valuable to

nursing in the following ways:

(a) To acquire a composite picture of the worker from a stand point of how he sees himself, how you see him, and how those with whom he works see him. This information is important to us all and would lead to a truer evaluation of a worker.

(b) When working in teams, assignment of nursing personnel to patients, and to teams with a variety of different members, it would be easier if the nurse had the kind of data obtainable from a test of a member's ability to empathize with others.

(c) In selection of personnel for hospital work (Nursing care) test results of the empathic ability of new personnel should give some insight as to how much more experience one worker will need than another to become proficient on the job. Much more research is needed to perfect a test that would measure empathy with any degree of reliability or validity.

The basic components of empathy used in construction of the empathy test as used in this study seemingly appeared threatening to some members when asked to rate self feelings. This was to be expected. What is needed for the measuring of empathy is a less ego involving test that would give the same kinds of results or better than the tests in literature, today. The methods for measuring empathy in nursing must be made more explicit and subject to testing.

Recommendations:

It is recommended that:

1. Further studies be carried out on investigating ways to measure the empathic ability of nursing personnel.
2. That studies be made to determine the relationship between the ability to empathize and the ability to supervise in nursing.
3. A study should be undertaken to determine if a head nurse's evaluation of nursing personnel was empathically made by a comparison of the personnel self-rating with those of the head nurse.
4. Further studies of empathy in nursing are needed for selecting students, selecting nursing personnel, and for promoting nurses to head nurse and supervisors position.
5. Studies are needed for determining whether or not the best use of those persons with high empathic ability is being made. Are they harmonizers in a nursing group? Are they leaders in nursing teams?

BIBLIOGRAPHY

BIBLIOGRAPHY

Alden, Priscilla J., "An Exploratory Study of Self Rated Empathy". A dissertation submitted in partial fulfillment of the required degree Doctor of Philosophy., University of Michigan, 1953.

Blumer, Herbert, "Psychological Import of the Human Group" in Muzafer, Sherif and M. O. Wilson, Edr., Group Relations at the Crossroads, New York: Hayer; 1953.

Bredenberg, Viola C., Nursing Service Research: Experimental Studies With The Nursing Service Teams, J. B. Lippincott Co., 1951.

Cottrell, Leonard S., Jr. and Rosalind F. Dymond, "The Empathic Responses." Psychiatry, 12: 11, 1949, Pp. 355-359.

Craig, Virginia, Wiggins A., and Brown, William H., "Group Counseling for Administrative Personnel", Nursing Outlook, 4:7 Pp. 378-380, 1956.

Dymond, Rosalind, "A Scale for the Measurement of the Empathic Ability" Journal of Consulting Psychology, Vol. 13, Pp. 127-133, 1949.

_____"A Preliminary Investigation of the Relation of Insight and Empathy". Journal of Consulting Psychology, Vol. 12, Pp. 228-233, 1948.

Dublin, Robert, "Industrial Worker's Worlds: A Study of the Central Life Interests of Industrial Workers." Social Problems, 3:1, Pp. 131-142, 1956.

Garrett, Henry E., Elementary Statistics, Longmans, Green and Co., New York 1956, p. 109.

Hallister, W. G. and Bellering J., "Human Relations in the Job Setting." American Journal of Nursing, Vol. 54, May 1954, p. 566.

Hare, Paul, Borgotta, Edgar F., Bales, Robert., Small Groups: Studies in Social Interaction, Alfred A. Knopf, New York, 1955.

Hastorff, A. H., and Bender, I. E., "On Measuring Generalized Empathic Ability" Journal of Social Psychology, 48:4, 1953, Pp. 503-506.

Kandler, Harriet M. and Hyde, Robert W., "Changes in Empathy in Student Nurses During the Psychiatric Affiliations". Nursing Research, 2:33-36, June 1953.

Kandler, Harriet, "A Study on the Elements of Rapport". Unpublished Master's Thesis, Boston University School of Nursing, Pp. 134-138.

Kerr, Willard and Speroff, Boris J., "Validation and Evaluation of the Empathy Test". Journal of General Psychology Vol. 50, Pp. 261-276, 1954.

Lindgren, Henry C., and Robinson, Jacqueline, "An Evaluation of Dymond's Test: Insight and Empathy", Journal of Consulting Psychology. 17:3 Pp. 172-176, 1953.

Lentz, Edith M., "A Study of Changing Relationship in Hospitals", American Journal of Nursing 56: Pp. 187-189, February 1956.

Lohr, Mary, "Interpersonal Relations in an Advance Program", American Journal of Nursing 55: 1088-1091, September 1955.

Merrill, Francis E, "Social Character and Social Problems", Social Problems 3: 7 1955, Pp. 7-12.

_____"The Study of Social Problems", American Sociological Review, 13:6, 1948, Pp. 251-262.

_____"The Self and The Other: An Emerging Field of Social Problems". Social Problems.

Moreno, J. L., Who Shall Survive? Beacon House, Beacon, New York, Rev. Ed., 1953.

Moreno, J. L., Helen, H. and Sargent, J., "Time as a Qualitative Index to Interpersonal Relationship". Sociometry, 3:6, 1940, Pp. 62-80.

Mullahy, Patrick, A Study of Interpersonal Relations, New York: Heritage Press, Inc., 1949, Pp. 507-08.

Pigors, Paul and Meyers, Charles A., Personnel Administration, New York McGraw Hill Book Co. Inc., 1951. Pp. 36-44.

Rogers, Carl R., Client Centered Therapy, Houghton Mifflin Co. Boston, Mass., 1951, p. 10-20.

Schutz, Irwin J., "Empathy in Personnel Management", Personnel Journal, Vol. 33:12, 1954, Pp. 258-259.

Speroff, B. J., "Empathy Is Important in Nursing", Nursing Outlook, 4:6, 1956, Pp. 326-28.

Tagiuri, Renato, "Relational Analysis: An Extension of Sociometric Method with Emphasis upon Social Perception", Sociometry, 15, 1952, Pp. 91-104.

Whitney, Frederick L., The Elements of Research, New York: Prentice Hall, 1942, Pp. 497-515.

APPENDIX

Appendix A

Dymond's Test for Empathy

The test was made up of four parts, each containing the same six items. The six traits which were used as the items in all four parts of the test were:

1. self-confidence
2. superior - inferior
3. selfish - unselfish
4. friendly - unfriendly
5. leader - follower
6. sense of humour

In the first part the individual was asked to rate himself, on a five point scale, on each of the six items. In the second part he was asked to rate some other individual on the same six traits. In the third he was asked to rate the other individual as he believes this other would rate himself. In the fourth he must rate himself as he thinks the other would rate him. In other words, if two individuals A and B are being tested for their empathy with each other, the procedure would be as follows:

A. Part 1. A rates himself (A)

2. A rates B as he (A) sees him.

3. A rates B as thinks B would rate himself.

4. A rates himself (A) as he thinks B would rate him.

B. Part 1. B rates himself (B)

2. B rates A as he (B) sees him.

3. B rates A as he thinks A would rate himself.

4. B rates himself (B) as he thinks A would rate him.

Therefore, a measure of A's empathic ability can be derived by calculating how closely his predictions of B's ratings, (A 3 and A 4) correspond with B's actual ratings (B 1 and B 2). Similarly a measure of B's empathy with A can be obtained by calculating closely his predictions of A's rating, (B 3 and B 4), correspond to A's actual ratings (A 1 and A 2).

---

[17] Dymond, op. cit. p. 128

Appendix B

Code number _____

Place code number of person you are rating on this line _____

I. Rate Yourself (Check the word or words that best describes how you feel about yourself).

	Always	Most of the time	Seldom	Never
1. I am liked by my fellow-workers.				
2. I am a leader among my group.				
3. I am cheerful and like to keep the morale of my group high.				
4. I find it easy to listen when a fellow-worker feels the need to talk over a problem.				
5. I do a fair share of the work when working with my fellow-workers.				
6. I am aware of the feelings and actions of my fellow-worker and can predict under certain circumstances what his reaction will be.				

II. Rate the person with whom you work best.

1.

2.

3.

4.

5.

6.

Code number _____

Place code number of the person you are rating on this line _____

III. Rate yourself as you think the person with whom you work best would rate you.

	Always	Most of the time	Seldom	Never
1. I am liked by my fellow-workers.				
2. I am a leader among my group.				
3. I am cheerful and like to keep the morale of my group high.				
4. I find it easy to listen when a fellow-worker feels the need to talk over a problem.				
5. I do a fair share of the work when working with my fellow-workers.				
6. I am aware of the feelings and actions of my fellow-worker and can predict under certain circumstances what his reaction will be.				

IV. Rate the person with whom you work best as you think (he, she) would rate himself.

1.

2.

3.

4.

5.

6.

Code number _____

Place the code number of the person you are rating on this line _____

I. Rate the person you work least (well) with.

	Always	Most of the time	Seldom	Never
1. I am liked by my fellow workers.				
2. I am a leader among my fellow-workers.				
3. I am cheerful and try to keep the morale of my group high.				
4. I find it easy to listen when a fellow-worker feels the need to talk over a problem.				
5. I do a fair share of the work, when working with my fellow-workers.				
6. I am aware of the feelings and actions of my fellow-worker and can predict under certain circumstances what his reaction will be.				

II. Rate the person you work least (well) with as you think he would rate you.

1.

2.

3.

4.

5.

6.

Appendix C

PERSONAL DATA SHEET

You have been asked to participate in a study that has to do with how you feel about yourself as a member of a nursing care team, and how you feel about others you work with as a team member.

PLEASE fill in the following information. DO NOT PLACE YOUR NAME ON THIS PAPER.

Code number _____

Age _____

Veteran _____

Non-Veteran _____

How long employed by this hospital? _____

How long assigned to this unit? _____

Circle One

Student

Graduate Nurse

Hospital Attendant