

1984

## The role of empathetic communication in nursing education

Colleen Marie Jarosh  
*University of Northern Iowa*

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## The role of empathetic communication in nursing education

### Abstract

Machines, tubes, wires, alarms, closed circuit TV, and intercoms are gradually filling in the spaces around patients' hospital beds. These are spaces that ten years ago were filled by nurses hand-monitoring the progress of patients one at a time. While high technology now allows a nurse to monitor the progress of several patients simultaneously, interpersonal communication through the intercom has varied effectiveness.

THE ROLE OF EMPATHETIC COMMUNICATION  
IN NURSING EDUCATION

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A Research Paper  
Presented to  
the Faculty of the Graduate School  
University of Northern Iowa

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts in Education

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by  
Colleen Marie Jarosh  
April 1984

This Research Paper by: Colleen Marie Jarosh

Entitled: The Role of Empathetic Communication in Nursing Education

has been approved as meeting the research paper requirement for the Degree of Master of Arts in Education

Charles Dedrick

~~Co-Director of Research Paper  
Dr. Charles Dedrick~~

Marlene Strathe

~~Co-Director of Research Paper  
Dr. Marlene Strathe~~

Charles Dedrick

~~Graduate Faculty Adviser~~

Lawrence L. Kavich

~~Head, Department of Educational Psychology and Foundations~~

April 24, 1984  
Date Approved

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## CHAPTER 1

## THE PROBLEM

Introduction

Machines, tubes, wires, alarms, closed circuit TV, and intercoms are gradually filling in the spaces around patients' hospital beds. These are spaces that ten years ago were filled by nurses hand-monitoring the progress of patients one at a time. While high technology now allows a nurse to monitor the progress of several patients simultaneously, interpersonal communication through the intercom has varied effectiveness.

Since the days of Florence Nightengale, the nurse has been attempting to create a caring and helping relationship with his/her patient. A critical component of this helping relationship facilitated by nurses is empathy, (Forsyth, 1979) which Rogers (1975) theorized to be one of the core conditions of a helping relationship. The theoretical works of Carl Rogers provide one of the definitions of empathy for the nursing profession. Rogers (1975) described empathy as a complex, demanding, strong, yet subtle and gentle process, involving perceiving the client's world as if

it were one's own, then communicating this to the client. The perceptual accuracy and communication components of empathy are prerequisites for effective helping relationships.

While numerous studies have been conducted to assess the ability of nurses to communicate in an empathetic way, results have not been conclusive. The conclusion that nurses are low in empathetic ability has been reached by Kalisch (1971); LaMonica, Carew, Winder, Haase, Blanchard (1976); and Peitchinis (1972); while Forsyth (1979) reported empathetic levels in nurses that were high or comparable to the empathetic level of counselor-therapists.

Nursing education plays a key role in the development of empathetic ability in nurses. Rogers (1975) reported that empathy is not something someone is born with, but a quality which can be learned, and learned most rapidly in an empathetic climate. Kalisch (1971) explored methodological approaches to studying the role of empathy in nursing. She reported that nurses can be taught through a 12-hour empathy program to increase their empathetic skills. Stetler (1977) argued the need for a broad-base theoretical model of



teaching empathy that would incorporate nonverbal, verbal and vocal channels of communication.

Theoretical input, role play, structured exercise, and group discussion over a 3 day period were used successfully by Nurse (1980) to improve helping skills for nurses.

High technology is decreasing the time the nurse needs to be at the patient's side to give him/her physical care. The nurse needs to be able to make better use of what time he/she does have with the patient. The need for a helping relationship containing empathy has not decreased. The need to make the best use of available communication time has increased.

To date, little research exists relative to the role of nursing education in the development of empathetic ability in nurses. Thus, the purpose of this study was to explore the role of empathetic communication in nursing education.

#### Statement of the Problem

The primary purpose of this pilot study was to explore the role of empathetic communication in nursing education by addressing the following questions:

1. To what extent are empathetic communication skills being taught in nursing education?
2. What preparation does the instructor of empathetic communication skills have?
3. What specific empathetic communication skills are being taught?
4. What instructional methods are used to teach empathetic skills?
5. What methods are used to evaluate the teaching and learning of empathetic communication skills?
6. What communication skills are being taught if empathetic skills are not the focus of the training?

#### Importance of the Problem

Since the beginning of nursing, nurses have been attempting to create caring and helping relationships with patients. Empathetic communication plays a key role in the establishment of these relationships. Research results have not been conclusive concerning the level of empathetic communication skills in nurses. While nursing education plays a key role in the development of empathetic ability, no uniform method of instruction has been established. Given the lack of research concerning the present day role of empathetic

communication instruction in nursing education, it is imperative that a foundation be established assessing this role. Nurse educators can then draw from this foundation to build nursing programs designed to teach nurses to be the most empathetic communicators they can be, leading to more effective helping relationships.

#### Assumptions of the Study

For purposes of this pilot study, the following assumptions were made.

1. It was assumed that the respondents of the pilot study reported honestly.
2. It was assumed that nurses attempt to create helping relationships with patients.
3. It was assumed that empathetic communication was a key element in helping relationships.

#### Limitations of the Study

For purposes of this pilot study, the following limitations were identified.

1. This pilot study was primarily an investigation of the role of empathetic communication in nursing schools of the midwest region of the United States that prepared students to become registered nurses.
2. The role of empathetic communication was

limited to which empathetic skills were taught, the qualifications of the educator, and methods of instruction and evaluation.

3. The pilot study was conducted with the recognition that the survey instrument had certain limitations because it was new and it utilized self-report.

#### Definition of terms

For purposes of this pilot study, the following terms were defined.

1. Empathy - The ability to accurately perceive the feelings of another and then communicate this understanding of these feelings to that person (Kalisch, 1971).

2. Helping Relationship - Effective helping relationships were broken down into two components, understanding and action. The effective helper utilized empathy to reach understanding and then again to decide on action (Carkhuff, 1969).

## CHAPTER 2

## REVIEW OF RELATED LITERATURE

Introduction

Nursing is a helping profession (LaMonica et al, 1976) with several roles. One of the most important aspects of the professional nurses' communication role is listening and responding to patients in a facilitative manner (Wallston, Cohen, Wallston, Smith, DeVellis, 1978). This facilitative manner is the basis for a helping relationship. The critical component of a helping relationship is empathy. In 1975, Rogers theorized that empathy was the core condition of a helping relationship. Even before this theory and since, nursing researchers have been stressing the importance of empathy in nursing practice (Kalisch, 1971; Kunst-Wilson, Carpenter, Poser, Venohr, Kushner, 1981; Peitchinis, 1972; Stetler, 1977).

For a number of years the extent to which nursing education programs promote students' empathetic ability has been disputed. Kalish (1971) suggested that most educational programs do little to increase empathy. Studies conducted to determine whether nurses achieve even a noticeable level of empathetic functioning have

not obtained positive results (Kalisch, 1971; LaMonica et al., 1976; Peitchinis, 1972).

Rogers (1975) reported that an empathetic way of being could be learned from an empathetic person. This learning needs to take place in nursing schools. Nurse educators and administrators should be concerned with empathetic helping skills of students (LaMonica et al., 1976). Several studies (Kalisch, 1971; Peitchinis, 1972; Stetler, 1977) all stressed the importance of empathy in nursing education. Several research studies (Currey, Swisher, Kruse, 1968; Farrell, Haley, Magnasco, 1977; Kalisch, 1971; LaMonica et al., 1976; Layton, 1979; Nurse, 1980; Wallston et al., 1978) available in relationship to empathy and nursing education have explored the various methodology available for teaching empathy to nurses.

Nursing research studies that address the issue of the role of empathy in nursing education are divided into four areas. The following areas of related research will be addressed:

1. Theoretical basis of empathy.
2. Level of empathy in nursing students and registered nurses.

3. Methods of instruction.

4. Role of empathetic communication in present nursing education programs.

Theoretical Basis of Empathy

The theoretical works of Carl Rogers provided one of the definitions of empathy for the nursing profession in the past. Rogers (1956) believed certain attitudinal conditions could become qualities that would hold for the relationship of a nurse with his/her patient. LaMonica et al (1983) continued to use these same qualities as part of the basis of a human relations training program for teaching empathy to nursing students.

As far back as 1956, Rogers, in a paper presented at the American Nurses Association Convention, reported that he believed the beginning of a new field of human relationships was emerging. He described attitudinal conditions that would help in the emergence of the human relations field. The conditions required being genuine and transparent in real feelings, warm and accepting of the other person, liking the other person, and having an ability to be sensitive enough to see the other person's world and himself as the other person

sees them. Rogers proceeded to hypothesize that depending upon the degree the nurse was capable of creating such a relationship with his/her patient, he/she would be able to release in the patient psychological strengths which would promote healing and growth.

That paper described conditions which continued to be considered important concepts of empathy. In 1959, Rogers attempted another definition of his theory (Rogers, 1980). That definition described empathy as a state in which one person perceived the internal framework of another with accuracy, including emotional components and meanings which pertain thereto as if one with the person.

Empathy was seen as a process and not a state in 1975 by Rogers (Rogers, 1980). He modified his description of an empathetic way of being as the process of entering and becoming at home in the private perceptual world of another. This required sensitivity, non-judgemental attitude, communicating this sensing of the person's world back to him/her, frequently assessing with the person as to the accuracy of the sensings, and guiding the communication by the



responses you receive from the person.

Nurse researchers have been using Roger's work as the basis for exploring the role of empathy in human relationships (Layton, 1979; Forsyth, 1979) in the area of nursing education. Several researchers (Kalisch, 1971; Kunst-Wilson et al., 1981; Stetler, 1977) based their definitions of empathy on the 1959 definition of Roger's that includes the "as if" quality.

The majority of nursing research to date finds its basic theoretical background in the works of Carl Rogers. Since 1956, nursing researchers have been changing the definitions of empathy as Rogers modified his own definitions.

#### Levels of Empathy in Nursing Students and Registered Nurses

Every nurse, be her role one of student, primary care giver, manager, educator, or staff developer, needs to be able to express empathy at an appropriate level (LaMonica, 1983). In the following section, the levels of nurse empathy will be explored.

Peitchinis (1972) compiled an extensive review of the literature that explored the therapeutic effectiveness of counseling by nursing personnel.

Autonomy, dominance, change, abasement, deference, order, aggression, and intraception, were qualities traditionally associated with therapeutic effectiveness in counseling. Autonomy, dominance and change were positively associated with empathetic ability; the remaining qualities were negatively associated with empathetic ability. This study of the literature concluded that registered nurses were low in the qualities positively associated with empathetic ability, namely, autonomy, dominance, and change.

Staff nurses working at least 6 months showed low levels of empathy on Carkhuff's Empathy Scale in a study (LaMonica et al., 1976) aimed at measuring nurses ability to be empathetic. Scale scores ranged from 1.23 to 1.73 with the mean at 1.48 and the median at 1.45. The level of 1.00 on Carkhuff's Empathy Scale represented irrelevant or hurtful responses, whereas the level 2.00 represented responses only partially communicating an awareness of the surface feelings of the helper.

MacDonald (1977) used the Hogan Empathy Scale to compare the level of empathy of men and women nursing students and men and women non-nursing college students

selected from 16 different disciplines. Male nurses scored higher than female nurses and male and female non-nurses. The t-test was significant at the .05 level. Female students from the non-nursing disciplines scored higher than junior and senior nursing students, but not at a significant level.

Stetler (1977) used patient actresses to rate empathy levels of graduate nurses. Measurement was made on the Barrett-Lennard Relationship Inventory (BLRI) for empathy. The significant level was set at .05, but no significant relationship was found between empathy as perceived by the patient and the vocal communicative variables of proportionality or interruptive behaviors, measured both as attempted and successful interruptions. Nurses perceived to be more highly empathetic did not differ in their overall sensitive responsiveness in an initial interview encounter from nurses who were perceived to be less highly empathetic. Using the BLRI subscale, Forsyth (1979) found no significant relationship between empathetic ability and selected demographic variables such as age, marital and parental status, length, level and age of practice of nurses.

Two studies explored the effects of the level of nursing education on the level of empathetic ability. Kunst-Wilson et al. (1981) tested whether actual empathetic ability and self-perceived ability would vary as a positive function of educational level. Freshmen nursing students exhibited the lowest levels of accuracy in identifying feeling states of others and graduate nursing students the highest level on the Affective Sensitivity Scale developed by Kagan. A positive relationship developed between nursing education and self-perceived and actual ability of nursing students to perceive accurately the feelings of others.

A progressive increase in mean empathy scores by level of education was shown by Forsyth (1979). Baccalaureate nurses achieved higher scores in empathetic ability than diploma nurses. Forsyth's study found a non-significant negative correlation between graduation date and score; the more recent the graduate, the higher the score.

Even though the level of education had a positive effect on the ability of nursing students to be empathetic (Forsyth, 1979), practicing nurses continued

to exhibit low levels of empathetic ability (Kalisch, 1971; LaMonica et al., 1976; Peitchinis, 1972). Personal qualities associated with empathetic ability were also low in practicing nurses (Peitchinis, 1972).

#### Method of Instruction

Concepts of empathy in nursing curricula are beginning to be recognized as an integral aspect of the education of nurses (LaMonica, 1983). Several studies of nursing research explored various methods of instruction utilized by nurse educators to teach empathetic concepts and skills to nursing students with varied results.

One study (Currey et al., 1968) tested the effectiveness of a programmed instruction sequence, The Management Improvement Program (MIP), in increasing human relations skills. Evaluative data was collected using the Clinical Awareness Scale, the Group Perception Inventory, and the Barrett-Lennard Relationship Inventory before and after all 40 subjects had completed the MIP. A significant increase in skills was reached at the .001 level.

Three studies (Farrell et al., 1977; Layton, 1979; Wallston et al., 1978) explored the use of audiovisual

materials during the teaching of empathetic skills to nurses. Farrell et al. (1977) used audiovisual tapes depicting client behaviors to indicate that a sequential introduction to interpersonal relationship skills could enhance a nursing student's ability to respond to clients in a more effective manner. Wallston et al. (1978) used 24 videotaped statements to test whether nurses needed some form of teaching intervention to increase person-centeredness with non-conclusive results. Videotaping was again used to investigate the effectiveness of various modeling conditions when teaching empathy to junior and senior nursing students (Layton, 1979). This videotaped production modeled empathy and lack of empathy. Results were not conclusive that modeling was an effective method of instruction.

The last teaching method explored focused on empathy skills training sessions. In a study by Kalisch (1971) nursing students were given empathy training that focused on four elements: didactic aspect or discrimination training by rating tape recorded segments of psychotherapeutic interviews, role-playing, experimental training, and role modeling

of empathy. Nursing students were given 12.5 hours of training over a 6 week period. Pre-test to post-test scores showed an increase in empathy skills significant at the .01 level.

LaMonica (1983) expanded the five principle teaching modalities of human relations training, didactic instruction, experimental learning, modeling, rehearsal and feedback to also include imagery. This expansion was based on outcome research with nurses by LaMonica et al. (1976) where the purpose of the design was to develop a human-relations model for staff development programs. The purpose of the program was to assist nurses who scored low in empathy to increase their abilities to perceive and respond with greater empathy. After 11 hours of training over a 7 week period of time, a significant increase in the level of nurses ability to perceive and respond with empathy was demonstrated. Growth in scores ranged from an increase of .43 to 1.68 with the mean at the 1.11 level. Eight of 12 participants raised their level of empathy on Carkhuff's Empathy Scale by at least 1 point.

Nurse (1980) compared the results of a 3 day residential workshop using a skills training approach

based on the book by Gerald Egan (1975) with the results of weekly 1 hour meetings over a 6 month period. Learning took place in both time frames; unconvincing results were reached as to which was the superior method of instruction.

Even though empathy in nursing curricula is beginning to be recognized as an integral aspect of the education of nurses (LaMonica, 1983), studies exploring the various methods of instruction do not warrant selecting any one method as consistently superior over any other method.

#### Role of Empathetic Communication in Present Nursing Education Programs

Empathy is an integral aspect of nursing education (LaMonica, 1983). However, there is no available research concerning the level of empathetic communication skills instruction in nursing education in recent years. This present day role was assessed by exploring the following questions:

1. To what extent were empathetic communication skills being taught in nursing education?
2. What preparation did the instructor of empathetic communication skills have?



3. What specific empathetic communication skills were being taught?

4. What instructional methods were used to teach empathetic communication skills?

5. What methods were used to evaluate the teaching and learning of empathetic communication skills?

6. What communication skills were being taught if empathetic skills were not the focus of the training?

#### Summary

At all levels of work in the health field, the nurse's communication role has an important counseling component in the helping relationship that includes Empathy (Peitchinis, 1972). Carl Rogers is the basic theorist nursing research draws upon when exploring the role of empathy in nursing education. Empathy has been found to be a most important aspect of the helping process (LaMonica, 1983). Levels of empathetic functioning by nurses have been explored with conclusive results showing over the past two decades nurses are functioning at low levels of empathy; however, the higher the education of the nurse, the higher her empathetic ability.

Since practicing nurses are exhibiting low levels

of nursing and empathy is to be learned in nursing schools, it is imperative that methods of instruction be explored. Programmed instruction has not been explored extensively enough to credit or discredit the technique's usefulness in empathy training. Three projects testing the usefulness of videotaping were inconclusive. Training sessions utilizing human relation skills yielded the most consistent positive results.

Adequate research concerning how to teach empathy appears to be lacking sufficient documentation that any one method is consistently superior to warrant widespread use in nursing education without further research. Before further research can be attempted, the present role of empathy in nursing education must be described.

## CHAPTER 3

## DESIGN OF THE STUDY

Introduction

This pilot study was designed to explore the role of empathetic communication in nursing education. After the research questions were established, a list of the kind of data that would supply the requisite information was determined. A pilot study (N=20) was carried out using an open-ended survey instrument which was designed by the researcher and mailed to the heads of departments of psychology at twenty state-approved registered nurse education programs. Data gathered from the pilot study was utilized to design a forced-choice questionnaire and to make predictions as to the role of empathetic communication in nursing education today. The following chapter explains the procedure, sources of data, methods of gathering data, and describes the data used to carry out this pilot study.

Procedure

The following research questions were established:

1. To what extent were empathetic communication skills being taught in nursing education?
2. What preparation did the instructor of

empathetic communication skills have?

3. What specific empathetic communication skills were being taught?

4. What instructional methods were used to teach empathetic communication skills?

5. What methods were used to evaluate the teaching and learning of empathetic communication skills?

6. What communication skills were being taught if empathetic skills were not the focus of the training?

Following is a list of the kind of data that would supply the requisite information to answer the established research questions:

1. Time framework allowed for teaching empathy.

2. Educational degrees held by teachers of empathy.

3. Specific empathy skills training teachers have had.

4. Specific empathy skills taught to nursing students.

5. Specific instructional methods used to teach empathy.

6. Specific evaluation methods used to test for student learning.

7. Specific communication skills taught with empathy skills.

8. What skills are taught if empathy was not taught.

#### Sources of Data

Requisite data was obtained from the head of the psychology department from state-approved registered nurse education programs. Names and addresses of these programs were obtained from the National League for Nurses. The central midwestern region of the United States nursing education programs were categorized according to the level of degree granted: ADN, diploma, generic BSN, and completion BSN. Simple random sampling using a random numbers table was carried out to select a sample with N=5 for each subgroup.

#### Methods of Gathering Data

An open-ended survey type questionnaire was mailed to each state approved school of nursing recognized by the National League for Nursing selected by random sample. This questionnaire was to be completed by the head of the psychology department in the respective schools.

Description of Data

No instrument was available in the nursing field that could be used to assess the role of empathetic communication in nursing education. This conclusion was reached after an extensive literature search and after contacting the Iowa Board of Nursing and the research office of the National League for Nurses.

Development of a new instrument was accomplished that would assess the role of empathetic communication in nursing education. The following type of data would be generated by the forced-choice instrument:

1. Terminal degree of nursing program surveyed.
2. Time allowed for teaching empathetic communication skills.
3. Educational levels of preparation of instructors of empathetic communication.
4. Specific empathy skills training of instructors of empathetic communication.
5. Specific empathetic skills taught to nursing students.
6. Specific instructional methods used to teach empathy.
7. Specific evaluation methods used to test for

student learning of empathy.

8. What communication skills are taught along with empathy skills.

9. If empathy skills are not taught, what skills are taught?

The following procedures were used to establish content validity of the instrument and to generate responses for the questionnaire. A pilot study questionnaire (see Appendix B) was sent to 20 nurse educators whose area of expertise was psychological nursing education. Five nurse educators were randomly selected from each of the four levels of registered nurse preparation: Associate Degree, Diploma, generic BSN and BSN completion programs. These nurse educators were to complete the open-ended form to help generate responses for the forced-choice questionnaire (see Appendix D) and then critique the content of the questionnaire to determine how effectively the form covered areas that would be pertinent to the role of empathetic communication in nursing education.

Information from this pilot study was utilized to complete and validate the forced-choice survey questionnaire (see Appendix D). Final organization and

keying of this forced-choice instrument will be determined by the researcher in accordance with available computer technology at the time of further research.



## CHAPTER 4

## ANALYSIS OF THE DATA

Introduction

The purpose of this pilot study was to explore the role of empathetic communication in nursing education. An extensive search of nursing resources produced no survey instrument designed to generate this type of descriptive data. An open-ended survey instrument was designed based on the problem statement questions. A small pilot study (N=20) was carried out. The pilot study was utilized to develop a forced-choice questionnaire and to study the present role of empathetic communication in nursing education on a small scale.

Results

Fifteen of the 20 schools sampled responded to the survey instrument or a follow-up telephone call. Four of the 20 were too busy to respond and one school was recently closed. The original sample included five schools from each type of RN program. Survey instruments were returned from four ADN, four Diploma, three generic BSN, and four completion BSN nursing programs.

Of the 15 returned instruments, an analysis of data showed that nine of the RN programs did not report teaching any of the empathetic communication skills that make up the helping relationships. Two ADN programs, three Diploma programs and one generic BSN program reported teaching one or more of the empathetic communication skills. The results of the study have been organized according to the problem statement questions.

Question one: To what extent are empathetic communication skills being taught in nursing education?

Table 1 summarizes the extent to which empathetic communication was being taught in the sampled population and how much time was set aside in the classroom to teach the skills. Sixty percent of the 15 responding schools did not allow for time to teach the skills. Of the 40% which taught the empathetic communication skills that make up the helping relationship, classroom time set aside for teaching the skills varied from 3.5 classroom hours to 55.5 classroom hours. Three of the schools also integrated the skills into other classes and clinic experiences.

Although the sample was small, students going

Table 1

Mean Hours Spent Teaching Empathetic Communication

<u>Type of Program</u>	<u>Hours</u>	<u>Program <math>\bar{X}</math></u>
ADN		16.25
1	21.0	
2	44.0	
3	0	
4	0	
Diploma		25.37
1	55.5	
2	32.0	
3	14.0	
4	0	
Generic BSN		1.16
1	3.5	
2	0	
3	0	
Completion BSN		0
1	0	
2	0	
3	0	
4	0	
Grand $\bar{X}$		10.70

through ADN and Diploma programs received more empathetic communication instruction than students enrolled in BSN programs. This study revealed that students enrolled in completion BSN programs received no empathetic communication skills instruction.

Question two: What preparation does the instructor of empathetic communication skills have?

The educational preparation of the instructors of empathetic communication skills differed. One of the instructors in an ADN program held a BSN degree. A total of eight instructors taught empathetic communication skills in the remaining five programs. Masters degrees were held by each of these instructors in one of the following areas: communications, educational psychology, guidance and counseling, nursing, psychiatric nursing, or public health nursing. Two of those eight instructors had attended special workshops to train them in empathetic communication skills (see table 2).

A total of 9 instructors taught empathetic communication skills in the 6 programs. Eight of the nine instructors held masters degrees. Four of the eight masters degrees were in the nursing field.

Table 2

Educational Preparation of Instructors

	ADN <sub>1</sub>	ADN <sub>2</sub>	Dip <sub>1</sub>	Dip <sub>2</sub>	Dip <sub>3</sub>	G_BSN <sub>1</sub>
Total Number of Instructors	1	1	1	2	3	1
BACHELORS DEGREE						
BSN	*					
MASTERS DEGREE						
Communications				*		
Educational Psychology					*	
Guidance & Counseling		*	*			
Nursing						*
Psychiatric Nursing				*	*	
Public Health Nursing					*	

Question three: What specific empathetic communication skills are being taught?

Empathetic communication skills that make up the helping relationship can be broken down into the understanding phase and the action phase. Empathetic skills that make up the understanding phase are as listed: empathy, respect, warmth, genuineness, self-disclosure, and concreteness. The action phase is made up of confrontation and immediacy of relationship (LaMonica 1983). Table 3 summarizes which specific empathetic communication skills were taught in the respective schools. Four of the schools taught all of the skills, one taught empathy alone and one taught segments of each phase.

Of the six schools that planned time to teach empathetic communication skills, four taught each segment of the understanding and action phases. One ADN program taught only empathy.

Question four: What instructional methods are used to teach empathetic skills?

Various instructional methods were used to teach empathetic communication skills in each school as summarized in table 4. Lecture was used in five of the

Table 3

Specific Communication Skills Taught

	<u>ADN<sub>1</sub></u>	<u>ADN<sub>2</sub></u>	<u>Dip<sub>1</sub></u>	<u>Dip<sub>2</sub></u>	<u>Dip<sub>3</sub></u>	<u>G BSN<sub>1</sub></u>
<u>UNDERSTANDING PHASE</u>						
Empathy	*	*	*	*	*	*
Respect		*	*	*	*	*
Warmth		*	*	*	*	*
Genuiness		*	*	*	*	*
Self-Disclosure		*		*	*	*
Concreteness		*		*	*	*
<u>ACTION PHASE</u>						
Confrontation		*	*	*	*	*
Immediacy		*		*	*	*
Total Skills Taught	1/8	8/8	5/8	8/8	8/8	8/8

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Table 4

Instructional Methods Utilized

METHOD	ADN <sub>1</sub>	ADN <sub>2</sub>	Dip <sub>1</sub>	Dip <sub>2</sub>	Dip <sub>3</sub>	G BSN <sub>1</sub>
Audio Recording						*
Group Discussion		*	*			
Journal Article	*					
Lecture	*	*	*	*	*	
Modeling		*			*	
Practice Sessions		*			*	*
Role Play			*	*		*
Slides	*					
Written Conversations						
Total	3	4	4	4	4	3

Empathetic Communication



programs, while role play, practice sessions and written conversations also were frequently cited teaching methodologies.

Lecture was the instructional method most frequently utilized to teach empathetic communication. Each program utilizing lecture also used at least two other methods of instruction.

Question five: What methods are used to evaluate the teaching and learning of empathetic communication skills?

Evaluation of the teachers and learners of empathetic communication skills differed. Evaluation of the teachers was determined by the student telling the teacher in writing or orally how he/she thought the teacher performed in four of the six schools. One instructor reviewed the students written empathetic communications with his/her patient to determine her level of teaching through self evaluation (the nine instructors were all female). One instructor relied on her peers to evaluate her (see table 5).

Students were evaluated by written and oral tests, role playing, observation while interacting with a patient, and video tapes. Written testing was given in

Table 5

Methods of Evaluation

	ADN <sub>1</sub>	ADN <sub>2</sub>	Dip <sub>1</sub>	Dip <sub>2</sub>	Dip <sub>3</sub>	G BSN <sub>1</sub>
<b>Teachers</b>						
Feedback	*	*		*	*	
Peer Review			*			
Self	*					*
<b>Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Students</b>						
Written Conversation Analysis				*		*
Observation	*	*		*		
Role Play				*		
Verbal Test			*			
Video Tape				*	*	
Written Test			*		*	
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>1</b>

Empathetic Communication

only two of the schools.

No consistent method of evaluation was observed. Three instructors evaluated their students by observation. Only two programs utilized a form of written measurement to test for achievement.

Question six: What communication skills are being taught if empathetic skills are not the focus of the training?

Empathetic communication skills were not the sole communication skills taught at any of these institutions. Assertiveness, interviewing skills, non-verbal communication skills, and therapeutic communication skills were also taught (see table 6).

Three of the six programs teach one other type of communication skill along with empathetic communication. Both ADN programs teach four supplementary communication skills.

#### Summary

Six of the 15 responding schools taught empathetic communication skills. Of the six programs that set aside time to teach the skills, the ADN and Diploma programs allowed from 14-55.5 classroom hours of instruction. Only one of seven BSN programs taught the

Table 6

Other Communication Skills Taught

	ADN <sub>1</sub>	ADN <sub>2</sub>	Dip <sub>1</sub>	Dip <sub>2</sub>	Dip <sub>3</sub>	G. BSN <sub>1</sub>
<u>Skills</u>						
Assertiveness				*		*
Assessment		*				
Data Collection		*				
Interviewing		*			*	
Questioning		*				
Therapeutic	*				*	
Non-Therapeutic	*				*	
Non-Verbal	*		*			
Written	*					
<u>Total</u>	4	4	1	1	3	1

Empathetic Communication

skills. Time set aside in the generic BSN program for empathetic communication instruction was 3.5 classroom hours.

A total of nine instructors were responsible for teaching the skills in the six programs. Eight of these instructors held masters degrees, four of which were in the nursing field. These nine instructors taught all of the components of the helping relationship in four of the six programs.

While a wide variety of instructional methods were used, each program utilized three or four different methods. Lecture was the most universal instructional method used. Methods of evaluation practiced differed widely with no one method being used more consistently than another. One diploma program did evaluate the students four different ways.

Each of the six programs supplemented empathetic communication education with at least one other method of communication instruction. The ADN programs did the most supplementing in that both programs taught four other skills along with empathetic communication skills.

Of the 40% of the programs that taught empathetic

communication skills, no consistent pattern existed concerning the number of hours taught, or the teaching and evaluation methods. The majority of instructors did hold masters degrees and four programs did teach all of the empathetic communication skills.

CHAPTER 5  
DISCUSSION

Introduction

Since the days of Florence Nightengale, the nurse has been attempting to create a caring and helping relationship with his/her patient. Empathy is a critical component of the helping relationship (Forsyth 1979).

While numerous studies have been conducted to assess the ability of nurses to communicate in an empathetic way, results have not been conclusive. Nursing education plays a key role in the development of empathetic ability in nurses. To date, little research exists relative to the role nursing education is presently playing in teaching nurses to be the most empathetic communicators they can be.

The primary purpose of this pilot study was to explore the role of empathetic communication in nursing education by addressing the following questions:

1. To what extent are empathetic communication skills being taught in nursing education?

2. What preparation does the instructor of empathetic communication skills have?

3. What specific empathetic communication skills are being taught?

4. What instructional methods are used to teach empathetic communication skills?

5. What methods are used to evaluate the teaching and learning of empathetic communication skills?

6. What communication skills are being taught if empathetic skills are not the focus of the training?

The secondary purpose of this pilot study developed during the course of the research. No survey instrument could be located that would gather the necessary type of descriptive data. As a result, two survey instruments were developed. The first instrument was an open-ended questionnaire that served as a small (N=20) pilot study for this research. This same open-ended questionnaire also generated responses which were compiled to complete a forced-choice questionnaire. The forced-choice questionnaire can be utilized to replicate this research on a larger scale.

### Discussion

The most startling result of this pilot study was the revealing fact that less than 40% of the schools that responded to the study even taught empathetic



communication skills. Of those teaching the skills, there was a wide divergence (3-55.5) in the number of classroom hours set aside for instruction of empathetic skills.

Rogers (1975) reported that empathy can be learned. Nursing schools are the primary source of this learning for the nursing student. If this pilot study was used to make a prediction that only 40% of nursing schools in general teach empathetic communication skills, then it would not be surprising that nurses score low in tests that measure levels of empathetic communication skills.

Forsyth (1979) found a progressive increase in mean empathy scores by level of education. Baccalaureate nurses achieved higher scores in empathetic ability than diploma nurses.

Pilot study results from this research discovered that only one of the seven responding schools that prepare nurses on the BSN level taught empathetic communication skills. These skills were taught more in the ADN (2 out of 4) and Diploma (3 out of 4) programs. The ADN and diploma programs also reported spending from 14 to 55 classroom hours to teach empathetic

communication skills while the generic BSN program spent only 3.5 classroom hours.

Where are the BSN nurses learning these skills? Completion BSN nurses could be learning the skills in their basic RN training program which would be ADN or Diploma. The BSN nurses are getting more empathetic as they attain higher education. Continuing education might be having an impact on the level of empathetic communication in nurses. Nurses with a bachelors degree have some choices in the classes they take, perhaps they are taking classes that teach empathetic communication skills as an elective.

The educational preparation of the instructors of empathetic communication skills were predominately master's prepared. One point seemed to stand out about this education. The two instructors that had attended training workshops on empathetic communication skills reported that they felt it was a significant part of the curriculum. LaMonica et al (1976) demonstrated a significant increase in the level of nurses ability to perceive and respond with empathy after participating in a workshop training session.

Four of the schools taught all of the skills that

constitute the understanding and action phases of the helping process. Of the original 15 schools, only 26.5 percent taught the empathetic communication skills of the helping relationship in its entire format. One could speculate that only 25% of the nursing schools in the midwestern region of the United States teach these skills in their entirety. If this is probable, it would explain why practicing nurses continue to exhibit low levels of empathetic ability according to Kalisch (1971), Peitchinis (1972), and LaMonica et al (1976).

Studies exploring the various methods of empathetic communication instruction did not warrant selecting any one method as consistently superior over any other method. The teaching methods reported in this pilot study were the same types of methods researchers were exploring.

Evaluation of learned material in the pilot study consisted of written and oral tests, role playing, video tapes critique, and observation. Further research is needed to explore the role of empathy measurement scales in nursing education.

The study also revealed other types of

communication skills which were being taught other than empathetic communication skills. Therapeutic communication skills, assertiveness, and interviewing skills headed the lists.

### Conclusion

If, as suggested by the results of this study, only about 25% of the nursing schools in the midwestern region of the United States teach empathetic communication skills in its entire format, changes need to take place in both basic nursing education and continuing education programs. Empathetic communication education needs to be infused into nursing education. Specific teaching plans need to be infused into nursing school curriculums. Specific guidelines need to be established by the state boards of nursing and actually followed through in the schools.

While infusion into school curriculums would take time, infusion into inservice and continuing education programs could be implemented more rapidly. Practicing nurses should be able to learn these skills through inservice and continuing education programs now.

This small pilot study provides a part of the

information foundation that needs to be established if the nursing profession is to more effectively reflect the true helping profession it is labeled. More research is needed to build on this foundation that will ultimately result in empathetic nurses.

Recommendation for Further Study

Further research to clarify and expand the findings of this study could include the following:

1. Increase the scope of the study by carrying out an extensive survey using the forced-choice instrument.

2. Examine knowledge and practice differences between graduates to determine if the educational practices used to teach empathetic communication skills are in fact effective.

3. Examine the effect of the type of educational preparation the nurse experiences on the level of empathetic communication skills attained.

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APPENDIX A

Cover Letter for Pilot Study

February 3, 1984

Empathetic Communication

55

Dear

The impact of technology has filled spaces around patients' beds with equipment; these are spaces that ten years ago were filled by nurses hand monitoring patients, one at a time. While in past times, nurses needed up to ten minutes to take a temperature, it now takes only seconds. Technology of this type has to have some kind of an effect on the helping relationship between nurses and patients. Empathy has been considered a major component of this helping process since the 1950s.

An extensive review of nursing literature in regard to the helping process does not establish what role nursing education holds in the development of empathy in nurses. I am conducting research to demonstrate the role of empathy in this helping process.

I need you to help me develop a questionnaire to assess this role since no questionnaire presently exists. I am asking you to please complete the enclosed questionnaire and return it via mail to Colleen Jarosh, Nurse Educator, 525 Clair Street, Cedar Falls, IA 50613, in the enclosed stamped and addressed envelope by February 17, 1984. Because this form serves the dual purpose of being a pilot study to obtain your responses and to obtain any and all possible responses, please feel free to add any questions or information your expertise generates.

Please critique the content of this questionnaire to determine how effectively the form covers areas that would be pertinent to the role of Empathetic Communication in nursing education.

Just a note about confidentiality. You will notice a code number on your questionnaire. This code number will only be used to facilitate my follow-up techniques to prevent you from receiving bothersome reminder letters.

If you have any questions, please call 319-277-4153. I appreciate your time and cooperation and look forward to receiving your completed form by February 17, 1984. Thank you.

Sincerely,

Colleen Jarosh, and

Marlene Strathe, Ph.D.  
Director, Educational Research &  
Development Center  
University of Northern Iowa

APPENDIX B

Pilot Study Questionnaire

The Role of Empathetic Communication in  
Nursing Education Survey

The dual purpose of this pilot study questionnaire is to obtain your responses and generate other appropriate responses to be used in the development of a survey instrument which would assess the role of empathetic communication in nursing education.

Please indicate as many responses as you can think of that could be appropriate, even if you or your educational institute does not utilize the response.

1. How much educational time is set aside for the instruction of empathetic communication skills?

Your response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other possible responses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What educational preparation does the instructor of empathetic communication skills have?

Your response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other possible responses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What specific empathetic communication skills are taught?

Your response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other possible responses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What instructional methods are used to teach empathetic communication skills?

Your response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other possible responses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What methods are used to evaluate the teaching of empathetic communication skills?

Your response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other possible responses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What methods are used to evaluate the learning of empathetic communication skills?

Your response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other possible responses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What communication skills are taught along with empathetic communication skills?

Your response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other possible responses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If empathetic communication skills are not taught, what skills are taught?

Your response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other possible responses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Type of nursing education program. Please check one:

ADN \_\_\_\_\_  
Diploma \_\_\_\_\_

BSN \_\_\_\_\_  
Completion BSN \_\_\_\_\_  
RN Only

10. Critique of form:

Eight areas were covered to assess the role of empathetic communication in nursing education.

What has been omitted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is included that is unnecessary? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail this by FEBRUARY 17, 1984 to:

Colleen Jarosh  
Nurse Educator  
525 Clair Street  
Cedar Falls, IA 50613

in the enclosed addressed stamped envelope. Thank you.

APPENDIX C

Cover Letter for Survey Instrument

APPENDIX C

Cover Letter for Survey Questionnaire

To be typed on printed letterhead stationary from support institution.

Letterhead from

an

Institution

Date

Address

---

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Dear Nurse Educator,

I am conducting a survey of the role of empathetic communication in nursing education. Since the 1950s, empathy has been considered a major component of the helping relationship. A review of the literature does not generate proof of how we as nurse educators can most effectively teach nursing students to be the best empathetic communicators possible to facilitate this helping process. Our time is so limited as educators that we need to utilize the most effective teaching methods possible. This survey is necessary to build a framework to establish the present role nursing



education has in developing empathy in nurses.

Since I wish the results of this survey to be as accurate as possible, I cannot overemphasize the importance of receiving your completed questionnaire. Please mail the form in the enclosed, stamped envelope by date to address.

Just a note about confidentiality. You will notice a code number on your questionnaire. This code number will only be used to facilitate my follow-up techniques to prevent you from receiving bothersome reminder letters. At no time will the questionnaire be identified by response.

I appreciate your time and co-operation and look forward to receiving your completed form. Thank you.

Sincerely,

Colleen M. Jarosh

APPENDIX D  
Survey Instrument

APPENDIX D

Survey Instrument

Code No. \_\_\_\_\_

Please check the appropriate response or responses.

1. Level of nursing preparation.

1. ADN \_\_\_\_\_ 3. BSN (Generic) \_\_\_\_\_

2. Diploma \_\_\_\_\_ 4. BSN (Completion) \_\_\_\_\_

2. Which specific empathetic skills are taught?

1. empathy \_\_\_\_\_ 7. confrontation \_\_\_\_\_

2. respect \_\_\_\_\_ 8. immediacy of

3. warmth \_\_\_\_\_ relationship \_\_\_\_\_

4. genuineness \_\_\_\_\_ 9. none \_\_\_\_\_

5. self-disclosure \_\_\_\_\_ 10. not familiar with

6. concreteness \_\_\_\_\_ these terms \_\_\_\_\_

NOTE: If you respond to answer 9 or 10, please skip to question number 9.

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How much time is allowed for teaching the empathetic communication skills you teach from the

list in item number 2?

Specific classroom hours only with no integration

Check only 1 response

1-4	___	5-10	___	11-15	___	16-20	___
21-30	___	31-40	___	41-50	___	51 plus	___

Integration only with no specific classtime

Check only 1 response

1- 3 classes	___	1/4 curriculum	___
4- 6 classes	___	1/2 curriculum	___
7-10 classes	___	3/4 curriculum	___
11-15 classes	___	all curriculum	___

Specific classtime hours

Plus integration

Check 1 response for classtime hours

1-4	___	5-10	___	11-15	___	16-20	___
21-30	___	31-40	___	41-50	___	51 plus	___

PLUS

Check 1 response for integration time

1- 3 classes	___	1/4 curriculum	___
4- 6 classes	___	1/2 curriculum	___
7-10 classes	___	3/4 curriculum	___
11-15 classes	___	all curriculum	___

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What educational level of preparation does the instructor of empathetic communication skills have?

1. ADN \_\_\_\_\_ 6. BS \_\_\_\_\_ area \_\_\_\_\_

2. Diploma \_\_\_\_\_ 7. MA \_\_\_\_\_ area \_\_\_\_\_

3. BSN \_\_\_\_\_ 8. MS \_\_\_\_\_ area \_\_\_\_\_

4. MSN \_\_\_\_\_ 9. PHD \_\_\_\_\_ area \_\_\_\_\_

5. PHD Nursing \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What specific skills training in empathy does the instructor of empathetic communication skills have?

1. Training Workshop

2. College Course

1 day \_\_\_\_\_

2 credit hrs. \_\_\_\_\_

2- 5 days \_\_\_\_\_

3 credit hrs. \_\_\_\_\_

5- 9 days \_\_\_\_\_

4 credit hrs. \_\_\_\_\_

9-12 days \_\_\_\_\_

6 credit hrs. \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Which specific instructional methods are utilized?

- |                      |       |                 |       |
|----------------------|-------|-----------------|-------|
| 1. audio tape        | _____ | 7. readings     | _____ |
| recording            | _____ | 8. role playing | _____ |
| 2. experimental      | _____ | 9. slides       | _____ |
| 3. lecture           | _____ | 10. group       | _____ |
| 4. modeling          | _____ | discussions     | _____ |
| 5. practice sessions | _____ | 11. video tape  | _____ |
| 6. process reading   | _____ |                 |       |

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Which specific evaluation methods are utilized to test for student learning.

- |                                   |       |
|-----------------------------------|-------|
| 1. analysis of process recordings | _____ |
| 2. observation                    | _____ |
| 3. oral post-test                 | _____ |
| 4. oral pre-test, post-test       | _____ |

- 5. role playing \_\_\_\_\_
- 6. written pre-test, post-test \_\_\_\_\_
- 7. written post-test \_\_\_\_\_
- 8. video tapes \_\_\_\_\_
- 9. empathy measurement scale \_\_\_\_\_

Please specify type \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

8. What communication skills are taught along with empathetic skills?

- 1. assertiveness \_\_\_\_\_
- 2. assessment and data collection \_\_\_\_\_
- 3. facilitative \_\_\_\_\_
- 4. interviewing \_\_\_\_\_
- 5. non-verbal \_\_\_\_\_
- 6. purposeful questioning \_\_\_\_\_
- 7. therapeutic \_\_\_\_\_

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. If empathetic skills are not taught, what skills

are taught? Please write in response.

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