

ASSESSMENT OF THE EMPATHY LEVEL OF  
DAY CARE WORKERS

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"A child's life is like a piece of paper on which every  
passerby leaves a mark."

Ancient Chinese proverb

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## PREFACE

For the sake of simplicity, the author has chosen to use the pronoun "he" when referring to the child in a day care center, and "she" when referring to the nurse and the day care worker.

## CHAPTER I

### INTRODUCTION

Experts in the field of human development agree that the personality development that takes place in the early years of a child's life is crucial to all development that is to follow (Hall & Lindzey, 1970). Furthermore, over one half of all growth in human intelligence takes place before a child begins school (Beck, 1973). These findings have led to a nationwide interest in early childhood education. Day care facilities and nursery schools have capitalized on these discoveries and are now providing highly sophisticated educational materials and techniques to assist the child in developing his intellectual potential.

The preschool child needs intellectual stimulation. Cognitive development, however, cannot be separated from the child's emotional, social, and physical being, nor can it be forced without endangering the child's mental health. This push for early cognitive development is detrimental when it overlooks the affective component of child development (Beck, 1973). Cognition does not prosper except in close alignment with healthy emotional development. It also does not occur in isolation, but in relationship to a child's experiences with significant others. The child who

experiences emotional disequilibrium regarding his own sense of worth or his relationships with others will be less able to direct his psychological energies toward learning. It is important that both emotional equilibrium and learning be promoted; however, some theorists believe emotional equilibrium must come first (Beck, 1973; Rogers, 1969).

It has been noted by humanists both in Psychology and Education that the facilitation of emotional equilibrium and learning rests upon the interpersonal relationship between two people: one being what society considers "more-knowing" (helper) and the other being what society deems as "less-knowing" (helpee). Examples of this type of relationship include the therapist/client, teacher/student, and parent/child relationship. Certain qualities are possessed by the helper that encourage both emotional and intellectual growth in the helpee. The most vital quality that the helper must possess is empathy, i.e., the ability to understand how another person is experiencing his world, and to communicate that understanding to him (Rogers, 1965).

The child in a day care center spends most of his waking hours away from his parents. He is dependent on day care workers to meet his needs for trust, security, nurturing, self-esteem, and belongingness. The day care worker acting both as a parent substitute and as a teacher is in a

key position to serve as a model for adult/child relationships that foster positive emotional adjustment in children.

Empathy, being a key ingredient in this type of a relationship, would appear to be a highly desirable quality for a day care worker to possess. To what degree does the day care worker possess the ability to be empathic? Are in-service training programs needed to help her develop this ability? These two questions prompted the following proposed study.

#### Statement of Problem

The problem of this study was to determine the empathy level of day care workers and to discover which, if any, demographic factors influence the degree of empathy day care workers possess.

#### Statement of Purpose

The purpose of this study was:

1. To measure the empathic ability level of persons who work directly with children in day care centers.
2. To determine whether relationships exist between day care workers' empathic ability and selected independent variables, i.e., age, marital status, number of children, years of education, years of experience in day care work, and type of education beyond high school.

3. To determine the need (based on the outcome of the study) for Human Relations Training programs that would facilitate the development of empathic behaviors in day care workers.

#### Background and Significance

The practice of child psychiatric and mental health nursing demands that the nurse be involved with those forces that influence the personality development of the child, specifically those forces that influence his social, emotional, and physical growth. She works within those systems in society upon which the child is dependent, i.e., the family, school, and other community organizations. With her knowledge of normal human development, developmental deviations, and therapeutic interventions, she is qualified to provide input into these systems in order to establish a healthy psychological environment for children.

The day care center is one system upon which thousands of children are dependent. From 1950 to 1968 the number of working mothers doubled (Department of Health, Education, and Welfare, Spindler, 1968). In 1969, it was estimated that there were five million children under six years of age whose mothers were employed outside the home. At that time, the existing licensed day care centers could serve only 638,000 of those children (Department of Health,

Education, and Welfare, Grotberg, 1969). Because the demand for child care services in the United States continues to increase at a rapid rate, it seems apparent that the day care center will become increasingly more influential in the life of the preschool child in the years to come.

The importance of the preschool years, as far as future personality functioning is concerned, is central to many theories of child development (Hall & Lindzey, 1960). It would seem that the environment provided by the day care center would be of interest to professionals in the field of human development and mental health. However, this does not appear to be the case. A library search revealed only two articles written in the last ten years evaluating the factors that determine the type of psychological environment provided by the day care center (Shrier, 1973; United States Department of Health, Education, and Welfare, Martin, 1974). Two other articles dealt with the nursery school child and the importance of adult/child relationships (Bierman, 1972; Scott, 1969). This paucity of literature implies that the preschool child in the day care center may be an understudied population in terms of preventive mental health service.

The concept of primary prevention is useful at this point in the discussion:

Primary Prevention encompasses actions deliberate or otherwise that maximize those social forces in the community which tend to encourage

the full development of the human being as a rational, creative and self-actualizing organism (Bower, 1961).

The lack of effort that has been put into operationalizing this definition in regard to the day care center is disturbing. At this time, professionals interested in primary prevention cannot be assured that the day care center is encouraging the "full development of the human being."

#### State and Federal Regulations

In America, caring for the preschool child is a devalued activity. The assumption is "anyone can do it." Unfortunately federal and state laws regulating the operation of day care centers in the United States reflect this cultural attitude and cannot be counted on to assure adequate psychological growth for the day care child. In the Department of Health, Education, and Welfare publication "Federal Interagency Day Care Requirements," (1968) standards for environmental concerns are outlined and include safety, sanitation, education, physical health, and nutrition. There is no separate set of standards pertaining to the mental/emotional health of the child. The federal guidelines do suggest that programs and activities be designed to promote the self-esteem of the child. They require counseling of parents whose child exhibits adjustment problems, and psychological consultation for suggestions

on how to work with the child. These recommendations are commendable, but may not go far enough to assure each child adequate psychological care on a day-to-day basis. In addition, these regulations apply only to those day care programs receiving federal funds, which are in the minority.

Most day care centers function under state regulations which may be even less effective in assuring that the young child's psychological needs are met. Texas, for example, sets standards for grounds, building, equipment, physical health, and nutrition. No mention is made of providing a day-to-day environment conducive to mental health (Texas Minimum Standards, 1976).

It is possible that day care standards are kept minimal so that the center can meet them. If they were too stringent, the much needed child care facility would be forced to close. This factor directly affects the quality of child care provided. For example, the average day care center cannot afford to pay its staff high salaries. If it did, it would have to charge prices that families could not afford or run the risk of reducing its own profits. As a result, those persons directly responsible for the psychological care of the child are not required to be well-trained for their work. There is no mention in the federal guidelines as to the educational requirements for the director or the staff of the day care facility. The guidelines do

read that "persons providing direct care should demonstrate the ability to work with children" (Federal Interagency Day Care Requirements, 1968). The particular skills necessary for working with children are not mentioned.

In Texas, the personnel requirements are somewhat more specific, but still minimum. An eighteen year old with a high school diploma (or GED) and one year's experience in any kind of administration is considered qualified for a day care director's position. Staff requirements read "any person working directly with children shall be eighteen years old and be able to read and write" (Texas Minimum Standards, 1976). The Texas standards also require that these persons be mentally, physically, and emotionally able to carry out their duties, but how this ability is to be assessed or guaranteed is not specifically stated. According to federal and state standards, the day care worker may be under-educated and may lack the training necessary for working with the child in a positive, growth promoting manner.

#### Facilitating Mental Health

Because the day care worker/child relationship is a relationship aimed at facilitating personality, health, and maturity in the child, it can be likened to the therapist/client relationship in psychotherapy. Both are helping

relationships in which the desired outcome is constructive personality change.

A review of the psychotherapy literature reveals that empathy is a crucial factor in the therapeutic relationship and is positively correlated with therapeutic outcomes (Rogers, 1961; Truax, 1963; Barrett-Lennard, 1967). Similar studies with children and adults have demonstrated that empathy in the adult/child relationship is equally as crucial and is related to positive personality adjustment in children (Truax & Tatum, 1966; Reif, 1972; Irving, 1965).

The day care worker is a significant adult in the life of the day care child and is in the position to promote or obstruct his psychological growth. The day care worker is in closer personal contact with children than teachers because of the smaller staff/child ratio, longer hours, and her parent surrogate role. She assumes child rearing responsibilities in the parent's absence, ranging from physical and psychological nurturing to intellectual and social education. Presumably, if the day care child could perceive empathy in this significant interpersonal relationship, he would feel less threatened, create fewer defenses, and be more open to growth producing experiences.

#### Demographic Variables

For the purpose of selecting day care workers with high empathy levels, it would be helpful to know what

demographic factors, if any, are associated with high levels of empathy. Many demographic variables have been suspected to be associated with empathy, i.e., age, sex, work experience, education, race, and intelligence. The research studies reviewed, however, yielded little conclusive evidence and support the need for further investigation into the relationship between demographic variables and empathy (Piaget, 1969; Forsyth, 1977; Levine, 1976; and Oden, 1974).

#### Teaching Empathy

The level of empathy in day care workers can also be increased through the implementation of staff development programs that focus on the development of empathic skills. Truax and Carkhuff (1967) and Gazda (1975) describe the empathy training programs they have developed. Others (Bierman, 1972; Kalisch, 1971) present evidence that these programs have actually increased the level of empathic understanding in persons traditionally designated as "helpers."

#### Hypothesis

The following null hypotheses were tested:

1. There is no significant relationship between the empathic ability of day care workers and age.
2. There is no significant relationship between the empathic ability of day care workers and marital status.

3. There is no significant relationship between the empathic ability of day care workers and number of children.

4. There is no significant relationship between the empathic ability of day care workers and years of education.

5. There is no significant relationship between the empathic ability of day care workers and years of experience in day care work.

6. There is no significant relationship between the empathic ability of day care workers and type of education beyond high school.

#### Definition of Terms

For the purpose of this study, the following definitions were used:

Empathy, empathic ability, and empathic understanding are used interchangeably and are defined as the ability to intellectually comprehend the feelings and personal meanings which another person is expressing and to respond in a manner that communicates this understanding.

Day Care Center is defined as a facility providing care, guidance, education, and supervision for more than twelve children under fourteen years of age for less than 24 hours a day. This facility has been approved and licensed by the State Department of Public Welfare and operates in accordance to the rules and regulations of that department.

Day Care Worker is defined as a person who is employed by a day care center to be responsible for the direct care, guidance, supervision, and instruction of children under six years of age.

Preschool Child is defined as a child between birth and 6 years who has not yet entered first grade.

Psychological Environment is defined as those factors present in the milieu of a day care center that influence the mental and emotional development of a child.

Therapeutic Relationship is defined as an interpersonal relationship that exists between two persons in which one person assumes the attitudes of unconditional positive regard, genuineness, and empathy, and the other person perceives these attitudes to a minimum degree. The relationship has as its goal the promotion of optimum growth and self-actualization of one or both members of the dyad (Rogers, 1965).

#### Limitations

This study was subject to the following limitations:

1. The study was limited to day care workers employed by the licensed day care facilities in one city, to work with preschool children. Thus, the conclusions of this research apply only to those day care workers.

2. There was no opportunity for random selection of the sample. The sample instead consisted of those day care workers who volunteered to participate.

### Assumptions

For the purpose of this study, the following assumptions were made:

1. All interpersonal interactions may have constructive or destructive outcomes.

2. Constructive or destructive consequences of the helping process may be accounted for in part by the level of functioning of the helper.

3. Adults can be empathic with children.

4. An essential quality of the helping process between an adult and a child is the adult's empathy for the child.

5. Each individual expresses empathy to some degree.

6. It is possible to measure an adult's degree of empathic ability.

7. Empathy is a learned behavior that can be taught.

8. The first five years of life are crucial to the development of an individual's personality.

### Summary

Evidence presented thus far suggests that there is a need for the day care worker to be empathic. Further

evidence suggests a need to investigate the relationship between empathy and demographic variables. Support has also been provided for the feasibility of providing empathy training programs for this population. This survey study was an attempt to answer two questions: (1) What is the level of empathic ability of day care workers? and (2) What factors, if any, influence the levels of empathy day care workers possess? It was also hoped that the resulting data would aid in determining the need for empathy training programs in this population.

In the chapters to follow a review of all literature pertinent to this research topic will be made, the manner in which the data were obtained will be described, the data will be reported and interpreted, and conclusions will be drawn. Finally, recommendations for future action will be made and directed to those persons in the service professions who are interested in promoting healthy personality development.

## CHAPTER II

### REVIEW OF LITERATURE

#### Role of the Psychiatric-Mental Health Nurse in Facilitating Mental Health

The emergence of the community mental health movement in the last fifteen years has had a great deal of impact on the practice of psychiatric-mental health nursing (ANA, 1976). The psychiatric-mental health nurse is currently functioning not only in the traditional areas of intervention and rehabilitation but also in the area of prevention, a concept basic to the community mental health ideology (Lenninger, 1973).

The practice of community mental health is build on Caplan's (1964) concept of primary, secondary, and tertiary prevention, and is oriented towards "averting human problems rather than simply repairing those which already exist" (Korchin, 1976). The ultimate goal of prevention is thought to be best attained by directing attention to the social institutions that affect the well-being of a large segment of the population.

Within the framework of primary, secondary, and tertiary prevention, psychiatric-mental health nurses decide what their role in the mental health field will be (ANA,

1976). The importance of their preventive role is emphasized not only in the "Statement on Psychiatric and Mental Health Nursing Practice" (ANA, 1976), but also in current nursing texts (Carter, 1976; Riehl & Roy, 1974) and current nursing curricula (Santropietro, 1975).

Preventive nursing care activities can be direct or indirect. In performing activities directed at community populations or institutions the psychiatric-mental health nurse functions in an indirect way, with the client receiving care from someone other than the nurse. One such indirect function is mental health consultation.

A recent survey (Howard, 1971) indicates the value psychiatric-mental health nurses place on consultation. Three hundred sixty-eight graduate students in psychiatric-mental health nursing evaluated a list of twenty-two role activities in terms of their importance as functions within the role of the community mental health nurse. Of the twenty-two role functions, one of the functions ranked as highly important was that of "consultant to caretakers in the community" (Howard, 1971). Mental health consultation, which includes teaching, is an indirect, but appropriate, effective means of effecting change in social systems such as nursing homes, schools, public health departments, industry, etc.

The day care center is one social institution effecting the well-being of a large segment of the population. Through consultation with and teaching of day care professionals and para-professionals, the psychiatric mental health nurse can indirectly assist a large number of preschool children in obtaining the physical, psychosocial, and socio-cultural supplies Caplan (1964) believes necessary for psychological health.

#### Rogers' Theories

Carl Rogers' theories of personality and psychotherapy form the theoretical framework for this study. Rogers' work also serves to establish the importance of empathy in personality development and interpersonal relationships.

Rogers (1951) has done much theorizing regarding the construct of self. He postulates that a portion of an infant's total perceptual field gradually becomes differentiated as the self. The self-structure becomes an organized, fluid and consistent pattern of self-perceptions which is formed as a result of the child's interactions with his environment. As he interacts with his environment, the child becomes aware of his own being, experiences love from significant persons and comes to perceive himself as loveable and worthy. The child has experiences which for him are

positive and self-enhancing such as defecating, expressing aggression and manipulating his genitals. There soon enters into the child's phenomenal field the evaluation of his self by others, and the seeds of maladjustment are planted. He discovers that the behavior he found so satisfying is displeasing and disgusting to his parents. The child perceives their displeasure to mean that he is not loveable or worthy when he behaves in those ways. This becomes a serious threat to the child's perception of himself as a loveable, worthy creature. In order to defend against the threat and maintain his self-structure, the child denies himself awareness of the satisfactions he previously experienced. He not only introjects his parents' values and attitudes, he experiences these attitudes as if they were his own. Thus, the behaviors of defecation or aggression may be experienced as "bad" even though they are self-enhancing to the child.

The primary visceral and sensory experiences of the child are not allowed into awareness, or integrated into the self-structure. This, then, is a possible basis for psychological maladjustment, for when such a situation exists there is potential psychological tension; a "discrepancy between the experiencing organism as it exists and the concept of self which exerts such a governing influence upon behavior" (Rogers, 1951).

Any experience which is inconsistent with the organization of the structure of self, therefore, may be perceived as a threat and not integrated into the structure of self. Why is it important to allow each experience to be admitted into awareness and integrated? When the self-structure can accept and take into consciousness all organic experiences, there is no longer a need to expend strength and energy defending against threats; that energy can be directed towards the purpose of self-actualization and enhancement of the organism.

According to Rogers, by the time a child becomes a toddler he may be beginning to deny awareness of his experiences and to organize a defensive self-structure. How can changes in the self-structure be brought about?

Rogers (1965) believes that under certain conditions involving complete absence of any threat to the self-structure "experiences which are inconsistent with it, may be perceived, examined and the structure of self revised to assimilate and include such experiences." Those conditions believed to be non-threatening and facilitative have been extensively investigated in the psychotherapy situation, and are hypothesized to be (1) acceptance (unconditional positive regard), (2) empathy, and (3) genuineness (Rogers, 1951, 1961, & 1965).

Rogers hypothesized that the interpersonal relationship becomes therapeutic when the person being helped in the relationship perceives the helper as being unconditionally accepting, genuine, and empathic. The most essential ingredient in this type of relationship is empathy, i.e., "the ability to sense the feelings and personal meanings which the client (helpee) is experiencing in each moment and successfully communicate that understanding to him" (Rogers, 1961). Other theorists (Sullivan, 1953; Fromm-Reichman, 1959; Reik, 1948), consider empathy crucial to the helping relationship. According to Carkhuff (1969), "without empathy, there is no basis for helping." In any interpersonal relationship that has a therapeutic outcome as its goal, the element of empathy is critical. The results of the following studies support this claim.

A study by Barrett-Lennard (1967) measured the manner in which empathy is perceived by the client and the therapist. He developed a Relationship Inventory (RI) designed to get at this dimension (and others) in the therapist/client relationship. The R.I. was administered to forty-two clients and twenty-one therapists after the fifth interview and again at termination of therapy. At termination, the degree of change was objectively measured for each client using the Minnesota Multiphasic Personality Inventory. Barrett-Lennard's study revealed that the clients who perceived the therapist as

being empathic were also the persons who demonstrated more therapeutic change.

Truax (1963) reports a study involving schizophrenic patients. Psychotherapy sessions with fourteen hospitalized patients and fourteen patients seen on an out patient basis were tape recorded and analyzed by trained judges. The judges used Truax's Accurate Empathy Scale to rate the extent of empathic understanding communicated by the therapist in the tape recorded interviews. This analysis indicated that the patients who received the highest degree of empathic understanding showed the greatest decrease in schizophrenic pathology (as measured by a pre- and post-test using the Minnesota Multiphasic Personality Inventory).

Two similar studies by Truax (1966) and Truax and Carkhuff (1967) indicated that the attitude of empathy in the therapist is also positively correlated with effective group and individual psychotherapy.

One disturbing finding in each of these studies has been that patients involved in a relationship characterized by low levels of empathy showed an actual deterioration in their condition (Rogers, 1965). The "helping relationship" may do more harm than good if the helper does not offer the condition of empathy. Gazda (1975) and Truax and Carkhuff (1967) support this supposition.

### Empathy in the Adult/Child Relationship

Psychotherapy is not the only situation aimed at constructive personality change. The variables that facilitate constructive change in therapy can be assumed to operate in the facilitative adult/child relationship. A question could be raised here about the ability of an adult to be empathic with a child; to fully understand how a child is experiencing his world. The child's level of cognitive development is different from that of an adult. The adult may or may not be aware of this difference, and accordingly, may or may not be able to perceive the child's "internal frame of reference" (Rogers, 1965).

Those authors in the literature who address the adult/child relationship have assumed that it is possible for adults to be empathic with children on an affective level. Perhaps the ability to be empathic with children on a cognitive level depends on the adult's knowledge of normal cognitive development in children; however, this possibility has not been investigated.

Several research studies indicate that the quality of empathy in adults does facilitate positive personality adjustment in children. Teachers, as well as parents, are in a unique position to either obstruct or facilitate their students' personal growth.

Truax and Tatum (1966) reported a study relating the level of empathy demonstrated by preschool teachers to their students' preschool performance and social adjustment. Twenty preschool children were pre- and post-tested in April and September using a record of adjustment scale that measured their (1) total adjustment to preschool, (2) adjustment to teachers, and (3) adjustment to peers. A time sampling procedure and the Relationship Inventory was used to measure the empathic understanding demonstrated by the teacher for each of the twenty children. At the end of the five month period the children were divided into the ten receiving the highest level of empathic understanding and the ten receiving the lowest. Those children receiving the greater amount of empathy from their teachers showed a greater total change toward better overall adjustment and a better adjustment towards peers.

Truax and Carkhuff (1967) report a study done by Aspy in 1965. Aspy also demonstrated the importance of empathy in the teacher/student relationship. He examined the relationship between the level of therapeutic conditions offered by teachers of third grade reading classes and the amount of change in the students' reading achievement level. This sample included eight teachers and 120 students. When differences in initial level of achievement were controlled

for, the students that received high levels of empathic understanding from their teachers showed greater gains in their ability to read (as measured by the Stanford Reading Achievement Test). Although this study did not measure the personality adjustment of the students, it did measure intellectual growth which is a change towards self-actualization. Intellectual achievement promotes high self-esteem and overall success in school.

Educators, particularly humanistic educators, agree that teachers who desire to contribute to the mental health of their students should develop their ability to be empathically understanding. Although the teacher would do well to have the other facilitative qualities, i.e., acceptance and genuineness, empathy is the one dimension in a teacher/student relationship that best facilitates emotional growth and learning (Rogers, 1969; Standford, 1974; Tolar, 1975).

Outcome studies examining the parent/child interaction have revealed that parental empathy toward their children is significantly related to indications of positive mental health in their offspring. Reif (1972) reports a study done by Liberman, who observed twenty pairs of middle class parents with children. He found that the parent behaviors associated with the concept of empathy were significantly correlated with positively valued children's behaviors. Miller (1976) and Irving (1965) linked high

parental empathy levels to healthy psychological adjustment in their adolescents.

Reif and Stollack (1972) carried out an extensive study involving the training of college undergraduates in specific interactional skills with children. They were interested in learning how the development of these skills would affect the children with whom the trained students would interact. Results indicated that the children in the experimental group (versus the children in the control group) demonstrated overall statistically significantly greater increments in behaviors associated with effective psychosocial functioning.

A child psychotherapist reported a positive change in her clients' behaviors as a result of play therapy sessions during which she offered high levels of empathy, acceptance, and genuineness (Siegel, 1971). Other child therapists interested in the adult/child interaction are working toward the development of tools that accurately measure the facilitative conditions of acceptance, empathy, and genuineness in adult/child interactions (Wright, 1972; Guerney, 1968; Stover, 1972; Cantrell, 1968).

The preceding evidence supports the supposition that empathy is as crucial in the adult/child relationship as it has been found to be in other helper/helpee or therapeutic relationships.

Day Care Workers as Therapeutic Agents

Reif (1972) suggests that the existing manpower shortage in the mental health field could be solved by distributing professional roles over a wide range of the population, i.e., non-professionals providing mental health services traditionally delivered by professionals. Day care workers are a population that could be utilized as delivery agents of mental health services via primary prevention programs. For preschool children who must be separated from their parents most of the day, the stress is great (Provence, 1977). These children need adults who can understand what they are experiencing and help them cope with the stress.

The therapeutic potential of teachers has been recognized by Adler (1963) and others (Rogers, 1969; Standford, 1974; Tolar, 1975), and attempts made to utilize them as therapeutic agents for their students (Guerney, 1967; Zimmerman, 1962). Recently the possibility of day care workers performing a therapeutic function has also been explored (Shrier, 1973; Heath, 1974).

The day care worker, a significant adult in the day care child's life, has traditionally functioned in the role of parent substitute and teacher (Child Welfare League of America, 1969). She has other important functions, however, that could be of therapeutic value to the child.

Jambor (1975) conducted a study examining the nature of the day care teacher/day care child interaction and classified the interactions into three categories; instructional, maternal, and therapeutic. The therapeutic role model he utilized emphasized the child's need for emotional support, his need for help in expressing inner feelings, working out tensions, and resolving conflicts. Kerrborg (1975), Provence (1977), and the Child Welfare League (1969) agree that one crucial function of the day care worker is to provide the child with the feeling that he is understood by adults.

These needs can be met by the day care worker if she communicates empathic understanding to the child. She can serve as a mirror to the child's emotions by verbally reflecting back to him his words, his body language, and motor behavior. Based on his behavior she can interpret to him what she senses he may be feeling. Empathy means not criticizing, agreeing or disagreeing with the child's feelings and thoughts, and not trying to change them in any way.

The day care worker would do well to accept and encourage the expression of feelings through fantasy play, art, music, drama, and other expressive means. These empathic behaviors communicate to the child that he is accepted and understood and constitute interactional skills

that are psychologically facilitative with children (Reif, 1972).

If the day care child could perceive empathy in his relationship with the day care worker, he would feel safe to talk about and examine himself and his experiences. Empathy would provide for the "complete absence of threat Rogers (1961) believes to be necessary for assimilating new experiences into the structure of self. Helping the child develop awareness of his thoughts, feelings, and behavior and constructively express this awareness may be a way of circumventing repression, and consequently, deviant behavior.

Children benefit in other ways when they experience empathy in their relationships with significant adults. When they feel deeply understood, they feel loved. This feeling fosters closeness and intimacy between adults and children. Children who feel continually misunderstood feel unloved and may learn that it is safer not to reveal themselves to others (Briggs, 1975). Presumably, unless a child receives some degree of empathy from adults, he may find it difficult to establish intimate interpersonal relationships.

According to Carkhuff (1969), the function of the helpee deteriorates when he is exposed to a series of retarding relationships, i.e., relationships offering low levels of facilitative conditions (acceptance, empathy, and genuineness). If day care workers could function in a therapeutic

role and offer high levels or facilitative conditions they could help to prevent psychological deterioration and facilitate positive mental health in a large segment of the population.

### Demographic Variables

Professionals in the day care field can make use of the humanists' concept of the therapeutic relationship by increasing the level of empathy in the day care worker. One could achieve this goal by hiring the day care worker who is likely to demonstrate a high level of empathic ability. For this selection process, it would be helpful to know what, if any, demographic factors are associated with high empathy levels.

The literature reveals that there has been some research generated around the issue of what factors influence the degree to which people possess the quality of empathy. The variable most frequently scrutinized is age.

Piaget (1969) postulated that the very young child is primarily egocentric and unable to understand another's point of view. He observed that it is not until the child is seven to twelve years of age that he is able to coordinate his point of view with the viewpoint of others. The results of a few investigations (Dymond, 1952; Burns, 1957; Borke, 1971; and Feshbach, 1968) support Piaget's hypothesis that social

awareness and sensitivity in the child increases with age; however, some research suggests that children as young as three to four years of age are capable of understanding the feelings of others (Borke, 1971; Levine, 1975; Fry, 1976).

There is little research to support that empathy increases with age after adulthood is reached. Forsyth (1977) examined this demographic variable of age and found younger nurses tend to be more empathic than older nurses but not significantly so.

Sex is another factor that has been thought to influence empathy levels. According to the prevailing sex role stereotype, women tend to be more sensitive to the feelings of others (Levine, 1976). Research evidence supports this stereotype (Hogan, 1969; Weitz, 1976; Ensminger, 1974). One study reported in the literature found males to be more empathic than females (MacDonald, 1977). This study attempted to explore differences in empathy that might exist between male and female students of nursing. The mean score for male students in nursing on Hogan's Empathy Scale was significantly higher than the other three groups (female students in nursing, female students not in nursing, and male students not in nursing).

Hill (1975) examined the interaction between two variables in the therapy situation: counselor sex and

counselor experience. Based on her data, the most empathic counselors are experienced females and inexperienced males.

Does empathic ability vary as a function of educa-  
tion? This has been a highly controversial question and recent evidence suggests the answer is no (Oden, 1974; Vogelson, 1973; Truax & Carkhuff, 1967). Non-professionals can become as empathic as well-experienced and highly educated professionals after short term training (Oden, 1974).

Forsyth (1977) evaluated the empathic ability of nurses prepared in Diploma, Associate Degree, and Baccalaureate programs. She found that empathy scores increased with increasing levels of education. She examined the relationship between empathy and several demographic variables (age, marital status, parenthood, education, length, level, and area of practice) and found no significant relationship between these variables and empathy with the exception of education.

Race and intelligence are two other demographic variables that may influence empathic ability although little research has been done to investigate the possible relationship. Ensminger (1974) examined particular counselor variables and found Caucasian counselors to be significantly more empathic than Negro counselors. Freehill (1974) using ninety-three educators as subjects discovered a low correlation between their empathy scores and their scores on the

Concept Mastery Test, thus supporting the hypothesis that empathy does not vary as a function of intelligence.

### Teaching Empathy

Providing staff development programs emphasizing the development of empathic skills is another means by which the level of empathy in the care worker can be increased. It is generally agreed that people can be taught to use their empathic capacity properly. There are two skills that can be learned: (1) the ability to accurately perceive another's internal frame of reference, and (2) the ability to communicate that understanding. Truax and Carkhuff (1967) have developed an empathy training program that integrates didactic, modeling, and experiential approaches to learning for people in the helping professions. Gazda (1975) also has developed a human relations training program to help professionals increase their ability to be warm, genuine, and empathic.

Not only are there established programs for the purpose of increasing empathic ability but there is also accumulated evidence that these programs actually increase the participant's level of empathic understanding. The programs have increased the empathic ability of counselors, psychotherapists, headstart teachers, nursing students, and non-professional hospital attendants (Carkhuff & Truax, 1965a; Bierman, 1972; Kalisch, 1971; Carkhuff & Truax, 1965b).

Kalisch's study demonstrated that the training program need not be lengthy to produce good results. Her program consisted of 12.5 actual class hours.

Nurses are responsible for seeing that their clients receive their needed physical, psychosocial, and socio-cultural supplies. This chapter has presented support for one idea of how psychiatric-mental health nurses can assist children in obtaining these supplies. The predictive theories of Carl Rogers can be utilized by nurses to provide a framework for consultation with and education of a potentially therapeutic "caretaker" in the community--the day care worker. The creation of such primary prevention programs and subsequent research will aid in the development of a prescriptive theory in nursing; a theory for the purpose of producing certain desired situations (Dickoff, 1968).

CHAPTER III  
PROCEDURE FOR COLLECTION AND  
TREATMENT OF DATA

A non-experimental design was chosen for this study because it is descriptive in nature (Michael & Issac, 1976). The aim of the study was to collect new facts that describe an existing phenomenon (the empathy level of day care workers) and to possibly establish associative relationships between the empathy level of day care workers and selected demographic variables.

Setting

The setting for this research study was a community of 29,000 population located twenty-five miles north of a major city in the Southwestern part of the United States. This community is growing rapidly as people from the large metropolitan area to the south begin to move into the subdivisions of this outlying town. A large majority of the residents in the community commute daily to work. The area is noted for its cattle and horse ranches, water recreation, some farming, and small industries. The town is located fifteen miles from one of the nation's largest airports. All socioeconomic and age levels are represented in the community's population.

The administration of the survey took place in five of the seven licensed day care centers located within the city's geographical limits. Two of the centers chose not to participate in the study.

#### Population and Sample

The population that was studied included all full and part-time persons employed by the five participating day care facilities to be responsible for the care, guidance, instruction, or supervision of children under the age of six. This was approximately forty-five persons and excluded cooks, maintenance, housekeeping and clerical personnel, and elementary school teachers employed by the centers. The sample was derived from those day care workers who volunteered to participate in the study. The total number of volunteers was thirty-one.

#### Ethical Considerations

Certain steps were taken to protect the rights and welfare of the subjects who participated in this study. Three potential risks to the subjects were identified:

1. The possibility of public embarrassment and improper release of data.
2. The possibility of personal discomfort or dissatisfaction as a result of self-examination.

3. The possibility of personal anxiety related to professional competence and job security.

Risk #1 was handled in the following manner:

1. Confidentiality of the subjects was respected as they were asked to respond to the Hogan Empathy Scale anonymously; individual scores were identified by code numbers only.

2. Confidentiality was further maintained by excluding from the study the names and locations of the day care centers used.

3. Administration of the Empathy Scale was carried out by the researcher alone and the data were in the researcher's possession at all times.

Risk #2 was handled in the following manner:

1. Subjects were fully informed as to the procedures, purposes, benefits, and risks of the study before volunteers were solicited.

2. Participation was on a voluntary basis.

3. Subjects were informed of their right to withdraw from the study at any time without penalty.

4. Subjects were given ample time to contemplate their participation in the study.

Risk #3 was handled in the following manner:

1. The subjects were told that the researcher desired to investigate the personality characteristics of

day care workers, without implying that the researcher was seeking a valued skill, or an "ideal" day care worker; nor implying that certain personality characteristics were more valued than others.

2. The name of the instrument was changed to read "Hogan's Special Attitude Scale" rather than "Hogan's Empathy Scale."

3. Subjects were assured that their individual scores on the empathy scale would not be shared with their employers; in no way would their scores jeopardize their job security.

4. Subjects were reassured of their ability to withdraw from the study at any time without penalty.

Informed consent was obtained in writing after a verbal and written description of the study and the potential benefits and risks had been provided. A sample informed consent form can be found in the appendix.

### Tool

The research instrument utilized in this study was a booklet consisting of a personal information form which yielded demographic data and the Hogan Empathy Scale. Originally, Hogan's Scale is a 64-item, self-report scale that was constructed and validated at the Institute of Personality and Research at the University of California

(Hogan, 1969). The basis for its construction lies in Hogan's finding that empathy refers to a discrete social phenomenon recognizable to both laymen and psychologists. He discovered this to be true when he asked the two separate groups to define the highly empathic man using fifty items selected from a 100-item California Q-sort. (The fifty items were chosen because their content were directly relevant to the concept of empathy.) The composite description served as the empathy criterion.

The criterion was then used to rate individuals and place them in either a highly empathic group or a non-empathic group. Each group was asked to answer 957 true-false items taken from the California Psychological Inventory, the Minnesota Multiphasic Personality Inventory (MMPI), and an Institute of Personality and Research pool of items. Their responses were analyzed and compared. From this item analysis, sixty-four true-false items were selected for the final scale which discriminates between high and low empathic disposition. There is a correct answer for each item and the tool is scored according to how many items are answered correctly. It is administered in a "pencil and paper" fashion similar to any true-false exam. A large number of correct answers indicates a high level of empathy; a low score indicates a low level of empathy.

Based on the recommendation of Dr. Robert Hogan, the twenty-five items from the MMPI were omitted from the Empathy Scale in this study, leaving a total of thirty-nine items to be completed by the day care workers. According to Dr. Hogan and Forsyth (1977) the scale has been found to be valid and reliable without the use of the MMPI items.

Hogan's scale appears to be the most carefully constructed scale and is considered highly suitable for assessing empathy (MacDonald, 1977). When the scale was administered to predict Q-sort derived empathy ratings of individuals (N=211), the average correlation between the scale and empathy ratings was .62.

The Empathy Scale has been used to measure empathy in medical students, nurses, scientists, engineers, college students, military officers, junior high school students, and prison inmates. Fifty college undergraduates were tested and retested after a two month interval. The reliability of the scale was estimated at .84. Using the same testing procedure with military officers yielded a reliability coefficient of .72 (Hogan, 1969).

This scale has not been validated for use with teachers or day care workers. This factor may have influenced the study in an unpredictable manner; however, it was a variable that could not be controlled. A copy of the 39-item Hogan Empathy Scale can be found in the appendix.

## Date Collection

The first step in collecting the data was to meet with the director of each child care facility to explain the purposes and procedures of the study, and to obtain written permission to approach their day care staff. Written permission was granted from five directors.

Due to the nature of day care work, it was not possible to arrange a group meeting of all potential subjects during or after working hours. Therefore, it was not possible to explain the study, ask for volunteers, or administer the research instrument to an entire group at one time.

Instead, the day care workers were approached on an individual basis and personally given all the orienting information by the researcher. This information included the purposes, methods, possible benefits and risks of the study, and an explanation of the informed consent form, the personal information form, and Hogan's Scale. The day care workers who wished to participate were asked to read the consent form carefully before signing, thus the verbal information was reinforced by the written. They were asked not to put their names on the research instrument. Following this, an opportunity for clarification and questioning was provided.

The research instrument was then completed immediately in the presence of the researcher and within the confines of the day care worker's classroom. To insure that the day care

worker would not be interrupted, the administration of the instrument took place between the hours of 12:30 P.M. and 2:30 P.M., while the children under her supervision were napping.

Whenever possible, all day care workers employed by the same center were tested on the same day. This was done to prevent the subjects from discussing the test among themselves and possibly influencing one another's responses to Hogan's tool. This was possible in all but two instances.

Each booklet containing the personal information form and Hogan's scale was assigned a code number prior to the collection of data. This number was the only identification to appear on the booklet. All signed consent forms were filed separately; and master lists identifying the subjects' names and corresponding code numbers were destroyed after the empathy scores had been shared with each participant. The sharing was done in response to the numerous requests of the day care workers. Each individual score was sealed in an envelope and mailed directly to each subject at their place of employment. Along with their score was sent Hogan's (1969) description of the highly empathic man and an interpretation of their score as upper, middle, or low empathy level. A copy of the form letter sent to each subject can be found in the appendix.

As requested, each day care director was sent a report of the overall empathy level of their staff; however, as agreed upon, individual subjects' scores were not made known to the director.

#### Treatment of Data

The statistical analysis utilized in this study was based on data obtained from all independent variables, i.e., age, marital status, number of children, years of education, and months of experience in day care work; and was directed towards determining the relationship between each independent variable and the empathic ability of day care workers (dependent variable). In addition, the analysis was aimed at determining the overall empathy level of day care workers as a professional group.

The variable "type of education beyond high school" was eliminated from the analysis because that particular question on the personal information form was inappropriately structured and did not yield data that clearly described the day care workers' area of educational emphasis.

Statistical approaches included the following:

1. The frequency, mean, range, and standard deviation were computed for the entire thirty-one empathy scores.

2. The mean empathy score and standard deviation were computed for each subgroup formed by the division of subjects into selected demographic variables.

3. A one-way analysis of variance (F-ratio) was computed on each variable to determine if there was a statistically significant difference between the subgroup means.

4. A more specific procedure, the Tukey test, was then utilized to locate the source of significance found to exist between the subgroups.

5. On those variables where significant subgroup differences were found, an analysis of co-variance was done to determine if the significant factors varied when other selected variables were held constant.

6. On those variables that appeared to be associated with empathy, a Pearson Correlation Coefficient was computed to determine the strength and the nature of the relationship.

7. Results of statistical significance were reported at the 0.05 level.

## CHAPTER IV

### ANALYSIS OF DATA

The following null hypotheses were tested in this study:

1. There is no significant relationship between the empathic ability of day care workers and age.
2. There is no significant relationship between the empathic ability of day care workers and marital status.
3. There is no significant relationship between the empathic ability of day care workers and number of children.
4. There is no significant relationship between the empathic ability of day care workers and years of education.
5. There is no significant relationship between the empathic ability of day care workers and months of experience in day care work.

For the testing of these hypotheses, the following areas were examined and are reported: (1) the descriptive statistics of the empathy scores obtained, (2) a comparison of demographic

subgroups, and (3) correlation of the empathy scores with demographic variables.

### Descriptive Statistics

When the hypotheses of no significant relationship between empathic ability of day care workers and selected demographic variables were tested, data were generated about empathy scores and demographic characteristics of the day care worker subjects (table 1). Raw data about the thirty-one day care workers' scores on the Hogan Empathy Scale are presented in the appendix. Examination of the scores revealed a mean score of 23.129 with a standard deviation of 4.039 (table 2). Table 3 presents a cumulative percentage frequency distribution of the thirty-one empathy scores. The score of 39 was the highest score obtainable.

The scores were divided into Upper (27-39), Middle (14-26), and Low (0-13) levels based on the classification system devised by Garyfallia Forsyth (1977) in her doctoral study of nurses and empathy. This division of day care workers' scores revealed 6 (19.4%) in the Upper level, 25 (80.6%) in the Middle level, and 0 in the Low level. Forsyth's classification system was used in reporting empathy scores to the day care workers in response to their requests for feedback, and in determining the overall empathy level of day care workers as a professional group.

TABLE 1

DEMOGRAPHIC CHARACTERISTICS OF THE  
DAY CARE WORKER SUBJECTS

Characteristics	Number N=31
Age	
18-26	14
27-37	12
38-60	5
Marital Status	
Married	27
Not married	4
Number of Children	
No children	11
1	6
2	9
3+	5
Years of Education	
8-11	5
12	10
13-15	9
16-20	7
Months of Experience in Day Care Work	
1-6	15
7-18	9
19+	7

TABLE 2

SUMMARY OF MEANS AND STANDARD DEVIATIONS FOR  
THE CONTINUOUS VARIABLES OF THE STUDY  
(N=31)

Variables	M	SD
Empathic Ability	23.129	4.039
Age (in years)	28.484	9.831
Years of Education	13.194	2.522
Months of Experience in Day Care Work	16.210	18.725

TABLE 3

CUMULATIVE PERCENTAGE FREQUENCY DISTRIBUTION  
OF THE EMPATHY SCORES

Score	Frequency	Percentage Frequency	Cumulative Percentage Frequency
32	1	3.2	100.0
31	1	3.2	96.8
29	1	3.2	93.5
28	1	3.2	90.3
27	2	6.5	87.1
26	3	9.7	80.6
24	7	22.6	71.0
23	1	3.2	48.4
21	6	19.4	45.2
20	4	12.9	25.8
19	1	3.2	12.9
18	1	3.2	9.7
17	1	3.2	6.5
14	1	3.2	3.2

## Age

There were three age groups (eight year span in the first group, ten year span in the second group, and twenty-two year span in the third group). The total age range was from 18-60 years. The variable of age was examined in periods of adult development beginning with late adolescence through young adulthood (18-26) proceeding through early adulthood to early middle adulthood (27-37), and middle adulthood to early retirement age (38-60). The age groups include all of the day care workers who comprised the sample of this study. The mean empathy score, standard deviation, and number for each group are presented in table 4. The day care workers from 38-60 scored the lowest mean (18.0) on empathic ability, while the day care workers in the 27-37 age group scored the highest mean (25.0) on this variable.

TABLE 4  
MEAN EMPATHY SCORES FOR DAY CARE  
WORKER GROUPS BY AGE

Group	Mean	Standard Deviation	Number
18-26 years	23.357	3.079	14
27-37 years	25.000	3.885	12
38-60 years	18.000	2.550	5
Total	23.129	4.039	31

## Marital Status

Initially, the marital status variable was divided into four groups, i.e., married, single, divorced or separated, or widowed. No subjects were recorded for the widowed category, and only one was recorded for the divorced category; therefore, the four groups were collapsed into two groups; married and not married. The mean empathy score for these two groups can be seen in table 5. The not married group achieved a higher score than the married group, although only slightly so. The two means were very similar.

TABLE 5

MEAN EMPATHY SCORES FOR DAY CARE WORKER  
GROUPS BY MARITAL STATUS

Group	Mean	Standard Deviation	Number
Married	23.074	4.141	27
Not married	23.500	3.786	4
Total	23.129	4.039	31

## Number of Children

This variable was comprised of four categories, i.e., no children, one child, two children, and three children or more. Table 5 reflects that day care workers with one child

scored higher (24.500) than day care workers with no children or 2 or more children. There were a large number of day care workers who were not parents; a surprising piece of data considering the nature of day care work. The group without children scored higher than persons with 2 or more children.

TABLE 6

MEAN EMPATHY SCORES FOR DAY CARE WORKER  
GROUPS BY NUMBER OF CHILDREN

Group	Mean	Standard Deviation	Number
No children	23.091	3.562	11
1 child	24.500	3.017	6
2 children	22.556	3.909	9
3+ children	22.600	6.693	5
Total	23.129	4.039	31

Years of Education

Four levels of education were analyzed in this study. The sample represented day care workers with less than a high school education, day care workers with only a high school education, day care workers with some college preparation, and day care workers with a Baccalaureate Degree or more. The mean empathy scores found in table 7 reveal a

progressive increase in empathic ability by level of education up to the Baccalaureate degree level and above. Day care workers without a high school education scored lowest (19.000) while day care workers with 1-3 years of college scored highest (24.444).

TABLE 7

MEAN EMPATHY SCORES FOR DAY CARE WORKERS  
BY YEARS OF EDUCATION

Group	Mean	Standard Deviation	Number
8-11 years	19.000	2.915	5
12 years	23.600	2.221	10
13-15 years	24.444	4.447	9
16-20 years	23.714	4.957	7
Total	23.129	4.039	31

Months of Experience in Day Care Work

The months of work experience in a day care setting ranged from one month to 84 months, with a majority of the day care workers (15) having less than 6 months of day care related experience. Day care workers with the most experience scored lowest on empathic ability (21.143) while workers with 7-18 months of experience scored highest (24.222). Table 8 reveals all of the means scored on this variable.

TABLE 8

MEAN EMPATHY SCORES FOR DAY CARE WORKER  
GROUPS BY MONTHS OF EXPERIENCE  
IN DAY CARE WORK

Group	Mean	Standard Deviation	Number
1-6 months	23.400	4.718	15
7-18 months	24.222	3.866	9
19+ months	21.143	1.773	7
Total	23.129	4.039	31

#### Comparison of Demographic Subgroups

To determine whether and to what extent each subgroup contributed to the variance of the empathy scores, a simple analysis of variance was performed on the empathy scores of the day care workers in each subgroup (groups formed under the variables age, marital status, number of children, years of education, and months of experience in day care work). The descriptive statistics for these groups were presented in the preceding section. Results of the analysis of variance procedure can be found in table 9.

Under the variable of age, a statistically significant difference was found to exist between the subgroups ( $F=7.74005$ ;  $P=.002$ ). Day care workers between the ages 18-26 and 27-37 age groups scored 23.357 and 25.00 respectively.

TABLE 9

SUMMARY OF ANALYSIS OF VARIANCE BETWEEN EMPATHIC ABILITY  
OF DAY CARE WORKER GROUPS AND SELECTED VARIABLES

Variable	Source	Sum of Squares	df	Variance Estimate	F Ratio	P
Age	Between	174.26959	2	87.13479	7.74005	.002
	Within	315.21429	28	11.25765		
Marital Status	Between	.63202	1	.63202	.03749	.848
	Within	488.85185	29	16.85696		
Number of Children	Between	15.65256	3	5.21752	.29731	.827
	Within	473.83131	27	17.54931		
Years of Education	Between	105.43308	3	35.14436	2.47076	.083
	Within	384.05079	27	14.22410		
Months of Experience	Between	39.47117	2	19.73559	1.22796	.308
	Within	450.01270	28	16.07188		

p &lt; .05.

When the means of these subgroups were examined using Tukey's method, a statistically significant difference was found to exist between the 38-60 group and the other two age groups; however, the other two age groups were not significantly different from each other. The older day care workers were the least empathic.

The analysis of variance yielded no significant difference ( $p < .05$ ) among the subgroups formed under the variables marital status, number of children, years of education, or months of experience in day care work. This indicates that these factors do not significantly influence the empathic ability of day care workers. However, the F ratio for the years of education factor ( $F=2.470766$ ;  $P=.083$ ) does approach the .05 level of significance and may indicate a trend in a meaningful direction. The day care workers with the least amount of education scored the lowest on the empathy scale (table 7), whereas the other subgroups' scores increased with increasing years of education (up to the 16-20 years category).

To lend further support to the finding that age does influence empathic ability, an analysis of covariance was computed using age as the group factor and years of experience as a covarying variable. A statistically significant difference was found to exist between the subgroups even when years of education was held constant. Using years of

education as the group factor and age as the covarying variable, no statistically significant difference was found to exist between the four levels of education when age remained constant. Years of education was also covaried with months of experience with no difference being found within the subgroups.

Analysis of covariance was utilized to resolve this question: is the variable that appears significant in reality the influencing factor, or do the scores vary because of an interaction between two variables, i.e., as age increases so does level of education. In this case it was found that age is a significant factor of its own merit in influencing empathic ability, but years of education is not.

#### Correlation of Empathy Scores with Demographic Variables

The final statistical technique utilized in this study to measure the degree of association between empathic ability and selected demographic variables was Pearson's Correlation Coefficient. Pearson  $r$  was calculated for the empathy scores and age, and for the empathy scores and years of education. Based on the results of earlier analyses, a significant relationship was suspected between empathy and these two demographic variables. Table 10 demonstrates their degree of association. A significant negative or inverse relationship exists between empathic ability and

age ( $r = -.4213$ ,  $p = .009$ ); as one increases the other decreases. Empathic ability and years of education are also significantly related ( $r = .3476$ ;  $p = .028$ ). The relationship is a positive one; as years of education increase, so does empathy score.

In summary, the results of this study have been presented from both a descriptive and comparative view, and the significance of these results interpreted with the aid of standard statistical procedures, i.e., analysis of variance, Tukey's test, analysis of covariance, and Pearson's Correlation Coefficient.

TABLE 10

PEARSON CORRELATION COEFFICIENTS FOR VARIABLES  
AGE AND YEARS OF EDUCATION

Variables	r	P
Empathy Score and Age	-.4213	.009
Empathy Score and Years of Education	.3476	.028

$p < .05$ .

## CHAPTER V

### SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The concluding chapter of this research project presents a discussion of the study in four parts: (1) a concise summary of the entire study, (2) a statement of the conclusions that can be derived from the findings, (3) an identification of implications for nursing and child care professionals, and (4) suggestions for further study.

#### Summary

The problem of this study was to determine the empathic ability level of day care workers and to discover which demographic factors influence level of empathy. Purposes included (1) determining the overall empathy level of day care workers as a group, (2) exploring their empathy levels in regard to the variables of age, marital status, number of children, years of education, and months of experience in day care work, and (3) determining the need for human relations training programs in the day care worker population. Rogers' theories of personality and psychotherapy provided the theoretical framework for the study.

The study was classified as descriptive in nature and non-experimental in design. The population studied

included day care workers employed by 5 licensed day care centers in a moderately sized city in the Southwest. A sample of thirty-one volunteer subjects was derived via contact with the five licensed day care facilities. Each day care worker was tested individually using Hogan's Empathy Scale as the research instrument. The subjects were asked to provide personal information about themselves in regard to age, marital status, number of children, years of education, and months of experience in day care work.

Statistical analysis of the data obtained from the research instrument and personal information form was aimed at determining the overall empathy level of day care workers and determining the relationship between the empathy scores and the selected demographic variables. Empathy scores were systematically classified as being in the upper, middle, and lower level. Analysis of variance, covariance, and Pearson  $r$  were utilized to test the hypotheses. When the data were analyzed, the variable age was found to be significantly related to empathy level. As age increased empathy level decreased. There was a positive relationship between empathy level and years of education; empathy level increased with increasing levels of education. Marital status, number of children, and months of experience in day care work did not significantly influence the empathy scores of the day care workers.

Conclusions

The findings of this research study have led to the acceptance or rejection of the null hypotheses as follows:

(1) There is no significant difference between the empathic ability of day care workers and age. This hypothesis was rejected at the .05 level of significance. The variable age was found to be a significant factor influencing the difference in the empathy scores. In this sample, it was found that as age increases, the empathic ability of day care workers decreases. This outcome is similar to one of Forsyth's (1977) findings. She discovered that the oldest group of nurses (50-59) scored the lowest mean on the Hogan Empathy Scale. The difference she found between this group and the younger groups, however, was not significant at the .05 level.

(2) There is no significant relationship between empathic ability of day care workers and marital status. This hypothesis was accepted.

(3) There is no significant relationship between empathic ability of day care workers and number of children. This hypothesis was accepted.

(4) There is no significant relationship between empathic ability of day care workers and years of education. This hypothesis was rejected at the .05 level of significance. Years of education was a significant factor in

influencing the difference in empathy scores (Pearson's Correlation) in this sample, even though the difference between the subgroups was not significant (analysis of variance). Again, Forsyth (1977) reports similar significant results. As the educational level of her nurse subjects increased, so did their empathic ability.

(5) There is no significant relationship between the empathic ability of day care workers and months of experience in day care work. This hypothesis was accepted.

#### Implications

To begin with, the implications of this study are directed toward professionals in the field of child development/child care. The results of this study indicate that day care workers as a whole cannot be considered a highly empathic group of professionals. Using Forsyth's system of classifying the empathy scores, only 1/5 (19.4%) of the day care workers subjects scored in the upper range. In Chapter II, the literature reviewed supports the supposition that a child needs high levels of empathy from the significant adults in his life in order to prevent personality maladjustment (Reif, 1972; Carkhuff, 1969). The literature also reveals that persons offering low levels of empathy may actually be promoting personality deterioration (Carkhuff, 1969).

If the sample in this study were a representative sample of all day care workers and if Forsyth's system of classifying the scores is valid, certain implications could be inferred. The implication here is that while a small percentage of day care workers in this sample are functioning at optimum levels of empathy (levels that encourage growth), 80.6% are functioning at levels that do not encourage personality growth and adjustment and possibly may obstruct it.

One of the purposes of this study was to determine the need for human relations training programs that would facilitate the development of empathic behavior in day care workers. The results indicate that the need for such programs does indeed exist. Administrators and educators in the field of child development/child care could create opportunities for day care workers to develop their empathic potential. Inservice education programs could be offered to practitioners using the models of Carkhuff (1969) and Reif (1972). Both programs come out of the client-centered approach to human relations. Reif's program focused on training adults to interact therapeutically with children. Reif believed his training of adults in certain interactional skills (including empathy) was vital to the prevention of problems of emotional disturbances and dysfunctional behavior in children.

The ingredients of the helping relationship and other variables in the adult/child relationship associated with effective functioning in children could be added to the curricula of child development/child care students and exercised in the clinical practicum setting. Mental health skills and principles such as these could be taught in a formal collegiate setting or adapted to an on-the-job training program in day care facilities.

In addition to training day care workers to be empathic with children, there is also a need to seek out individuals with high empathy levels when selecting day care workers. Employers would do well to take the results of this study (in regard to the variables age and education) into account when selecting applicants for day care positions. Other selection processes could include situational questions on the day care application designed to elicit empathic responses, and objective measurement of the applicant's empathic behavior toward children in an actual day care situation. Administrators could encourage and reward the development of empathy via the evaluation process, and by modeling the desired empathic behaviors. Peer evaluation and feedback from the children could be helpful in raising the day care workers awareness of their behavior. Children can report their own perceptions and feelings of being understood or misunderstood.

These suggestions may require attitudinal and value systems changes in a system that tends to focus on cognitive and physical rather than on affective issues. Administrators set the tone for the behavior of their employees. If they stress the importance of human relations (therapeutic) skills as well as teaching and maternal skills, their staff is likely to become more "human-oriented" in their services to children. Day care workers themselves can use the results of this study to actively increase their empathy skills. Self-study, reading, observation, and discussion are all relatively simple ways of effecting change in attitudes and behavior.

Federal and state licensing agencies need to take note of the results of this and other studies that indicate empathy is related to level of education, and alter the educational standards accordingly. It would also be helpful if the written minimum day care standards mentioned empathy as one of the interpersonal qualities necessary for working with young children.

Secondly, the implications of this research are directed at professionals in the field of nursing. One implication lies in the fact that the identification of variables related to empathy require further investigation and validation. The nursing profession as well as the child care professional needs to delineate the personal and

professional variables that identify the kind of person who makes the best practitioner.

Nursing traditionally is viewed as one of the most nurturing, care-oriented professions, the practice of which is based on effective interpersonal relationships with clients (Mereness, 1978). Empathy, being the most basic element in the helping relationship (Rogers, 1961) should be understood and practiced by every nurse. The nurse has a responsibility to offer high levels of empathy so that her clients' health and well-being will be enhanced. The nurse's responsibility, however, goes beyond that of empathic care giver. She needs to broaden her role to include educator; then she will share her therapeutic expertise with other service-oriented professionals and paraprofessionals whose contact with humans in need places them in a potentially therapeutic role. This includes nursing assistants, LVN's, psychiatric technicians, welfare workers, ministers, public health nurses, day care workers, and many others.

The recent movement in the mental health field to train persons outside the psychotherapy professions in the therapeutic triad (empathy, acceptance, genuineness) has occurred in an effort to provide more mental health services to a greater number of people. By participating in this training the nurse can contribute to the prevention of

emotional disorders--a major aim of the community mental health movement (Korchin, 1976).

Exploring the nature of empathy in relationships with her clients and testing out the predictive theories of Carl Rogers and others offers the professional nurse an opportunity to add to the theory base upon which the practice of nursing rests.

#### Recommendations

Because of the small convenience sample utilized in this study, the findings are not generalizable to other day care worker populations. A replication using a larger sample is recommended to determine if findings of this study are truly representative of all day care workers. Replications using the Hogan Empathy Scale would be valuable as it could confirm the validity and reliability of its use with this professional group.

The nature of the day care worker/child relationship has been only briefly explored (Truax, 1966; Jambor, 1975). For this reason further research in this area is recommended. The concept of empathy embodies both an attitude and a behavior. Perhaps the two are very different and should be studied separately. Possibly, the Hogan Empathy Scale measures an attitude of empathy rather than actual empathic behavior. Empathy is an interpersonal, interactional skill

requiring the adult to communicate to the child that he understands his inner world (thoughts, feelings, behavior). Measures obtained from direct observations of interpersonal behavior occurring between a day care worker and child would appear to be a more accurate way of assessing the day care worker's empathic ability.

Guerney, Stover, and DeMeritt (1968) have devised a tool for the purpose of measuring empathy in the adult/child interaction. A study of day care workers using this tool and a direct observational approach is recommended. Another possibility is to assess audio-taped verbal interactions between a day care worker and child using Truax's Accurate Empathy Scale (1966) to determine the amount of empathy present. Although the Accurate Empathy Scale was designed for use with adults, a significantly high reliability rating (.72) was obtained in its use in child psychotherapy (Stover, 1971).

To add breadth and depth to research of this kind, a project based on Reif's model (1972) could be instituted. Day care workers could be trained to function empathically with children and then assigned to work with a group of children over a length of time. At the end of the designated time, the children could be evaluated on the amount of behavioral change toward effective psychosocial functioning (using a pre and post behavioral measure) that has occurred.

The behavioral change of the children could be correlated with the level of empathy they were offered by the day care worker. Reif's study yielded significant positive results. A replicated study using day care workers would hopefully produce the same significant results.

An interesting point of inquiry would be to devise a tool that measures a preschool child's perception of empathic behavior in adults. Perhaps a modification of the Barrett-Lennard (1967) Relationship Inventory could be adapted to fit this purpose. It seems only reasonable that a child be given a chance to feed back important information to the adults, about the adults who are responsible for his nurture.

Finally, it is recommended that a study be carried out correlating the amount of empathy in the day care worker/child relationship with another variable--the day care worker's knowledge of normal child growth and development. It is logical to assume that understanding the child's pattern of cognitive, emotional, and physical development would improve a day care worker's understanding of how the child structures his world.

Finally, a petition is made to all persons providing services to children: let not the humanistic, nourishing qualities of love, care, and understanding get lost in the unfolding of modern technology, modern health care and modern education.

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## APPENDIX

RAW DATA

Code Number	Empathy Score	Age	Marital Status	Years of Education	Number of Children	Number of Months Experience in Day Care Work
DCW 01	21	21	Married (M)	10	1	48
DCW 02	24	18	Not Married (NM)	12	0	1
DCW 03	21	26	M	11	1	5
DCW 04	27	27	M	16	0	16
DCW 05	20	20	M	13	0	18
DCW 06	17	38	M	17	2	15.5
DCW 07	20	20	M	12	0	24
DCW 08	19	38	M	8	5	24
DCW 09	26	28	NM	13	1	18
DCW 10	20	60	M	11	0	48
DCW 11	21	27	M	13	2	12
DCW 12	26	26	M	16	0	12
DCW 13	28	30	M	20	1	12
DCW 14	21	31	M	14	2	84
DCW 15	18	24	NM	16	0	5
DCW 16	24	21	M	12	1	3
DCW 17	14	58	M	9	4	4.5
DCW 18	26	18	NM	12	0	7
DCW 19	24	29	M	15	2	5.5
DCW 20	31	29	M	14	2	5
DCW 21	32	29	M	13	3	6
DCW 22	27	23	M	12	1	18
DCW 23	24	27	M	13	3	48
DCW 24	24	25	M	12	2	1

RAW DATA--Continued

Code Number	Empathy Score	Age	Marital Status	Years of Education	Number of Children	Number of Months Experience in Day Care Work
DCW 25	24	34	M	12	4	5
DCW 26	23	21	M	12	0	36
DCW 27	20	38	M	12	2	5
DCW 28	24	21	M	12	2	1
DCW 29	21	29	M	16	0	5
DCW 30	21	25	M	14	2	5
DCW 31	29	22	M	17	0	5

Thank you for participating in my research study designed to investigate the personality characteristics of day care workers. The personality inventory you completed was Hogan's Empathy Scale and was designed to measure the interpersonal quality of empathy. Your score on the scale was \_\_\_\_\_.

The extensive research on the construction and validation of this scale was conducted at the University of California at Berkeley and was reported by Hogan (1969). An empathic individual (defined operationally by his/her high scores on Hogan's scale) is one who possesses a keen insight and imaginative perceptiveness about the other person. He/she is skilled at perceiving situations from the other person's point of view.

The upper, middle, and low levels of empathy scores were determined by the researcher as follows:

Upper Level - 27 to 39

Middle Level - 14 to 26

Low Level - 1 to 13

So that you may see how your score compared to other day care workers, included below is the following distribution of all thirty-one scores analyzed in the study:

<u>Score</u>	<u>Frequency</u>
32	1
31	1
29	1
28	1
27	2
26	3
24	7
23	1
21	6
20	4
19	1
18	1
17	1
14	1

A copy of the entire research study (Assessment of the Empathy Level of Day Care Workers) and the results are available at the Texas Woman's University Library, Denton and Dallas campuses.

Included below are three references considered excellent resources for persons wishing to increase their ability to communicate empathically with children.

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Again, I appreciate your participation and hope this information has stimulated your interest in the concept of empathy.

Reference

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Consent to Act as a Subject for  
Research and Investigation

Fall, 1977

I \_\_\_\_\_, hereby authorize  
(Subject's Name)  
Patricia F. Murphy, R.N. , to perform the following investi-  
(investigator)  
gation and to monitor the procedure: the completion of a  
written instrument which involves:

- A. Providing general background information about myself.
- B. Completing a written, 39 item, true-false personality inventory designed to measure certain values, attitudes, and interpersonal characteristics.

I understand that there are no right or wrong answers and that my individual results will be identified by code number only. I have been informed that the name and location of the day care center at which I am employed will not be identified in the study. The procedure of the investigation described above has been explained to me by Patricia F. Murphy, the research investigator. I understand that my personal responses to the personality inventory are confidential, and that I will remain anonymous throughout the investigation.

I further understand that it is unlikely, but worth noting, that risks from this investigation of my personal

characteristics may result. Possible risks include discomfort or dissatisfaction as a result of looking at my characteristics. If I feel uncomfortable for whatever reason, while completing the instrument, I understand that I have the freedom to terminate my participation in this study without penalty. I understand that my personal responses to the personality inventory will not be shared with my employer or jeopardize my job security in any way.

I understand also that this investigation may be beneficial to me in that I may learn more about myself and the personality characteristics of day care workers as a professional group.

I have received both a verbal and a written description of this study and have had my questions answered. I, therefore, give my consent to act as a research subject.

---

(Subject's Name)

---

(Date)

PERSONAL INFORMATION FORM

This form elicits minimal factual data needed for the research. Names will not be used in reporting the results.

CODE NO. \_\_\_\_\_

AGE \_\_\_\_\_

MARITAL STATUS:

\_\_\_\_\_ Single

\_\_\_\_\_ Married

\_\_\_\_\_ Divorced or  
Separated

\_\_\_\_\_ Widowed

YEARS OF EDUCATION:

\_\_\_\_\_

YEARS OF EXPERIENCE  
IN DAY CARE WORK:

\_\_\_\_\_

NUMBER OF CHILDREN:

\_\_\_\_\_

TYPE OF EDUCATION  
BEYOND HIGH SCHOOL

Number of college hours completed  
in Psychology:

\_\_\_\_\_

Number of college hours completed  
in Child Development:

\_\_\_\_\_

Number of college hours completed  
in Early Childhood Education:

\_\_\_\_\_

Number of college hours completed  
in another major:

\_\_\_\_\_ (please specify)

THE HOGAN SPECIAL ATTITUDE SCALE

This booklet contains a series of statements. Read each one, decide how you feel about it, and then mark your answer on the special answer sheet. If you agree with a statement, or feel that it is true about you, answer TRUE. If you disagree with a statement, or feel that it is not true about you, answer FALSE.

Circle True or False for each

PART ONE

PART TWO

- |         |         |         |
|---------|---------|---------|
| 1. T F  | 17. T F | 32. T F |
| 2. T F  | 18. T F | 33. T F |
| 3. T F  | 19. T F | 34. T F |
| 4. T F  | 20. T F | 35. T F |
| 5. T F  | 21. T F | 36. T F |
| 6. T F  | 22. T F | 37. T F |
| 7. T F  | 23. T F | 38. T F |
| 8. T F  | 24. T F | 39. T F |
| 9. T F  | 25. T F |         |
| 10. T F | 26. T F |         |
| 11. T F | 27. T F |         |
| 12. T F | 28. T F |         |
| 13. T F | 29. T F |         |
| 14. T F | 30. T F |         |
| 15. T F | 31. T F |         |
| 16. T F |         |         |

DO NOT WRITE ON THIS BOOKLET

PART I

1. A person needs to "show off" a little now and then.
2. I usually take an active part in the entertainment at parties.
3. I like to have a place for everything and everything in its place.
4. I feel sure there is only one true religion.
5. I am afraid of deep water.
6. I have at one time or another tried my hand at writing poetry.
7. I prefer a shower to a tub bath.
8. It bothers me when something unexpected interrupts my daily routine.
9. It is hard for me just to sit still and relax.
10. I always try to consider the other fellow's feelings before I do something.
11. I don't like to work on a problem unless there is the possibility of coming out with a clear-cut and unambiguous answer.
12. I can remember "playing sick" to get out of something.
13. I like to keep people guessing what I'm going to do next.
14. Before I do something I try to consider how my friends will react to it.
15. I like to talk before groups of people.
16. My parents were very strict and stern with me.
17. Sometimes I rather enjoy going against the rules and doing things I'm not supposed to.
18. I think I would like to belong to a singing club.
19. I usually don't like to talk much unless I am with people I know well.
20. I think I am usually a leader in my group.
21. I must admit I often try to get my own way regardless of what others may want.
22. I liked "Alice in Wonderland" by Lewis Carrol.
23. I don't really care whether people like me or dislike me.
24. Clever, sarcastic people make me feel very uncomfortable.
25. I have a natural talent for influencing people.
26. The trouble with many people is that they don't take things seriously enough.
27. Only a fool would try to change our American way of life.
28. Most of the arguments or quarrels I get into are over matters of principle.
29. I would like the job of a foreign correspondent for a newspaper.

30. People today have forgotten how to feel properly ashamed of themselves.
31. When a man is with a woman he is usually thinking about things related to her sex.

## PART II

32. I frequently undertake more than I can accomplish.
33. I enjoy the company of strong willed people.
34. Disobedience to the government is never justified.
35. I have a pretty clear idea of what I would try to impart to my students if I were a teacher.
36. I am usually rather short-tempered with people who come around and bother me with foolish questions.
37. It is the duty of a citizen to support his country, right or wrong.
38. I have seen some things so sad that I almost felt like crying.
39. As a rule I have little difficulty in "putting myself into other people's shoes."

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