The Development of the Scale to Measure Nurses’ Empathic Support Skills

Kyoko Ueno, PhD, RN
Faculty of Health care and Nursing, Graduate school of Health Care and Nursing, Juntendo University, Urayasu, Japan
Kumiko Kotake, PhD, RN
Faculty of Nursing, Graduate school of Nursing, Nara Medical University, Kashihara, Japan
Tamaki Kumaagi, PhD, RN
Faculty of Nursing, Graduate School of Nursing, Osaka City University, Osaka, Japan

Purpose:
The purpose of this research was to develop Empathic Support Behavior Scale (ESB) for measuring nurses’ ability of empathic support based on our previous studies.

Methods:
Exploratory qualitative and quantitative research

Procedure of the development scale

1. Certified nurse specialist, certified nurses: n=11
2. Experienced visiting nurses: n=10
3. Young nurses in general practice: n=13
4. Mid-level nurses in general practice: n=9

Clarification of the concept of Nurses’ Empathic Support using Modified Grounded Theory Approach in 4 groups (2013-2015)

A total of 99 items were devised after 2 pre-tests.

1st pilot-study: used 99 items & 3 external criteria scale sets (2016)
Subjects were 386 Japanese nurses in 5 hospitals.
90 hospitals were selected randomly from 144 hospitals registered Japan Hospital Association’s databases.
Subjects were 397 nurses from 15 hospitals of 144.
Analysis used 3 external criteria scale sets.

2nd pilot-study: Revised the content of 39 items and changed the number of choices from 5 to 6 (2016)
Participants: Participants were randomly selected from 38 hospitals among 150 hospitals in which many patients were receiving palliative care. 1,458 nurses were distributed questionnaires.
Examine structural factors and validity of 27 items scale (2017)

Participants’ characteristic:
N=627 (43.0%), Number of females = 593 (94.6%), Age, M=36.9 ± 9.8 years, Nursing experience, M=14.2 ± 9.6 years

Results:

Participants’ characteristic:

Number of items of factor analysis after the item analysis was 24.

Exploratory factor analysis:
The scores of 24 ESB items were analyzed by exploratory factor analysis, resulting in 16 items and 3 factor structures.

Confirmatory factor analysis:

There was positive correlation between scores of empathic support and the scores of four Subscales (cognitive ability, practical ability, concrete judgment ability, and abstract judgment ability) on Professional Autonomy in Nursing (r = .54 – .65).

We explained to 7 nurses about empathic support and measured their ESB-16 and Multidimensional Empathy Scale immediately after intervention and a month after for checking the change of its scores. The Spearman’s correlation coefficient of three subscales of ESB-16; empathy, psychological approaching and holistic understanding were .60 (p = .08) , .71 (p = .33) and .87 (p = .01).

Conclusion:
Criterion-related validity, construct validity and reliability of ESB-16 were confirmed. Items of ESB-16 include sentences that show nurses’ concrete behavior, thinking, and attitudes, so it helps nurses to reflect on themselves by focusing on their own tasks of empathic support for patients (e.g., whether I can perceive empathic phenomena concretely, how I can approach patients, or how I can understand patients holistically).

We need to continue to recheck the utility of ESB-16 as scales of educational evaluation by examining whether educational intervention for improving empathic support skills brings about the changes of the scores of three subscales in ESB-16 that are consistent with theoretical expectations.

This work was supported by JSPS KAKENHI Grant Number JP25463441.

Table 1: Factor Analysis Pattern Matrix of Nurses’ Empathic Support Behavior Scale (ESB) Japanese Version

<table>
<thead>
<tr>
<th>Item</th>
<th>Content</th>
<th>Factor Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>I provide patients with a sense of power by talking to them.</td>
<td>.812</td>
</tr>
<tr>
<td>Q6</td>
<td>I use communication techniques for making patients talk pleasantly.</td>
<td>.702</td>
</tr>
<tr>
<td>Q13</td>
<td>I can reassure patients by staying by them.</td>
<td>.571</td>
</tr>
<tr>
<td>Q15</td>
<td>I have enough communication skills to show out the feelings of patients.</td>
<td>.744</td>
</tr>
<tr>
<td>Q16</td>
<td>Patients can talk about their feeling because I am the one who listens to them.</td>
<td>.692</td>
</tr>
<tr>
<td>Q20</td>
<td>I can share what patients think without directly teaching on their disease.</td>
<td>.562</td>
</tr>
<tr>
<td>Q21</td>
<td>I can use communication techniques for making patients talk pleasantly.</td>
<td>.812</td>
</tr>
<tr>
<td>Q24</td>
<td>I can share hard feelings patients have with them.</td>
<td>.584</td>
</tr>
</tbody>
</table>

Factor 1: Empathy (Cronbach’s alpha = .88)

Factor 2: Psychological Approaching (Cronbach’s alpha = .65)

Factor 3: Holistic Understanding (Cronbach’s alpha = .74)

Acknowledgement
This work was supported by JSPS KAKENHI Grant Number JP25463441.