Predictors of Empathy in Women Social Workers

Selwyn Stanley[1]

G. Mettilda Buvaneswari[2]

A. Meenakshi[3]

[1]School of Social Work & Social Policy, University of Strathclyde, Glasgow, UK

Corresponding Author: selwyn.stanley@strath.ac.uk

[2]Department of Social Work, Cauvery College for Women, Tiruchirappalli, India.

[3]PhD Student, Cauvery College for Women, Tiruchirappalli, India.

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Abstract

Summary: This study explored the manifestation of reflective ability, emotional intelligence, and empathy in 120 women social workers in Tiruchirappalli, India. A cross-sectional quantitative design was used and the Emotional Intelligence Scale, Groningen Reflective Ability Scale, and the Empathy Assessment Index were administered to assess the manifestation of these dimensions. Multiple regression analysis was used to identify predictors of empathy.

Findings: Based on mean scores, the majority of respondents were classified as being 'high' in terms of emotional intelligence and reflective ability. Respondents of different age groups showed a significant difference in terms of the manifestation of empathy. Age, self-reflection and appraisal and expression of emotions were extracted as significant predictors of empathy.

Application: The article discusses the importance of these professional attributes for effective practice and the role of academic institutions and social work organisations in fostering the development of these dimensions in social work practitioners.

Keywords: Reflective ability, Empathy, Emotional intelligence, Social workers, India

The nature of social work practice frequently places the social worker in emotionally charged situations and exposure to vicarious trauma while working with clients in distressing life circumstances. This may involve working with people in complex situations such as victims of abuse, domestic violence, substance misuse, crime and other disturbing scenarios (Stanley & Mettilda, 2016a). Empathy is perhaps one of the most important skills that all those in the helping professions, and indeed social workers bring to their relationship with clients. It is the act of perceiving, understanding, experiencing and responding to the emotional state and ideas of another person (Barker, 2003). It is the ability to understand how another person feels (empathic understanding) and to be guided by this understanding in one's treatment of the other person (empathic behaviour) (Holm, 1985). Empathy has been described as vicarious introspection (Kohut, 1959) and implies that the practitioner penetrates the inner world of the client while simultaneously reflecting on the feelings that this transposition evokes in him (Stanley & Sethuramalingam, 2015). Rogers (1957) explains empathy as sensing the client's private world as if it were your own, but without ever losing the 'as if' quality. Various authors have conceived empathy differently. It is seen to be a dispositional trait or personality attribute by some (Martin & Clark, 1982), a situation-specific cognitive-affective state, (Duan & Hill, 1996), a facilitative communication skill (Carkhuff, 1969) and an interpersonal and experiential process (Barrett-Lennard, 1981) by others. Judicious use of empathy is mutually beneficial to both client and practitioner, quintessential in furthering the helping process and for the provision of compassionate, and person-centered services. Effective use of empathy can improve intervention outcomes for service users and ensure more success in therapy (Gerdes & Segal, 2011; Shapiro & Izett, 2008). While empathy has been universally acknowledged to be a core competence for effective social work practice (Shulman, 2009), actual research on empathy in social work remains 'scarce and sketchy' (Gerdes & Segal, 2011; Morrison, 2007).

Reflective ability (RA) has been considered to be an essential and foundational component of professional competence (Ixer, 2012; Katz, Tufford, Bogo & Regehr, 2014; McCoyd & Kerson, 2013). The importance of critical reflection (Fook & Gardner, 2007) and reflective practice has been stressed by several authors (Johns, 2004; Redmond, 2006). Reflective practice requires an insight into one's own emotional reactions to people and events, understanding how they may possibly

affect others, influence decision-making and impact personal wellbeing (Ruch, 2009; Wilson, Ruch, Lymberry, & Cooper, 2008). It entails introspection into one's own attitudes, beliefs and values to ensure that interventions offered to clients are free from personal prejudice and bias (Petruik et al., 2017). Critical reflection sharpens social work competence by understanding how theories, principles, and values influence practice and foster empowerment in service users (Askeland & Fook, 2009) and as being instrumental in generating beneficial outcomes for clients (Bogo & McKnight, 2006). Schön (1987) considers reflection as a way to improve professional practice by focussing on the content and processes involved therein. He differentiates between 'reflection in practice' as something practitioners do in terms of applying their learning and experience to the situation that they are dealing with, and 'reflection on practice' as analysis of current situations to draw insights and learning for future practice. A suggested third aspect to this conceptualisation is 'reflection-for-action', which involves planning in anticipation of future events (Thompson & Pascal, 2012). It is also important and ethically desirable to reflect on possible mistakes that may inadvertently occur in practice to reduce the harm that social work may occasionally cause (Sicora, 2017). Reflective practice is thus envisaged as the social worker's ability to reflect on one's own actions in dealing with clients and using that reflective knowledge to guide future action (Ferguson, 2003).

In recent times, there has been an increasing interest in the concept of emotional intelligence. However, in our opinion, there is not much of this within the social work literature. Emotional intelligence (EI) refers to one's ability to perceive, integrate, understand, and manage emotions and is indicative of adaptive emotional functioning (Mayer, Salovey, & Caruso, 2008; Zeidner, Roberts, & Matthews, 2004). Ability-based models conceptualise EI as comprising emotional abilities that enhance emotion-related problem solving (Mayer, Caruso, & Salovey, 2000) while trait models consider it as a set of skills or as a personality attribute influences wellbeing (Goleman, 1995). EI encompasses a set of four emotional skills that includes the ability to perceive emotions accurately, integrating emotions with cognition, understanding emotional causes and consequences, and managing emotions for better personal adjustment (Salovey, Kokkonen, Lopes, & Mayer, 2004). EI is envisaged as involving four components namely, self-awareness, self-management, social awareness and relationship management (Goleman, Boyatzis, & McKee,

2002). It encompasses skills of empathy, self-awareness, motivation, self-control, and adeptness in relationships (Bar-On, 1997) and thus plays an important function in enabling one to negotiate the demands of the social environment.

Given the emphasis on relationship-based practice, the concept of EI is of relevance to social workers. Higher levels of EI are associated with a range of positive intrapersonal outcomes (Schutte & Malouff, 2013). This includes better interpersonal relationships (Lopes et al., 2004; Lopes, Salovey, & Straus, 2003), and greater relationship satisfaction (Lopes et al., 2003; Malouff, Schutte, & Thorsteinsson, 2014), enhanced professional judgement and decision-making abilities, more flexible negotiation skills, (George, 2000) and more cooperative behaviour (Schutte et al., 2001). Individuals with higher EI have a greater sense of control over their work and perceive their work environment to be supportive (Houghton, Wu, Godwin, Neck, & Manz, 2012). The evidence also indicates that both higher emotional intelligence and a greater sense of control are associated with better mental health (Johnson, Batey, & Holdsworth, 2009). Professional judgement and optimum psychological functioning in social workers requires skills relating to the regulation and expression of emotions (Morrison, 2007; Munro, 2011). EI is considered a core element of reflective social work practice (Ingram, 2013; Morrison, 2007).

The three attributes identified as key variables of this study have been acknowledged as being important for helping professionals in general and for social work practitioners in particular. However, the extant social work literature on these issues is scant and they have not in our opinion, merited adequate empirical investigation particularly in India, where the nature and demands of practice are considerably different from that in Western societies. A few studies that have looked at these attributes in student social workers in India (Stanley & Mettilda, 2016b) and in the UK (Grant & Kinman, 2012; Grant, Kinman & Alexander, 2014). Further, most of the literature around these dimensions have originated in the West and hardly any large-scale quantitative studies have explored their manifestation in the Indian context. We were particularly interested in understanding the role that EI and RA play in terms of the manifestation of empathy in social work practitioners.

Objectives of the study

  (1) To portray the socio-demographic profile of women social workers in Tiruchirappalli, India.

  (2) To assess the manifestation of reflective ability, empathy and emotional intelligence in these respondents.

  (3) To ascertain correlations if any between the three key study variables and with the socio-demographic variables.

  (4) To identify variables that predict the manifestation of empathy in the respondents studied.

Methods

Measures

(1) Questionnaire to collect socio-demographic data and work-related information.

(2) Emotional intelligence scale (EIS) by Schutte et al. (1998) is a 33-item instrument that measures three sub-dimensions namely: appraisal and expression of emotion, regulation of emotion and utilisation of emotion. The items are measured on five-point Likert scales with responses ranging from strongly disagree (Score 1) to strongly agree (Score 5). Higher scores indicate higher emotional intelligence. Internal consistency analysis by the authors of the instrument showed a Cronbach's α of .90 for the 33-item scale and sound test-retest reliability, predictive validity, and discriminant validity as well. In the current study, the alpha computed was .89, considered as being 'excellent' in terms of reliability (George & Mallery, 2003).

(3) Groningen Reflective Ability Scale (GRAS) developed by Aukes et al. (2007) has 23 items that measure three sub-dimensions namely self -reflection, empathetic reflection and reflective communication. The items are measured on five-point

Likert scales with responses ranging from totally disagree to totally agree. Higher scores indicate higher reflective ability. For the current sample, the Cronbach's alpha was calculated to be .73, which is an 'acceptable' level of internal consistency reliability for the scale (George & Mallery, 2003).

(4) Empathy assessment index (EAI) by Lietz et al. (2011) is a 17 Item validated self-report measure that has five sub-dimensions namely, affective response, emotional regulation, perspective taking, self–other awareness and empathic attitudes. However as emotional regulation is also a component of the EIS, items pertaining to this component present in the EAI were not administered. EAI items are scored on a six-point Likert scale (from never = 1 to always = 6) with higher scores indicating higher levels of empathy. The 17-item EAI version has excellent internal consistency (α = .82) and strong test-retest reliability as ascertained by the authors. In this study, the Cronbach's alpha was .79, considered 'good' in terms of reliability (George & Mallery, 2003).

Data collection

A list of voluntary organisations registered with the District Social Welfare Board was obtained to identify non-Governmental Organisations in Tiruchirappalli city. Women social workers employed by these organisations were contacted after permission was obtained from the agency head. The nature of the study was explained, and their participation was solicited. They were contacted again to pick up the filled-up questionnaires. Of the 153 questionnaires thus circulated, 120 completed questionnaires were received and included for data analysis.

Ethical considerations

The study received ethical clearance from the Ethics Review Panel of Cauvery College, where the co-author is based. Participation was voluntary, and informed consent was obtained from all the respondents. They were told that they had the option to drop out of the study at any point, without any implications for them and that they would not be contacted thereafter. No personal identification data was collected, and the questionnaires were anonymised.

Statistical analysis

SPSS version 24 (Statistical Package for Social Sciences; IBM Software, Armonk, NY) was used for data analysis and for generating the results of this study. The analysis involved the use of t-tests, ANOVA, Pearson's correlation and linear regression.

Results

Respondents' profile

The age profile of the respondents indicates a young sample as very few of them were in the higher age brackets. They had a mean age of 31.6, with most of them in the 21 to 30 age group (49.2%) and the next major category was of those in the 31 to 40-year age group (41.7%). The age ranged from 22 to 56 years. The majority of them were married (58.3%) and were from a Hindu religious background (70%). Seventy-seven percent belonged to nuclear families and hailed from an urban background (61.7%). In terms of their Social Work qualification, the majority had a post-graduate degree (82.5%), those with a higher research degree (MPhil/PhD) constituted 12.5% and the rest of them had an under-graduate qualification (5%). In terms of their area of specialisation, the majority (52.5%) of them said it was in Clinical Social Work (also called as Medical and Psychiatric social work), and the others said it was in Family and Child Welfare (30.8%) and the remaining in Community Development (16.7%).

Work profile

Table 1 portrays aspects related to work.

Insert TABLE 1 about here

Perceptions of work

When asked about how they perceived their work, many of them said that social work by nature was a challenging profession and it was particularly difficult to work with stigmatised groups such as those with HIV, mental health issues, and substance misuse. It was also challenging to work with those experiencing financial difficulties, poor families and with victims of natural disasters. Other responses

indicated difficulties in working with higher officials, politicians, and with male colleagues. When asked if being a woman made them face unique problems at work, the majority denied this (80.8%). Some of them did express difficulties in relation to at times having to work during odd hours, concern for physical safety, problems with male colleagues who tended to be dominating and lack of autonomy in making work-related decisions. While 45% of the respondents said that given the nature of work they felt their salary was low, in terms of their overall job satisfaction, a high majority (76.7%) said they were satisfied with their work.

Distribution of respondents on key study variables
Table 2 depicts the profile of the respondents in terms of the key variables of the study. They were categorised into 'low' and 'high' groups based on the mean score for each variable.　　　　　| Insert TABLE 2 about here |

The difference among respondents based on select background factors:
Respondents were then compared in terms of the manifestation of the key variables of the study based on selected background factors such as their marital status (married versus single), type of family (nuclear versus joint), nature of their current job (permanent versus temporary) and if (or not) their current job was their first one. The results are presented in Table 3.

| Insert TABLE 3 about here |

A significant statistical difference is seen in terms of the total RA score based on the nature of the current job (temporary v/s permanent) and if the current job was their first versus those with previous work experience. Mean scores indicate higher scores for those with previous work experience and for those in temporary posts.
Total EI scores showed a significant difference between those in temporary and permanent posts.

In relation to empathy scores, respondents were differentiated based on their marital status and between those for whom the current job was the first compared to those with previous work experience.

Differences based on respondents' age and work experience

Insert TABLE 4 about here

For this analysis, respondents were re-classified into five groups (20 to 25 years; 26 to 30; 31-35; 36-40; >41 years) and one way ANOVA results computed. Results are presented in Table 4. The data show a significant difference among the age groups in terms of empathic reflection, but not for the other components of RA. No difference is seen for the total emotional intelligence score and its components. However, a significant statistical difference is seen for the total empathy score as well as three of its components, except for affective response.

Respondents were also compared on all the subject dimensions after reclassifying them according to their work experience into four groups (0 to 5 years; 6 to 10; 11 to 15; 16+). The one way ANOVA results indicated no significant differences on all dimensions among respondents based on this re-classification. A significant difference was seen only for the self-reflection component of the RA scale (F 2.97, p < .05).

Correlations among subject dimensions

Insert TABLE 5 about here

An inter-correlation matrix was generated (Table 5) by computing Pearsons coefficients to examine the relationship between the key variables and their component sub-dimensions. Positive correlations were obtained among the total scores of empathy, resilience and emotional intelligence, indicating that change in one has a direct effect on the other. Several of the sub-dimensions of these variables also entered into significant correlations among themselves as seen in table 5. It is important to note that all the significant correlations are positive in nature implying that change in one, directly influences the other in the same direction.

Predictors of empathy

To identify variables that predicted the manifestation of empathy in the respondents, we used linear multiple regression analysis. We introduced the age of the respondents, their duration of work in years along with the total RA and EI scores as independent variables and the total empathy score as the dependent variable. The resulting model was significant ($F_{(4, 115)} = 18.67$; $p < .001$) and together the independent variables demonstrated about 40% of variance in the dependent variable ($R^2 = .394$; $R^2_{Adjusted} = .373$). The age of the respondents ($β = .247$; $t = 2.18$; $p < .05$), total RA score ($β = .251$; $t = 2.30$; $p < .05$) and the total EI score ($β = .327$; $t = 3.01$; $p < .01$) emerged as significant predictors of empathy in this analysis. As the years of work experience was not extracted as a predictor ($β = -.045$; $t = .42$; $p > .05$), it was excluded from subsequent analysis.

To identify the sub-dimensions of both RA and EI that contributed to empathy, we ran the next regression with their components (without the total EI and RA scores) and the respondents' age as independents with the total empathy score as the dependent variable. The resulting model was significant ($F_{(7, 112)} = 11.29$; $p < .001$) and together the independent variables demonstrated 41% of variance in the dependent variable ($R^2 = .414$; $R^2_{Adjusted} = .377$). The age of the respondents ($β = .185$; $t = 2.32$; $p < .05$), self-reflection ($β = .248$; $t = 2.10$; $p < .05$) and appraisal and expression of emotion ($β = .306$; $t = 2.59$; $p < .05$) emerged as significant predictors of empathy in this analysis.

Discussion

The majority of respondents in this study have been classified as being 'high' in terms of RA as well as EI. This is suggestive of a high degree of professional competence in these practitioners, which would translate into better service provision for their clients. In this context, an earlier study of social workers in India reports a high degree of role efficacy observed in them (Singh, 2006).

We have in this study, obtained significant positive correlations between the total scores of empathy, reflective ability and emotional intelligence and inter-correlations among their components. Our findings are in consonance with earlier studies that have explored this relationship in social work students (Grant & Kinman, 2012; Stanley & Metilda, 2016b). While such correlations do not give an indication of

cause-effect relationships among the variables studied, they certainly suggest the possibility that change in one, directly influences the other. This implies that strengthening one could have potential benefits in terms of enhancing the others.

No difference was seen for the total emotional intelligence score and its components when different age groups of respondents were compared in our analysis and this aligns with the findings of Schutte & Loi (2014). This study has shown that emotional intelligence is strongly correlated with reflective ability and this has been established by previous authors as well (D'Cruz, Gillingham & Melendez, 2007). The positive benefits of reflective practice include reduction of psychological distress and prevention of burnout (Sanchez-Moreno, de La Fuente Roldan, Gallardo-Peralta, & Barron Lopez de Roda, 2014), protection from empathic distress (Grant, 2014) and more happiness in social workers (Graham & Schier, 2010).

We found a difference between those who have been previously employed and those for whom their current job was the first in terms of reflective ability as well as empathy scores. Having more work experience has also been associated with reduced psychological distress in social workers (Kagan & Itzick, 2017). Our data has also revealed that both EI and RA significantly predict the manifestation of empathy in the respondents. This is important to strengthen empathic abilities in social workers as taking measures to strengthen their reflective skills and EI could have potential benefits. The self-reflection component of the RA scale and the appraisal and expression of emotion component of the EI scale were further extracted as significant predictors. These two components then, need to be specifically targeted for development through the provision of appropriate training programmes for social workers.

Implications for intervention
At the outset, it is important to note that ideally the development of these core social work competencies clearly ought to be the emphasis in social work education and training programmes. In this context, it has been noted that historically the development of skills relating to emotional management and regulation in student trainees has not received the focus that it rightly deserves (Grant, Kinman & Alexander, 2014). This is particularly true in India, where themes such as empathy, reflective practice, and critical thinking are rather cursorily dealt with, mostly during

lecture sessions and the issue of emotional management hardly touched upon. It is important to acknowledge that social work practice is emotionally demanding and a lack of competence in terms of dealing with emotions can have an adverse impact on the practitioner as well as on service users (Cooper, 2005, Howe, 2008). There is hence the need for a concerted effort to ensure that a variety of teaching techniques and classroom methodologies are used to inculcate skills of empathy, emotional regulation and reflective ability in student social workers to enable them to consciously incorporate these skills within their professional repertoire.

Emotional intelligence is not fixed for life and can be improved with appropriate training (Nelis et al., 2009; Schutte & Malouff, 2013) and this is important in terms of understanding that programmes that seek to enhance the EI of social workers may foster significant benefits. The evidence shows that strengthening skills of emotional regulation can enhance professional judgement, decision making besides being the basis for successful interventions with service users as well as improving the overall psychosocial functioning of social workers themselves (Howe, 2008; Munro, 2011). The ability to understand and handle one's own emotions and those of others (key components of both emotional intelligence and empathy) have been considered to be critical at every stage of the social work process; be it engagement with clients, assessment, decision making, planning and intervention (Morrison, 2007). Stress and burnout are increasingly becoming issues of concern within social work practice and skills of emotion regulation serve to offset the negative impact of emotional labour that forms the basis of these experiences (Nelson and Merighi, 2003). Emotional intelligence is one of the strongest predictors of resilience in social work students and skills in emotion management can help social workers deal more effectively with work stress (Grant & Kinman, 2012).

However, while perspective taking and empathic concern are important, the literature also cautions about the potential for empathic concern to generate empathic distress in social workers that could undermine their own wellbeing as well as that of their clients (Grant, 2014; Grant & Kinman, 2012). This is an important aspect to be borne in mind while training social workers. Poor emotion regulation and high affective arousal in response to vicarious exposure to another person's distress have been identified as being strong predictors of personal distress in practitioners (Nilsson, 2014) and this can be offset if they learn effective strategies to modulate the

vicarious experience of the help seeker's distress (Decety & Lamm, 2009; Eisenberg & Eggum, 2009).

Empathy has been considered both a skill and an acquired ability by many researchers (Basch, 1983; Hogan, 1969; Rogers, 1957). This implies that social workers can be enabled to sharpen their skills of empathy through appropriate training programmes. Mindfulness, art, and drama have been suggested as positive tools in enhancing empathic abilities in professionals working in the field of health and social care (Nerdrum, 1997; Gerdes et al., 2010). Mindfulness training has been specifically found to be an important stress management tool for social workers (Irving et al., 2009; Ying, 2009) and to be an effective way to enhance emotional intelligence in work and educational contexts (Ciarrochi & Godsell, 2006). Mindfulness based approaches have also been advocated to facilitate active listening skills and to promote critical reflection and self -awareness for health and social care workers (Johns, 2006; Lynn, 2010). A study from India reports on the effectiveness of yoga therapy and cyclic meditation in significantly increasing the Emotional Quotient (EQ) of mid-level managers (Ganpat & Nagendra, 2011). Social work educators and employing organisations would hence do well in terms of embedding some of these techniques and strategies within the curriculum and in their in-house training programmes.

Organisations need to provide reflective structures, which refers to the architecture and process of knowledge development and sharing of transformative expertise among team members (Nonaka et al., 2000). The importance of organisational contexts in supporting reflective practice in terms of developing reflective structures, learning spaces and networks, to enable the necessary dialogue within social work organisations and teams has been pointed out by several authors (Petruik et al., 2017; Yliruka, 2009; Yliruka & Karvinen-Niinikoski, 2013). Opportunities to debrief with colleagues about complex cases, peer supervision and prioritizing reflective practice as a part of the expected social work role and an organisational climate that is conducive for a safe expression of issues and concerns are key in this regard (Pertuik et al., 2017). Peer coaching and supervision have been considered instrumental in terms of facilitating reflection on practice, in promoting self-awareness as well as for identifying one's weaknesses and strengths (Goleman and Cherniss, 2001; Gyllensten and Palmer, 2005). Writing reflective logs and diaries

can also enhance self-awareness besides serving to promote better empathic management and empathic relationship with clients (Smith, 2009; Webster, 2010).

Role-plays have been traditionally acknowledged as being an effective technique in developing reflective skills (Nelson, 1992; Braun, 1992). The importance of value-based reflection in social work (Ixer, 2012) and the use of 'values clarification' techniques have also been advocated to promote self-disclosure and examination of one's values and experiences (Braun Jr & Crumpler, 2004). Availability of reflective structures could enable practitioners to use techniques such as inter-professional discussion, case study analysis, and journal writing, to develop their own reflective abilities. These techniques have been found to be effective in students (Bolton, 2001; Stuart & Whitmore, 2006) and could have potential benefits for social work practitioners as well.

Limitations of the study

This study was carried out in only one city in south India and hence is not representative of the population of social workers in the country. The cross-sectional design used does not look at the possibility of the 'maturation' of the attributes studied over time. The absence of a comparative group also did not provide scope for inferences relating to whether these attributes are 'more' or 'less' manifested in social workers when compared to other occupational groups such as nurses. Further, as the study was done only with women social workers, it was not possible to make gender-based comparisons. Despite these limitations, we are of the opinion that the study does make an important contribution to the extant literature in social work. Further, this is perhaps the only study in India that has explored these attributes in social workers and this adds to its significance and contemporary relevance.

Conclusion

The study explored the manifestation of empathy, emotional intelligence and reflective ability in women social workers in India. A high positive correlation was seen among the three attributes studied. It was also seen that the age of the respondents correlated significantly with all the three attributes. Self-reflection and the appraisal and expression of emotions along with the age of the respondents emerged as significant predictors of empathy. The findings suggest the importance

of developing reflective abilities and skills of emotional appraisal, regulation and expression in social workers to enhance their ability for empathic concern and expression, that are core ingredients of effective relationship-based practice. Social workers can consciously develop skills of being reflective, empathy and emotion management through techniques such as journal writing and participation in peer coaching and discussion. The onus is also on employing organisations to ensure the availability of reflective structures where such activities and training programmes are fostered. An organisational ethos where these abilities are cherished will go a long way in nurturing these competencies in social work professionals.

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