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## **Comparing Empathy Quotient Scores and Self-Care Scores Among College Students**

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COMPARING EMPATHY AND SELF-CARE SCORES

**Comparing Empathy Quotient Scores and Self-Care Scores  
Among College Students**

Rhonda L. Morgan

Department of Social Work, Long Island University-

C. W. Post Campus

## COMPARING EMPATHY AND SELF-CARE SCORES

### **Abstract**

Current research is lacking on the association between empathy and self-care. This cross-sectional research study polled Long Island University (LIU) students ( $N = 102$ ) with an electronic survey regarding their personal self-care practices scores and their empathy quotient scores. Demographic questions of financial burden perception, student status (graduate vs. undergraduate), and type of student (athlete vs. non-athlete) added to our understanding of empathy and self-care. Analysis of data occurred with simple linear regression and Independent Samples  $t$ -Tests. Significant results indicated students with higher empathy quotient (EQ) scores had higher self-care practices scores, and college NCAA student athletes had higher self-care practices scores compared to non-athletes. After a review of associated literature, this paper presents findings and shares discussion for future research and practice.

*Keywords:* social work, self-care, empathy, NCAA student athletes, Long Island University.

## COMPARING EMPATHY AND SELF-CARE SCORES

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# COMPARING EMPATHY AND SELF-CARE SCORES

## Chapter 1: Introduction

### Comparing Empathy Quotient Scores and Self-Care Scores among College Students

Social work students choose to enter the profession to give their time and expertise towards reducing the social problems experienced by large portions of the U. S. population. Social work is a field where people decide to join the profession as they wish to give back, serve others, and help others feel less troubled by their current situations. Social workers are exposed to challenging environments requiring excellent communication skills and a clinical skill set to practice in micro, mezzo, and macro settings. Social work is not a profession with high remuneration, and therefore many people decline choosing to become social workers fearing they will not make sufficient income. Those who enter the field find rewards intrinsically from the profession and should be supported fully to become the best practitioners possible. Specifically, social work students should have their needs for self-care prioritized in educational programs to enable an awareness of tools to prevent negative health and professional outcomes due to their roles.

The social work profession is known as one of the most stressful occupations leading to high turnover rates and negative health of practitioners due to perceived stress (Lee et al., 2019; Miller et al., 2017; Moore et al, 2011). Newell (2019) explained social workers who neglect their own self-care can feel heavy emotional burdens that can then lead to less empathy for themselves, their families, and clients because the workers feel emotionally depleted and unable to feel compassion. A social worker's natural empathy is maintained by cherishing time with family and friends recognizing the need to have an enjoyable life outside of work (Newell, 2019). Keeping empathy full and intact as possible requires an acknowledgement of the importance of self, and the use of strategies to keep work burdens manageable and life enjoyable.

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Social work students may not be sufficiently educated in the necessity of having self-care routines in place prior to entering the field to ensure their overall health is maintained to permit an enjoyment of the profession for many years. The National Association of Social Work (NASW) addressed the importance of self-care as central to professional practice and necessary to ensure social workers remain able to meet demands of the profession and provide quality care to clients and remain healthy themselves (Miller et al, 2017; Moore et al., 2011; Scheyett, 2021, Willis & Molina, 2019).

Self-care is important for social work students and professional social workers already practicing. The Covid-19 pandemic has resulted in an increased need for social workers to meet the needs of vulnerable groups within communities negatively impacted by loss and a reduced access to care and resources (Murray, 2021; Scheyett, 2021). A strong workforce of healthy social workers is needed to help manage the crises many people are feeling presently, and the National Association of Social Workers (NASW) recognized self-care needed readdressing and recently in 2021 added a section to the NASW Code of Ethics on the importance of self-care.

Professional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant social workers maintain personal and professional health, safety, and integrity. Social work organizations, agencies, and educational institutions are encouraged to promote organizational policies, practices, and materials to support social workers' self-care. (Murray, 2021, para. 3)

Formerly, the NASW in 2009 shared self-care should begin in educational programs to assist social work students with developing protocols of planned self-care to build resiliency becoming healthy, satisfied, and competent practitioners (Lee et al., 2019). The literature describes individuals having personalized activities they find rejuvenating, and self-care is not a

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‘one size fits all’ concept (Lee et al., 2019; Lee & Miller, 2013; Moore et al., 2011; Newell, 2019). Stressors when working as a social worker include lack of time to complete paperwork and see clients, feeling unsafe at work, listening to traumatic experiences, poor access to supervision, and not working in an organization that encourages self-care (Lee & Miller, 2013; Scheyett, 2021). Additional obstacles to self-care can be a lack of energy, fear of appearing weak or vulnerable, difficulty putting oneself first, low remuneration requiring social workers to hold multiple jobs, and a simple lack of time (Jackson, 2014).

Good self-care practices can prevent burnout and it is well known that chronic exposure of healthcare providers to physical and psychological pain has deleterious health implications for practitioners, yet no validated measurement tool exists to measure this problem (Bérangère et al., 2016). Empathy and relationships to patients are two exam questions on the French national medical exam, but there are no validated studies displaying how to teach these important concepts to students (Bérangère et al., 2016). A proposed hypothesis by Bérangère et al. (2016), described empathy as a preventative factor for burnout and emotional exhaustion in physicians since empathy encompasses an ability to comprehend the emotions of others without feeling one is responsible or entangled in the emotions and can keep oneself separate.

Lamothe et al. (2014) studied empathy, perspective taking and burnout in 294 physicians and found cognitive empathic response and an ability to take the perspective of others are protective factors against burnout. Cognitive empathy was described as an ability to understand how the patient was feeling and verbalize this and still manage one’s own affective (emotional) response (Lamothe et al., 2014). The researchers used the Maslach Burnout Inventory (MBI), the Jefferson Scale of Physician Empathy (JSPE) and the Toronto Empathy Questionnaire (TEQ), all with high content and internal validity to gather data from general practitioner physicians in

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Canada. Results indicated physicians with high empathic concern (EC) had lower perceived burnout and those with high EC and high perspective taking (PT) also had much lower rates of burnout. Lamothe et al. (2014) concluded empathy was associated with less burnout in physicians, and this study will examine if similar results will be found in the proposed study with social work students.

Since social workers spend a large portion of their time in the workplace it is important to examine if a connection between empathy and self-care can assist in promotion of a healthy workplace and workforce. Social work responsibilities can feel burdensome leading to cynicism, mental and physical exhaustion and cultures that support social workers in positive ways may reduce these deleterious outcomes (Wilson, 2016). Examining empathy and self-care in college students will expand an appreciation of these variables and concepts and examine how the information gathered might benefit the social work professional.

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### **Chapter 2: Literature Review**

Previous research has identified the role self-care and empathy has for social work students, practicing social workers, social work educators and supervisors. A variety of interrelated areas of research are important to consider in order to examine the relationship between empathy and self-care. Empathy and its connection to social workers, healthcare providers, physicians and medical students will be included. Interesting facts found in European studies showing the protective aspect empathy has in preventing burnout will be presented. In one study a college instructor used student journaling to ensure social work students built in daily self-care as part of their expectations in the course, and the journaling led to reports of students feeling decreased levels of stress, and those results will be shared. It seems possible from other studies that self-care is easily included into curriculum of social work students by building in actual homework reading about self-care in peer reviewed articles and having students report on their regular practice of self-care. Role conflict will be discussed as often social workers and students find it challenging to manage roles at school and roles at home or at work. Former research indicates social workers employed in supportive organizational cultures with accepting, empathetic co-workers and supervisors feel overall more positively about their occupation when administration also models self-care and allows it to be built into the workday and culture. Additional, studies on college students and college athletes will be shared to broaden an awareness of how student athletes appear to be able to both manage busy schedules and use good self-care. Neglecting self-care and its impact on professional functioning will be discussed as the inherent demands of the social work profession remain constant and challenging for practitioners. Finally, the importance of mindfulness and introspection will be shared as it relates to empathy and self-care.

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### **Empathy and the Social Work Profession**

Empathy is described as the ability to understand the individual experience of a client without having to bond with them, and using empathy displays excellent communication skills when used in professional practice (Moudatsou et al., 2019). Empathy encompasses an affective dimension with unconditional acceptance of the client in a supportive stance. The cognitive dimension of empathy refers to being sensitive and able to appreciate the perspective of another person while reading verbal and physical, whereas the behavioral dimension of empathy includes altruism, and social behaviors social workers use to assist clients with problem reduction (Moudatsou et al., 2019). Empathy can be measured with a psychometrically sound tool called the Empathy Quotient (EQ), and the EQ is useful for practitioners to monitor their own empathy in addition to its usefulness with clients (Lee et al., 2019; APA, 2017). Professional social workers with high levels of empathy enable clients to feel safe, heard, comforted and therefore able to share concerns as the clients perceive them as trustworthy (Moudatsou et al., 2019). Low empathy levels in health care professionals are often attributed to time factors, pressures to refrain from boundary violations, lack of training on empathy in professional programs, anxiety, and a lack of awareness on what empathy is (Moudatsou et al., 2019).

Many social work programs do not provide education on empathy despite its use being positively correlated with emotional intelligence, reflective ability, and improved resiliency in social workers (Moudatsou et al., 2019). Educators and supervisors can model empathetic responses to students, and address the importance of self-care in the profession, while also advocating for the inclusion of self-care in professional programs. Medical students have been taught empathy from instructors modeling empathetic responses, and engaging students in role plays, and simulations showing empathy in action (Moudatsou et al., 2019). Similarly, in

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supervision social work students can learn to process their feelings and become more knowledgeable about empathy. Social work students with high levels of empathy may be more self-reflective, and use planned regular self-care to manage stress. If an awareness of empathy and self-care in social work is built into social work curricula fewer social workers might leave the profession after a few years (Lee & Miller, 2013).

### **Empathy as a Protective Factor for Physicians**

A study by Thirioux et al. (2016) explored empathy, sympathy and burnout describing how empathy can be a protective factor against burnout in healthcare professionals. Burnout was defined as a syndrome affecting those who provide care to others characterized by negative physical conditions (depression, sleep disturbances, anxiety) and feelings of emotional exhaustion (Thirioux et al., 2016). Burnout often includes negative feelings about oneself, clients, or patients, and can lead to substandard care being provided. Sympathy was described as more of a tendency to merge with patients emotionally overidentifying with their situations, and this was detrimental to physicians leading to burnout. While mindful use of empathy leads to greater professional satisfaction (Thirioux et al., 2016).

Empathy was described as having four components: emotional, cognitive, moral, and behavioral (Thirioux et al., 2016). The emotional aspect of empathy is the ability to imagine what patients feel, and the cognitive piece is an ability to identify with a patient's internal experience and viewpoint. The moral aspect of empathy is the motivation to empathize with the patient, and the behavioral aspect of empathy is the ability to communicate to the patient that their experiences and viewpoints were considered (Thirioux et al., 2016). The authors explained clinical empathy encompassed the moral and behavioral aspects allowing the patient to feel heard, and that their opinions and experiences were appreciated. Empathy per Thirioux et al.

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(2016) is key since patients who feel heard and understood are likelier to follow treatment recommendations, since only 50% of patients do. This article paralleled the work of Lamothe et al. (2014) and for these reasons it is worthwhile to explore empathy in college students as it may benefit future social workers/healthcare practitioners and benefit clients/patients and the community.

### **Teaching Social Work Students Self-Care with Journaling**

Moore et al. (2011) used journaling and reading peer reviewed research on self-care as methods to teach MSW students the importance of being mindful and incorporating self-care into their day. The students identified spiritual self-care could mean walking in nature, yoga, praying or attending church. Social self-care included talking with friends, socializing with work or school peers, and visiting family. Physical self-care was identified as eating healthier, lifting weights or walking (Moore et al., 2011). All three forms of self-care including the journaling itself reduced stress levels in students. Furthermore, journaling is a low-cost activity that can be used for those with limited means and since students can lack financial means journaling is a good option for engaging in self-care with relative ease. Moore et al. (2011) expressed the simplicity in which self-care instruction was added to the university curriculum, and this could be replicated at other universities and colleges.

### **Social Workers, Supervisors, and Self-Care**

Miller et al. (2018a) polled 127 Master of Social Work (MSW) intern supervisors who had been supervising students for an average of 14 years, yet their mean self-care practices scale (SCPS) score was 2.85 equaling a *sometimes* practice of self-care. This statistic provides an area for improvement for supervisors of MSW students as students are ripe to learn and practice skills

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that professors and supervisors share. Social work students benefit from professional social work leaders who consistently model healthy self-care practices and use of empathetic responses.

Miller et al. (2018b) described a paucity of research specifically on social workers and self-care despite the NASW in 2008 declaring self-care to be essential for social work professionals. A cross-sectional survey of over 1,000 individuals working in social work positions found those with higher educational attainment reported higher self-care practices, (Miller et al., 2018). Barriers to social workers practicing self-care included budget cuts, workload increases, paperwork and assessment deadlines and workday schedules unable to accommodate breaks (Miller et al., 2018b). In fact, with each additional hour worked per week the respondents reported a 1.5 decline in self-care units on the SCPS. The authors use the phrase “physician heal thyself” to describe the necessity of self-care for social workers since well-being of self (emotionally and physically) is as critically important not simply needs of clients. The more experienced social workers used self-care with higher frequencies per Miller et al. (2018b). Therefore, an emphasis on modeling care of self by supervisors and educators would likely lead to those with less experience feeling they also could take the time to care for themselves.

### **Older Social Workers, Compassion Satisfaction, and Mental Health**

In a recent New York study Straussner and Senreich (2020) surveyed over 870 licensed social workers 60 years of age and older comparing their responses to 4076 licensed social workers under 60 years old. The older social workers reported higher levels of compassion satisfaction, felt they chose a good career and were valued by society. Compassion satisfaction was defined as the feeling of being content and happy with work as a healthcare provider with an ability feel compassion for patients/clients without being overwhelmed. The younger social workers surveyed had higher rates of mental health problems at 30.5% compared to the older

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workers at 19.3% (Straussner & Senreich, 2020). For anxiety alone the younger social workers endorsed the diagnosis at 20.2% compared to just 10.8% of those over 60. Older social workers reported better abilities to maintain positive mental health, better empathy/compassion, and increased positivity towards their profession. These results mimic other studies and therefore more data to recognize possibilities for the variations between older and younger social workers is needed.

This projects outcome data may be useful to assist social work students build resiliency, strong practice skills and promote a focus on strengths and positives allowing enjoyment of the profession for many years. The research may also prompt a new awareness of how modeling self-care might lead to students using self-care more frequently in college and after as professionals. This is hopeful since older social workers remain happier in their positions, maintain sufficient empathy and support or mentor younger workers if opportunities and time are provided to do so.

### **Role Conflict**

The Moore et al. (2011) data revealed most graduate social work students were older and married resulting in role overload from being students, providers, caregivers, parents, and partners. Role theory explains how individuals have limited personal resources to fulfill various roles such as wife, mother, and student (Gordon et al., 2012; Moore et al., 2011). When social work students have multiple roles, competing demands produce role strain, stress, or fatigue (Moore et al., 2011). Role conflict can occur when a social work student feels pressure to study less for an exam due to having a sick child at home, and a partner who cannot miss work to care for the child. Role conflict can also occur for social work interns in placements where they feel inept performing in a position, they do not feel qualified for, or they may experience role

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ambiguity and be unclear of role expectations in their placement (Moore et al., 2011).

Additionally, role strain can occur when there may not be sufficient opportunity to debrief stressful situations and feelings with an internship placement supervisor, creating angst in a social work student (Moore et al, 2011). This upset can lead to worse esteem and possibly worse self-care for social work students. It is difficult to feel empathetic to others when one feels inept and judged in their internship position. Role conflict can lead to role strain, and therefore maintaining an awareness of self-care and being empathetic with oneself can prevent feelings of role overload.

### **Organizational Culture and Self-Care**

Leaders and supervisors who encourage and model self-care assist social workers to feel less guilt when putting themselves first, rather than getting lost in the demands of the profession (Lee et al., 2019; Miller et al., 2017; Scheyett, 2021). Workplace cultures, norms and practices that encourage and promote self-care result in social workers using better self-care which positively impacts the agency, clients, and the worker (Alenkin, 2019; Lee & Miller, 2013; Miller et al., 2017). A basic description of self-care is how people take care of themselves before, during, and after work (Miller et al., 2017). Organizational cultures in settings that employ social workers should provide resources to support self-care, encourage it, and model it (Lee & Miller, 2013; Miller et al., 2017).

Alenkin (2019) facilitated a study of 63 social workers at a large Veterans Administration facility in Los Angeles in 2011 and found 50% of social workers who responded reported mild to moderate secondary stress symptoms. Many of the veterans had post-traumatic stress disorder (PTSD), and exposure to hearing trauma consistently from clients can negatively affect social workers. The participants reported self-care strategies of exercising and healthful eating, along

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with talking with other social workers as helpful to manage stress (Alenkin, 2019). The addition of an early morning self-love meditation group for staff at the large organization had positive results, and good attendance. Alenkin (2019) summarized since the organization had boosted social worker's workloads the creation of a workspace supporting social workers has positive outcomes for staff and clients, who perceived less stress overall. It is crucial persons who provide care to trauma victims also have support, and self-care should be accessible in these work settings and encouraged individually (Alenkin, 2019).

Organizations can provide positive support when employees report struggles such as when social workers reveal having difficulties in their many roles hearing hardships and trauma, while working with difficult cases. Wilson (2016) specified job burnout refers to many areas of social work practice in organizations and pertains more with workloads and the corresponding stress. Wilson (2016) clarified vicarious trauma relates to working with trauma victims and the impact on the individual social worker. Wilson (2016) asserted organizations employing social workers should create cultures open to hearing feelings workers are having, and normalizing care seeking to address one's own challenges. Social workers benefit from non-judgmental responses, and outlets to express feelings around trauma or work stress they are experiencing (Wilson, 2016). Managers and colleagues can assist by listening and empathizing confidentially or by encouraging the social worker to get outside help.

Organizational factors may not improve unless macro advocacy is used to urge local, state, and federal political, and business leaders to recognize the importance of having healthy social workers. Policies, procedures, and sufficient budgets to use for educational programs are necessary to get the message out about how an awareness of self-care is necessary for student social workers who will be in critical positions soon. Creating supportive environments to enable

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self-care and health of social workers is key should the workforce be available to address important health, and social issues including mental health, racism, social and economic injustices in the US (Scheyett, 2021).

### **Neglecting Self-Care and Burnout**

Unmet self-care needs can lead to burnout meaning emotional and physical exhaustion from having too many demands causing a person to feel overburdened. Social workers with burnout feel emotionally exhausted, unsuccessful, incompetent, and not able to empathize with clients (Hamama, 2012; Jackson 2014). Burnt out social workers feel their efforts are not valued, and they feel personal disillusionment with their role causes angst, and even distancing from clients. The small study of 30 social workers who worked with children and adolescents in Israel investigated burnout in relation to demographics, extrinsic and intrinsic work conditions, and social support from colleagues, supervisors, and managers (Hamama, 2012). The Maslach Burnout Inventory tool was developed to measure burnout in human service professionals including social workers and was used in this study.

The most significant finding was that senior level social workers who felt supported and comfortable with co-workers, supervisors, and managers, felt less burnout (Hamama, 2012). This displays the importance of finding a place to work that one feels comfortable working in, and how positive managers and supportive colleagues are protective factors against stress and burnout. There were no significant differences in perceived burnout between married and unmarried social workers (Hamama, 2012). Social workers with previous experience displayed more empathy in their day-to-day work with clients in a study referenced by Moudatsou et al. (2019). Another study found better self-care in married, older, and more financially stable social workers (Miller et al., 2020). Additionally, when a social worker is burnt out, they can display

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compassion fatigue meaning they feel less able to give emotional strength and attention to clients, and this can have a negative effect on work performance (Hamama, 2012). Avoiding burnout by providing strategies for social work students to learn how to manage stress, improve self-care, and maintain overall health is beneficial from the very start of their education.

Neglecting self-care can lead to poor emotional and physical health in social workers.

### **College Students and Self-Care**

Research on college students and self-care is becoming increasingly important. Maintaining after college graduation positive self-care has been deemed critically important to add to healthcare professionals' college curriculums due to increased stress and feelings of being overwhelmed reported by college students (Vasquez-Morgan, 2021). The World Health Organization (WHO) recognizing the increased stress levels of healthcare professionals, and impaired mental health of these professionals during the COVID-19 pandemic as an important problem to address (Vasquez-Morgan, 2021). Efforts to build resiliency and stress management by adding self-care into curriculums of physicians is occurring presently due to leaders realizing healthcare workers unable to manage stress will not remain in their fields long. (Vasquez-Morgan (2021) referenced the 2019 Annual Report of the Center for Collegiate Mental Health, which shared students with anxiety was almost 63% in college students per respondent feedback.

Fenge et al. (2019) polled 194 college students in West Virginia on their use of mindful self-care practices using a 33 items self-care scale (MSCS) measuring six areas of self-care including self-compassion, supportive relationships, mindful relaxation and awareness, physical care, and structure. The researchers also measured perceived stress with the Perceived Stress Scale (PSS)-10 developed by Cohen et al. (1983) a brief 10 items questionnaire with questions like "How often have you felt things were going your way in the last month?". Results indicated

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students who practiced mindful self-care, and had less perceived stress reported better psychological wellbeing, controlling for gender, age, race, annual income (household), educational level (Fenge et al., 2019).

### **College Athletes and Self-Care**

College student athletes have rigorous athletic schedules and must practice good self-care and time management to succeed on and off the field. Décamps et al. (2012) compared over 1000 French university freshman student athletes and found athletes with intensive sports practices reported lower scores of overall perceived stress, lower academic stress, and less dysfunctional coping (emotional responses). Additionally, these student athletes reported higher scores of self-efficacies compared to their non-athlete classmates (Décamps et al., 2012). These athletes often had over three hours of physical training daily along with busy travel and competition schedules above classwork demands. Perhaps self-care used by college athletes with intense physical training and the need for strict time management to complete academic work creates resilience in self-care. Décamps et al., (2012) explained that especially after a game loss athletes are required to reflect on ways they can improve their skills, manage stress, and develop coping strategies. Self-care skills in college athletes is a topic deserving of further exploration. NCAA college athletes have intensive athletic practices, and a full course load and they may provide clues to how their use of self-care strategies might be useful to other students.

College student athletes' past experiences with internal stressors may lead to use of healthier coping strategies and wellness as described by Clay et al. (2020). A study in a US Midwestern University in the Fall of 2016 found a linear relationship between increased sport level/activity and a higher mental component score (MCS), a mental health indicator denoted a health-related quality of life (Snedden et al., 2018). The study of  $N = 842$  college athletes and  $N$

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= 1322 non-student college athletes found as the sport level competitiveness level rose so did athletes MCS scores, with Division I athletes having the highest MCS. Students who regularly exercised, played club or intramural sports also had higher MCSs than students who were not active, but not to the level of the D1 athletes (Clay et al., 2020; Snedden et al., 2018). This study mirrors results in the Décamps et al., (2012) research with both research projects displaying positive effects mental health wise in playing high levels of college sports.

Clay et al. (2020) expanded further and agreeing with Décamps et al., (2012) conclusions that college athletes use self-regulation, stress management, introspection, especially after losses and show higher levels of grit and perseverance than non-athletes to meet demands of their sport and college. The elite athletes work towards bettering their skills, within a team recognizing playing time is dependent upon class grades and honing individual skills. College D1 athletes focus on personal mastery rather than comparing themselves to others (Clay et al., 2020). This strategy appears to use healthy self-care mentally minimally to cope with college and sport demands with perseverance, and adaptability. Self-care is a personal responsibility for athletes it appears with actions steps taken to assure health and movement towards goals. These studies add to other research on self-care and stress in college students and may add to an understanding of how to prepare social workers to manage stress in their careers or in college also.

### **Coaches Supporting College Athletes Self-Care**

The National Collegiate Athletic Association (NCAA) uses a *Lifeskills* program to promote a core belief that excellence comes from having a balanced life where academic achievement, athletic success and personal wellbeing are emphasized as key values (NCAA, n.d.). Administrators and coaches are expected to engage student athletes in relationships that include an open dialogue to discuss self-care (NCAA, n.d.; Rahill, 2020). NCAA coaches are

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expected to support the mental health of athletes by working to reduce the stigma of mental health, linking athletes to resources if they appear to be struggling, and provide a safe and supportive culture with open communication (Rahill, 2020). These coaches are to create a group team dynamic that allow athletes to share problems as they arise, and self-care is emphasized are important (Rahill, 2020). Roles of NCAA coaches no longer simply focus on winning or physical development rather being in tune with mental health of athletes is an essential component of the role (Rahill, 2020). Coaches play important roles in mentoring athletes in the use of positive self-care.

### **Research Questions and Hypotheses**

Because of these current gaps in research the following study examined the research question “Do college students with higher empathy levels have higher self-care practices?” The following four hypotheses were examined:

H1: College students with higher levels of empathy will have higher self-care practices scores.

H2: NCAA athletes will have higher self-care practices scores than non-athletes.

H3: College students with less financial burden will have higher self-care practices scores than students with higher financial burden.

H4: College graduate students will have higher self-care practices scores than students working on their undergraduate degrees.

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### **Chapter 3: Methodology**

The research study added to the awareness of self-care scores of college students compared to the student's EQ scores. The data was examined to determine how the scores were related with goals to improve educational programs for college students. The vulnerable groups social workers engage with daily will benefit from this exploration of how self-care relates to empathy. Social workers and educators can develop methods to boost self-care skills to benefit the profession and clients.

The research study polled undergraduate and graduate students at LIU gathering individual Empathy Quotient (EQ) scores (Barron-Cohen & Wheelwright, 2004), and self-care practices scores from a tool adapted from the Self-Care Practices Scale (SCPS) (Lee et al., 2019). The data from both measurement tools was compared.

#### **Research Design**

The research design included a cross-sectional survey quantitative design. The rationale for the research design was a goal of gathering information from participants at one point in time.

#### **Population**

The intended population for the research project was all college students.

#### **Sample**

Inclusion criteria for the project was any undergraduate or graduate student at Long Island University (LIU). Students could be of any age, from any program, full-time or part-time students attending in person or virtually from LIU Post, LIU Brooklyn, or LIU Brentwood. Respondents had to complete the survey prior to March 31, 2022, when data ceased being collected.

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The sampling strategy used was non-probability purposive sampling of LIU students. This form of convenience sampling was used for ease, as the study gathered information from LIU undergraduate and graduate college students specifically.

The researcher aimed for a sample size of 100 students. This meets the criteria after completion of a power analysis, with a critical alpha value of .05 power estimation at .80 and projected medium effect size, which provided an estimated sample size of  $N = 66$ . The number of respondents was  $N = 106$ .

### **Instrumentation**

Variables measured in the study: self-care was the dependent variable (DV) empathy, the independent variable (IV) was empathy, as well as the 10 demographic variables.

### ***Dependent Variable***

Self-care the DV was operationalized and measured with a tool adapted from the Self-Care Practices Scale (SCPS) (Lee et al., 2019; Miller et al., 2017). The SCPS measures self-care with an 18-item questionnaire that measures specific behaviors on a five-point Likert scale ranging from *never* to *very often*. The SCPS has good psychometric properties, strong construct validity and internal reliability with a Cronbach's alpha of .87 (Lee et al. 2019). A good reliability score is above .70 (APA, 2017). The SCPS is a useful tool to use for educational purposes and self-awareness monitoring for social workers, educators, and students (Miller et al., 2017; Lee et al., 2019).

The adapted self-care practices tool for this project also used 18 questions students answered on a 5-point Likert scale. *Never* meant not at all in a month, *rarely* meant 3 times per month, *sometimes* meant one day a week, *often* meant 3-4 days per week, and *very often* represented 5-7 days per week. The adapted tool was appropriate for college students with

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phrasing matching student life i.e. “I problem solve when I have challenges at school”, rather than the SCPS original question “I problem solve when I have challenge at work”, and “I take small breaks when I do homework”, rather than the original “I take small breaks at work” (Miller et al., 2017; Lee et al., 2019). Since the devised tool was also brief, it was likelier students would complete it.

Researchers (Miller et al., 2017; Lee et al., 2019) used three scores in their SCPS tool which could be separated into three individual scores personal, professional, and overall self-care. This researcher did not use those three scores and used instead one total summed cumulative core reflecting overall self-care that ranged between 0-152. The higher the score the more self-care practices the respondent practiced. Additionally, since minimal changes were made to the new self-care tool used in the survey the Cronbach’s Alpha was anticipated to be high in internal reliability with excellent construct validity. Refer to Appendix B for a copy of the self-care practices tool used in the project.

### ***Independent Variables***

There were four independent variables in the study: Empathy, type of student (athletes vs. non-athlete), financial burden, and student status (graduate or undergraduate).

#### **Empathy**

Empathy was operationalized with the Empathy Quotient (EQ) tool (Baron-Cohen, & Wheelwright, 2004). The EQ has support from the American Psychological Association to measure empathy in adults with a 60-item questionnaire measuring specific perceptions of empathy on a four-point Likert scale with options to choose from strongly agree, slightly agree, slightly disagree, and strongly disagree (APA, 2017; Kose et al., 2018). Within the EQ tool 40 questions assess empathy with those items receiving 1 point for slightly response and 2 points for

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a strongly response. The 20 filler questions in the EQ were not scored. Items were summed to receive a total cumulative interval ratio score between 0 and 80, with higher scores indicating more empathy (Baron-Cohen, & Wheelwright, 2004). The EQ is a reliable and valid instrument with excellent construct validity and internal reliability with a Cronbach Alpha score of .92 and is an academically validated psychological assessment tool (APA, 2017; Kose et al., 2018).

### **Type of Student**

The type of student variable was measured by whether the college student identified as an athlete or a non-athlete. The type of student was operationalized by asking the question “Are you a NCAA Division 1 athlete at LIU?” Respondents selected yes or no providing a dichotomous nominal variable response. (Yes, was coded as a 1, and No was coded as a 2). Refer to question 6 on the survey tool in Appendix A.

### **Financial Burden**

The financial burden variable was operationalized with respondents rating perceived financial stress on a scale from 1-10, with 1 being very low stress to 10 being very severe stress. Students put their financial burden rating score in a box in open text on the survey. A guide was presented in the survey for students to peruse for clues on how to fill out this number score. Low stress was between a 1-2 if students had no financial stress at all, their bills were paid on time and all student loan monies were in. Whereas a score of 9 to 10 would indicate severe stress meaning extreme difficulty meeting basic needs like food, rent, medical care, all bills overdue; on the verge of homelessness/or vehicle loan unpaid. The financial burden score was measured as interval/ratio. Refer to question #10 on the survey in Appendix A.

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### **Student Status**

Student status was measured by whether the college student identified as an undergraduate or graduate student. This independent variable was measured nominally with the question “Are you working on a graduate degree?”, Yes was coded as a 1 and No was coded as a 2. Refer to question 3 in the survey in Appendix A.

### **Data Collection and Data Analysis**

#### ***Data Collection***

The collection strategies included surveys distributed by LIU email and Campus Labs an on-line survey software package for students that collects de-identified data. Paper surveys were not provided to any students as no students requested a paper format. The dialogue and procedures for using Campus Labs began in January of 2022. The Campus Labs survey link was activated on February 24, 2022, and data collection ceased on March 31, 2022. The project survey was entitled “LIU Spring Survey 2022”.

The place of recruitment of respondents was in person at LIU Post, and virtually to all LIU students at all three campuses via email or ZOOM virtual platform. The methods to have students complete the survey included social work, health sciences and psychology administrators sending out emails to students at the request of the project mentor. A group email was sent to all LIU athletic coaches after an initial email exchange with an LIU athletic director. An additional email was sent to all LIU coaches the week of March 21st asking coaches to again forward the survey link, to their student athletes if they had not done so. No students chose to take the paper version of the survey at this point either.

One in person presentation occurred with a hybrid class at LIU Post (in person and virtual MSW students), and three virtual presentations occurred with social work students via the Zoom

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platform during class time in social work classes. A brief explanation of the study was presented by the researcher and the students were directed to click on the link if they wished to complete the survey. The link to the survey was emailed to the professors prior to the classes and all professors permitted the students to complete the survey during their class time. Previous dialogue and permission had been secured to poll students in email exchanges with professors, coaches, and administrators with a brief description of the study noting the goals of comparing empathy scores and self-care practices along with brief demographic data. The professors and administrators were advised any questions could be answered by the survey coordinator or mentor and the email and phone contact information was provided. Finally, a check in occurred with all professors prior to the date of collection reminding again their students could choose to take the paper or online version of the survey, and the link to the survey was provided and a cell phone contact added to reach the researcher. Finally, after the presentations the professors were thanked for their participation as were the students.

### *Data Analysis*

The analysis for this project was a quantitative deductive analysis and used bivariate and univariate analysis of the demographic, independent, and dependent variables using SPSS statistical software (IBM Corp, 2020).

### **Assumptions**

The data collected met assumptions of normality/normal curve properties. An analysis of standard residuals was carried out on the data to identify any outliers, which indicated that the data contained no outliers that needed removal. The data met assumptions of normality with normally distributed residuals. The scatterplot of standardized residuals showed that the data met the assumptions of homoscedasticity and linearity.

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### **Ethical Assurances**

There were no agreements or payments made to students or staff to gain their participation in the project. The IRB board at LIU approved the project giving permission to Dr. Maria Taylor to supervise this project leader on the Spring Survey 2022. The IRB covered LIU employees and students, however employees from LIU were excluded from the survey. Ethical standards were met, with respondents directed they could choose to discontinue the survey at any time and 13 respondents did stop after completing 2-10 initial demographic questions.

Respondents signed e-consent forms by clicking “I consent” prior to being able to move on to having access to complete the online survey. Brief information was provided on the research project and the voluntary nature of participation. It was made clear that participants could choose to exit the survey and not participate at any time. The informed consent used simple language, was easy to understand and written in a manner to minimize cultural biases. Students who chose to complete a paper version of the survey would initial the consent page. The paper consent form was developed in consultation with the project thesis advisor, and it is not included since no students completed the paper form of the survey. Refer to the beginning of the on-line survey found in Appendix A to view the specific consent.

The students were informed there were minimal risks to participate. The benefits of the survey to LIU students were minimal, and participation may have helped students consider personal self-care efforts. The surveys were taken by some students at their leisure, during athletic practice time for one team, or during class time for some social work students. The process was kept as simple as possible with easy to comprehend directions. Students could complete the surveys in a comfortable setting to minimize discomfort. Since students can be a vulnerable group due to lack of finances no reimbursements financial or otherwise were provided

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to ensure no appearance of coercion. Participants were informed there were no consequences for choosing to not engage in the study. LIU professors, administrators, and coaches did not nor will have access to information on which students participated.

The information and data collected was anonymous, and respondents were not required to provide names or other identifying information. The anonymous data was only discussed with the project mentor. Data was kept on a secure device with no access besides the researcher with a secured password on the project laptop.

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### Chapter 4: Findings

This chapter will discuss univariate statistics including descriptive statistics on the respondents of the survey and bivariate statistics including simple linear regressions and Independent Samples *t*-tests.

#### Missing Data

One hundred and six surveys were completed ( $N = 106$ ). Of these cases, four cases were excluded from the analysis (3.77%). These four cases had answered questions 1 and/or 2 only, which were “number of credits completed in college undergraduate program” and “what is your college major?” Nine cases completed demographic information questions only, questions 1-10 on the survey, and did not complete the entire survey; therefore they were included only in the analysis of demographics. The final sub-sample of cases ( $N = 93$ ) completed the survey in entirety, which was 87.7% of the total sample. The sample was comprised of LIU college students from three campuses including LIU Post, LIU Brentwood, and LIU Brooklyn.

#### Descriptive Data

To characterize the sample and answer the previous research queries, respondents were asked to answer 10 demographic variables. Student characteristics included race, gender identity, type of student (athlete or non-athlete), student status (working on a graduate or undergraduate degree) and these were measured ordinally as dichotomous nominal variables. How many credits completed in a graduate/undergraduate program, financial burden, and age were measured continuously. EQ and self-care scores were summed cumulatively and measured as continuous variables.

As shown in Table 1 the demographic characteristics indicated 10.8% of respondents identified themselves as African American or Black, and 17.6% were Hispanic or Latina/e/o/x.

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The largest category of respondents was White or European American at 64.7%, while Asian American equaled 2.9% and prefer to not respond made up 2.0% of the sample ( $N = 102$ ).

Gender identity categories showed 85.3% of the sample identified as female, 11.8% as male and 3% as genderqueer/non-binary or prefer not to answer. Respondent characteristics showed 52.9% were NCAA LIU athletes, and 47.1% were non-athletes. The sample majority, at 63.7% were undergraduates and 36.3% were working on a graduate degree.

Table 1. Descriptive Data of Survey Respondents

Variables		<i>N</i>	<i>N</i> %	Mean	SD
Race	African American or Black	11	10.8%		
	Asian or Asian American	3	2.9%		
	Hispanic or Latina/e/o/x	18	17.6%		
	Multiracial/Biracial	2	2.0%		
	White or European American	66	64.7%		
	Prefer not to respond	2	2.0%		
	Total	102	100.0%		
Gender	Female	87	85.3%		
	Genderqueer or Non-Binary	2	2.0%		
	Male	12	11.8%		
	Prefer not to respond	1	1.0%		
	Total	102	100.0%		
Working on a grad degree	Yes	37	36.3%		
	No	65	63.7%		
	Total	102	100.0%		
LIU Athlete	Yes	54	52.9%		
	No	48	47.1%		
	Total	102	100.0%		
Current Age		102		24.13	8.34
How many credits have you completed?		102		58.29	38.82
How many credits completed in grad program?		102		52.94	36.45
Financial Rating Score between 1 and 10		102		4.13	2.37

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The mean age of respondents was 24.13 years of age with a standard deviation (SD) of 18.34. The mean score of credits completed in an undergraduate program was 58.29 with a SD of 38.82. Those working on a graduate degree had a mean score of 52.94 for credits completed with a SD of 36.45. And finally, the financial burden score rating mean was 4.13, with a SD of 2.37, with this continuous variable ranging from 1-10.

### Dependent and Independent Variables

The descriptive and univariate information on the dependent variable self-care scores and independent variable empathy quotient follows in Table 2.

Table 2. Descriptive Statistics for Self-Care Scores and Empathy Quotient Scores

Variables	N	Mean	SD	Range		Skewness
				Min	Max	
Self-Care Scores	78	63.96	7.89	41.00	81.00	-.303
Empathy Quotient Total Score	77	46.73	9.73	25.00	73.00	-.012

Table 2 presents descriptive statistics for the dependent variable (self-care), and the predictor variable empathy quotient. Self-care was normally distributed since the skewness was -.303. The mean score of self-care in the  $N = 78$  sample was 63.96, with a standard deviation of 7.98. Empathy was also normally distributed (skewness -.012), with a mean score of 46.73 on the Empathy Quotient ranging from 25-73, with a standard deviation of 9.73 in the sample  $N = 77$ .

### Research Question and Hypotheses

The research question for this study was “Do college students with higher empathy scores have higher self-care practice scores?” The results of four hypotheses are provided below. An analysis of standard residuals was carried out on the data to identify any outliers, which indicated that the data contained no outliers that needed removal. The data met assumptions of normality

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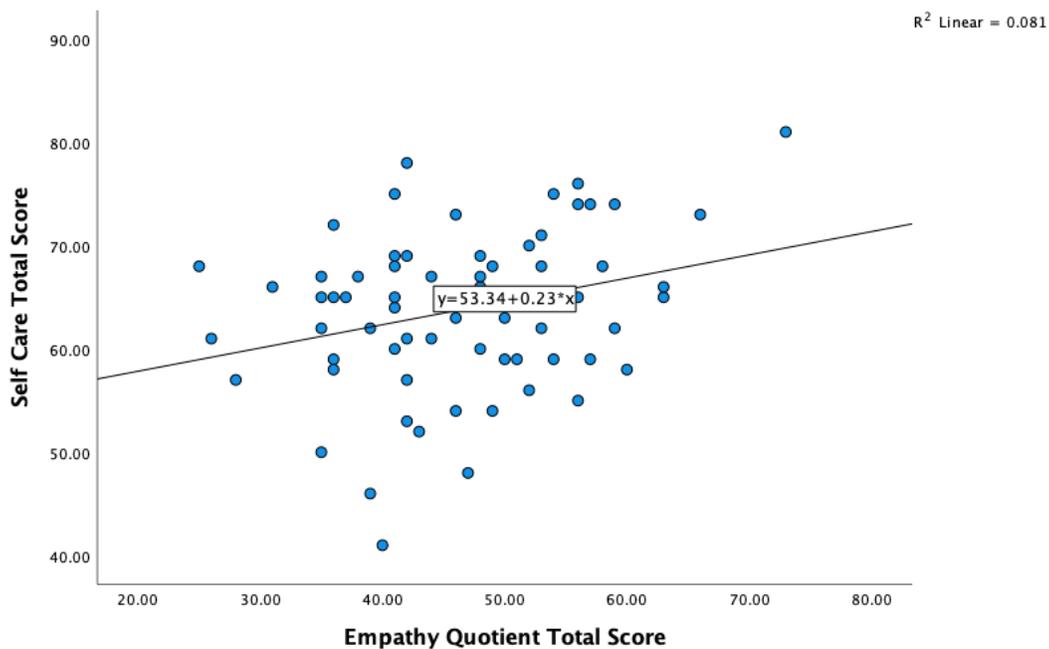
with normally distributed residuals. The scatterplot of standardized residuals showed that the data met assumptions of homoscedasticity and linearity. Refer to the scatter plot in Figure 1.

### *Hypothesis 1*

College students with higher levels of empathy will have higher self-care practices scores.

The results of the regression showed that EQ scores explained only 8.1% of the variance in overall self-care scores,  $R^2 = .081$ ,  $F(1,65) = 5.69$ ,  $p = .020$ . It was found that EQ scores were significantly positively associated with overall self-care scores ( $\beta = .284$ ,  $p = .020$ ). Since  $p < .05$  we have significant findings. The estimated intercept of 53.20 is the average overall EQ score for college students at LIU. The estimated slope indicated that for every additional unit (point) of EQ score, overall self-care scores increased by .230 points.

Figure 1. Scatterplot of Empathy Quotient Total Scores and Self Care Total Scores



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Given the results of this regression the null hypothesis was rejected; however, the  $R^2$  indicates the effect size was small with little variance explained in the dependent variable by the independent variable. Figure 1 represents a scatter plot depicting the relationship of empathy scores and overall self-care scores. A small positive increase in the slope is depicted in the scatterplot. The EQ mean score = 46.73, and the self-care practices mean score = 63.96.

### ***Hypothesis 2***

NCAA athletes will have higher self-care practices scores than non-athletes.

An Independent Samples  $t$ -test was run to find out if NCAA athletes mean self-care practice scores were higher than non-athletes self-care practices scores. Tests of normality were run and met levels of acceptability. According to the Independent Samples  $t$ -test there was significant difference in mean self-care practices scores between college athletes and non-athletes,  $t = 2.96$  ( $df = 76$ ),  $p = .004$ . Accordingly, we reject the null hypothesis. The self-care practices mean scores of athletes was 66.07, compared to the mean self-care score of non-athletes of 60.94 in the sample of LIU students.

### ***Hypothesis 3***

College students with less financial burden will have higher self-care practices scores than students with higher financial burden.

An analysis of standard residuals was carried out on the data to identify any outliers, which indicated that the data contained no outliers that needed removal. The data met assumptions of normality with normally distributed residuals. The scatterplot of standardized residuals showed that the data met assumptions of scedasticity and linearity.

The results of the regression showed financial burden scores explained only 4.2% of the variance in overall self-care practices scores,  $R^2 = .042$ ,  $F(1,75)$ ,  $p = .074$ . Since  $p > .05$  we fail

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to reject the null hypothesis, and the findings are not significant. There is no significant difference between students with less financial burden and their self-practices scores compared with students with more financial burden.

### ***Hypothesis 4***

College graduate students will have higher self-care practices scores than students working on their undergraduate degrees.

An Independent Samples *t*-test was run to find out if college graduate students had higher self-care practice scores than students working on their undergraduate degrees. Tests of normality were run and met levels of acceptability. According to the Independent Samples *t*-test there was no significant difference in mean self-care practices scores between college graduate students and college undergraduate students,  $t = -.059$  ( $df = 76$ ),  $p = .953$ . Therefore, since  $p > .05$  we fail to reject the null hypothesis. The mean self-care score for graduate students was 63.89, and the mean score self-care practices score for undergraduate students was 64.

### **Summary**

Analysis of data collected from the sample of LIU college students confirmed significant findings for Hypothesis 1 “College students with higher levels of empathy will have higher self-care practices scores”, and for Hypothesis 2 “NCAA athletes will have higher self-care practices scores than non-athletes”. These findings will be further discussed in the following implications section and this information adds to our understanding of self-care and empathy.

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### **Chapter 5: Discussion**

The purpose of this cross-sectional research study was to examine self-care practices of college students across three campuses of a private Northeastern university system. Since self-care has become a popular topic recently for all individuals and specifically within social work it is important to examine this matter within collegiate educational settings. The following chapter will provide a brief description, analysis, and interpretation of the findings from the survey project. Implications for each specific hypothesis will be examined separately for ease, with associated discussions on whether the hypotheses were supported, or if they were not, a cursory description of possible causes will occur.

#### **Implications**

The findings support higher empathy levels are related to higher self-care scores. Additionally, NCAA D1 athletes at LIU disclosed better self-care practices (higher SCPS scores) than non-athletes. There is a need to educate all students in college on self-care strategies since more advanced students did not have higher self-care practices scores. This may indicate college educational programs do not provide sufficient educational information that leads to all students practicing self-care to live healthfully. Results may display a need for social work and other college educators to make increased efforts to build educational materials into current curriculums as more advanced students did not report better self-care. Financial burden surprisingly did not align with former studies in terms of better use of self-care in those with less money worries.

#### ***Implications for Hypothesis 1 Findings***

Hypothesis 1 “College students with higher levels of empathy will have higher self-care practices scores” was found to be significant from analysis with linear regression. No former

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research studies were located examining these two specific variables. However, the findings are important since other research did explain the deleterious connection between worsening of empathy in medical students, and physicians over time leading to a corresponding negativistic outlook on patients and their professions overall. Thirioux et al. (2016) as noted earlier found medical professionals with higher empathy and self-compassion had healthier outlooks, felt more satisfied with their career, and used healthier coping. Healthier coping can be considered equivalent to better self-care. Moudatsou et al. (2020) echoed similar findings that mimic this project in that social workers with higher empathy felt compassion towards clients and felt less stress and burnout from their profession. It was explained that those with empathy for others often feel self-compassion (empathy for oneself), and it was hopeful a similar connection would be found in this study.

Since higher EQ scores were found in students with higher SCPS scores in this study there is a connection, despite an inability to confirm a causal relationship. This researcher surmised if one can be in tune with how others feel (empathetic) perhaps one is better able to be empathetic to self and then care for self-better. This caring for self, is shown by the practice/use of more self-care compared to those with less empathy. Future work could test specifically college students EQ scores and gather later with a qualitative design their perception of how much empathy they had for others matched their EQ score.

Furthermore, having insight into oneself or a reflective ability as suggested by this researcher was found true in a previous study referenced by (Moudatsou et al., 2020). Social workers in India with high empathy levels, and corresponding emotional intelligence predicted resilience in their social work roles with regression analysis. Teaching empathy has been proven as possible in many studies and beneficial to healthcare providers including social workers.

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Furthermore, supervision as noted builds positive feelings in social workers with a supportive supervisor which per enables social workers to deal with their own emotions and with empathy (Moudatsou et al., 2020).

The data collected in the Spring 2022 Survey showed higher self-care practices scores in those LIU students with EQs and both scores are positive attributes in any individual and together are likely to lead to individual resilience and professional competence. Literature perused in this study supports the positives of having high empathy and high self-care practices as a beneficial combination for overall health and positive mental health. Therefore, these findings are valuable and contribute to the topic of self-care overall and specifically how it can be used in colleges for social work students.

### *Implications for Hypothesis 2 Findings*

Hypothesis 2, “NCAA athletes will have higher self-care practice scores than non-athletes,” was supported since the mean self-care practice scores reported by LIU athletes (66.07) was 5.13 points higher on the adapted SCPS compared to scores of non-athletes (60.94). Past research found individuals benefitted from involvement in group or team activities leading to self-care practices being used more frequently matching results found in this project. As mentioned, Alenkin (2019) shared a daily drop-in morning self-love group embedded into the VA hospital in Los Angeles had attendance rates that remained high over time. The attendees felt positive about their work overall, their workplace and professions despite exposure to working with trauma victims (and hearing stories of trauma) daily which is stressful. Division 1 NCAA athletes also have exposure to stress regularly from academic workloads and team performance expectations, yet they also reported higher rates of self-care practices in this study. LIU student athletes reported use of increased self-care as members of a team/group. Being a part of a

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team/group may provide clues that engaging with others in a group or team environment boosts healthy use of self-care more than any other dynamic.

Other studies formerly mentioned described benefits to individuals on teams or in group formats with those corresponding cultures having members report higher levels of self-care. Clay et al., (2020), Décamps et al., (2012), Snedden et al., (2018); and Wilson (2012) all described athletes and group members reporting positive comradery with an ability to talk with and share experiences with peers in their groups corresponding to their higher self-care scores. This study mirrors results that were found earlier reporting the positive effects on physical and mental health in those playing high levels of college sports. As noted, Clay et al. (2020) agreed with Décamps et al., (2012) concluding college athletes use self-regulation, stress management, introspection, and have higher levels of grit and perseverance. The athlete's ability to juggle multiple commitments and use their teammates and coaches as build in supportive resources to share struggles with may provide protection against dwindling self-care. These results are interesting and add to our insight into self-care among college student athletes and non-student athletes.

### ***Implications for Hypothesis 3 Findings***

Hypothesis 3 was “Students with less financial burden will have higher self-care practices scores than students with higher financial burden” and it was not supported as statistical analysis during the linear regression found a  $p = .074$ . The mean financial burden score was 4.13 lower than anticipated in the 1-10 tool used in the survey. It is appreciated that the tool itself may not have collected a statistically sound financial burden score. The tool devised may have impacted results as the use of the personally devised financial burden rating tool in the project was not APA approved. Refer to Appendix A specifically question #10. Others studies have revealed the

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subjective nature of measuring finances, perceptions of wealth or having sufficient money as a difficulty in social science research (Miller et al., 2018b). One person may feel financially stable with the same financial circumstances as another student who feels extremely financially burdened.

Differences are also appreciated in terms of students who reside on campus with meal plans and housing, compared to students residing off campus who drive and have fuel expenses, but free accommodations with parents for example. The survey did not gather specific data on living situation that can be extrapolated for a broader awareness of financial burden score explanation. For example, there are differences between an athlete who resides on campus with the college providing work out clothing, sneakers, jackets, snacks, meals, and free exercise equipment, trainers, and transport to events compared to a non-athlete. Athletes may not have felt nor reported financial burden to the same extent as non-student athletes. Since 52.9% of athletes comprised the sample the financial rating tool might not have sufficiently targeted true perceptions of financial burden. Further scientific analysis of the financial burden tool is needed to determine if it is a statistically sound, valid, and reliable instrument. The instrument may not have sufficient internal validity since this was the initial trial using the self-developed tool.

### ***Implications for Hypothesis 4 Findings***

Hypothesis 4 was “LIU graduate students will have higher self-care practices scores than students working on their undergraduate degrees”, and it was not supported as findings did not support the hypothesis and results were not significant. The mean scores of graduate students were 63.89, whereas the mean scores of undergraduate students were very similar at 64.

This conclusion was unexpected since earlier studies by Miller et al. (2018b) found those with higher levels of education used more self-care methods per report than individuals with

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lower levels of education. In fact, many studies perused in the literature review found those same results. This researcher suggests a possible connection to reduced self-care in students presently due to the former studies concluding the same. Today's college students report worse care for self and higher mental health burden and reported stress. Fenge et al. (2019) referenced the prevalence of stress levels in medical students as almost 72% and a lack of research specifically on students over 18 years of age limits our awareness. Perhaps academic workload and the current pandemic are worsening self-care in all college students since the perceived stress and mental health of students ranks consistently worse than previous years (Vasquez Morgan, 2021).

### **Strengths and Weaknesses**

Strengths of this study include the use of a quantitative research design to address the relationship between the variables. The cross-sectional survey provided numerical data gathered and portrayed in tables and charts with specific results and analysis limiting vague descriptions of outcomes. The numerical data was uncomplicated to view in Campus Labs, simple to input into SPSS and easy to comprehend during analysis. Another strength was respondents were diverse in ethnicity with 33.3% identifying as being of non-European descent. An added strength of the study was the ease it could be reproduced in the future since the online survey was a straightforward method of collecting non-identifiable data while maintaining confidentiality. The survey would be easily replicable for other researchers and adjustments to the demographic questions might provide additional key data to boost summary findings. Another strength of the project was the ease of completing the survey. The survey was brief to complete in entirety despite it appearing long with 88 questions and the average time to complete it virtually was 12 minutes. The survey did not take away precious study or practice time from students that a longer design would have.

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Furthermore, the cross-sectional survey was cost effective, and had a zero budget for the entire project which is desirable. An added exceptional plus was the project was manageable for one researcher and did not require other labor besides the guidance from the project mentor, this was favorable. Cross sectional studies are fast and inexpensive and give information about prevalence of outcomes. However, this research design provides a one-time measure making it difficult to explain causal relationships. Overall, the study gathered respondent data with the on-line survey, which was effective, simple to administer, and achieved results adding useful information and appreciation of empathy and self-care in college students.

Weaknesses of the study include respondents from one private university system on Long Island, and Brooklyn which may not be a sufficient heterogeneous representative sample generalizable to the larger population. Furthermore, the lack of males who completed the survey is a shortcoming, despite efforts to gain additional male athletes asking coaches to have their student athletes complete the survey. The outcome data may have differed had the gender distribution been more representative of the overall gender distribution population of LIU students. The male/female distribution of full-time students at one LIU campus (LIU Post) is 66.4% female and 33.6% male (College Factual, n.d.). Therefore, our survey likely did not match overall gender distribution rates likely found in the total student population in the three LIU campuses.

Potential follow-up research should consider a qualitative or mixed method approach to gather descriptive data enabling respondents to share personal experiences of self-care and empathy. Qualitative methods can provide a broader, detailed understanding and interviewing respondents could have provided data over and above what the survey gathered on college students' use of self-care and empathy (Grinnell, 2021). Furthermore, use of a mixed method

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approach could have enhancing survey results permitting respondents to share information on more than one occasion. A mixed methods approach with a longitudinal design could have allowed observations of any increases or decreases in EQ or self-care scores, over time and might have allowed discovery of patterns or trends of the variables and corresponding measures. Grinnell (2021) clarified a mixed method designs aids researchers to explain an initial database with use of a second database. Interviewing LIU students in person may have provided details on particulars of their self-care routines or permitted a more personal approach that might have added comfort for respondents to share data on their empathetic feelings that the survey tool did not capture.

Finally, the project did not use an experimental design with random assignment of respondents to a treatment and control group which could have eliminated possible biases (Grinnell,2021). The researcher could have provided an educational workshop on skill building and awareness of self-care strategies. This format would have permitted gathering of initial data from respondents prior to seeking follow-up SCPS scores after the educational session to exploring any changes. This type of experimental design is left for future researchers, as the cross-sectional study employed was the most feasible for this sole researcher, with limited resources.

### **Recommendations**

Specific recommendations for practice and policy will follow with particulars for social work professionals, social work educators and social work students. Further recommendations specific to college administrators, coaches, and athletes will be explored additionally since college athletes superseded non-athletes in use of self-care in LIU students in this sample.

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### *Recommendations for Practice*

The results from this study provide an awareness of how college student's empathy scores and self-care can be useful for social workers, educators, and other professions. One practice recommendation is to seek former or current athletes to enter graduate social work programs as they display tenacity and grit. Clay et al. (2020) shared almost equal numbers of college athletes and non-athletes at 8% and 9% respectively work in health professions or related degrees after graduation. This statistic is valuable since the demands of social work are stressful and a goal is to maintain newly graduated social workers in the field for many years. The profession would benefit from recruiting former elite athletes who appear to be skilled in self-care, aware of stress management, have an ability to work within a team, and use strategies to maintain a focus on work and studies.

Another proposal for practice in social work is to actively teach social work students how to maintain empathy towards clients by providing more exposure to APA approved survey tools such as the EQ. Thirioux et al. (2016) described the difficulty of teaching students how to maintain empathy since there is no common tool to educate physicians (or social workers) about how to definitively protect themselves from burnout. However, since the EQ is a statistically sound tool perhaps it could be altered to match the social work field specifically and used to educate students in Bachelor of Social Work or MSW programs. This project was devised by exposure to the EQ tool in a MSW course, and at times a full comprehension of APA approved measurement tools (for mental health disorders) is not familiar to social work students until they are working in the field. Building knowledge and awareness of tools for measuring mental health topics may assist social workers to maintain their own health while they are learning in school.

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The findings from this project may also assist social work educators in social work professional programs understand the importance of educating social work students on self-care specifically. Recommendations for practice that evolved from the project include urging educators at colleges to improve educational practices including mandatory modules in class plans educating students on the benefits of self-care. Since there was no significant difference in SCPS scores between graduate and undergraduate students at LIU it appears more emphasis on self-care is warranted. It was expected that more experienced college students (graduate students) would display higher levels of self-care and since they did not there is room for improvement.

Vasquez Morgan (2021) outlined a plan to boost the health of college students in Virginia with the addition of self-care into virtual/in person classes. The classes focused on the importance of stress management, nutrition, sleep, health and meditation and were fully incorporated into the matriculation process. Vasquez Morgan (2021) suggested faculty and community wellness advocates could facilitate these classes during lunch hours or free protected time allotted for self-care of students (Vasquez Morgan, 2021). This recommendation is supported as a useful strategy to engage students in self-care practice and build awareness of self-care. Personal self-care and overall health deserves recognition as being as important as other subjects in college with aims to boost student wellness.

Social work administrators, professors, supervisors, and internship supervisors can provide an awareness of precisely why heightened levels of stress and dissatisfaction with the profession are present in younger social work professionals. Straussner and Senreich (2020) data was shared formerly indicating high rates of mental health problems reported by younger, inexperienced social workers. Specific policies should be included in educational materials in

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social work programs that are evidenced based to build feelings of competence in younger social work students. Additionally, supporting supervisors in the field is needed if they are to be expected to provide support to their junior staff since work demands continue to rise. Newell (2019) wrote a desire is to keep social workers in the profession for many years continued training, education and professional development is needed. Self-care should be integrated into internships, curriculums, and policies if change is to be witnesses (Newell, 2019).

The ecological model and approach social workers use can provide a guide for resolving role conflict. This approach recognizes the interactions individuals have with their environments daily with the exchange of energy and energy flow back and forth from one person to another (Grinnell, 2021; Newell, 2019). The ecological model understands that within every individual's environment a connect to the outside environment and larger systems occurs (Grinnell, 2021; Newell, 2019). The role conflict experienced by social workers in a plethora of domains including educational settings, professional membership organizations, families, internship settings, and communities, requires a broad approach to problem solve angst/stress.

Newell (2019) summed the problem of overburdened social workers requires a combination of personal and organizational strategies with a holistic approach to self-care. Recognizing that every individual feels a sense of relief from certain activities they find pleasurable. Each person's self-care looks different to someone else's idea of self-care. This is a critical piece to recognize for supervisors who support social workers to build self-care into regular daily practice. Building resilience per Newell (2019) includes working to acknowledge the meaning derived from engagement with colleagues, clients, organization, and the community to find strength. A personal approach to self-care at the individual and organizational level (to

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reduce role strain and conflict) is urged by researchers of self-care such as Lee & Miller (2013), who have studied the topic extensively.

The study outcomes suggest possible considerations for university settings is to boost collaboration amongst stakeholders. College professors and administrators could work more closely with NCAA coaches whose students displayed higher levels of self-care in the study. This type of collaboration amongst stakeholders would benefit universities and all college students with an overreaching goal to build supportive additional resources for the entire collegiate population. NCAA college coaches have extensive training supplementing their educations, proficiency in leadership, goal setting, health, fitness, team building, group process and supporting student athletes with self-care and mental health. Coaches are excellent resources for all college personnel, and they may not be being used to their full potential. NCAA coaches can educate and model to all students of the protective importance of self-care or share experiences with professors on their specialized training provided by the NCAA on how to notice when students are struggling emotionally. Optimal physical health often leads to overall positive mental health per Snedden et al. (2018), and for this reason an added emphasis on the use of physical health to manage stress and promote self-care could be built into social work curriculums on college campuses.

Additionally, social workers are clinical providers of mental health supports to thousands of persons across the US and are experts in providing strategies for those in need (NASW, n.d.). There are more clinically trained social workers (over 200,000) in the US than all psychiatrists, psychologists, and psychiatric nurses combined. US law and the National Institutes of Health (NIH) recognize social workers as core mental health professionalness (NASW, n.d.). Social workers also educated in leadership, organizational analysis and are skilled communicators,

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facilitators, and mediators for persons in need. Social workers can be useful in college settings to support professors, administrators, students, and student athletes.

Data consistently describes how college students presently report higher levels of stress, strain, depression, and overall worse mental health compared to students from earlier generations therefore, the former recommendations are timely (Rahill, 2020; Snedden, 2018). The NASW (n.d.) reported there were more than 715,000 social workers in the US in 2020, thus it is advisable to ask this group of clinical professionals to assist with lowering the burden of stress and strain on college students. Social workers, like coaches can support students and academic professionals on university and college campuses to benefit the entire academic community.

College administrators, students, student athletes, NCAA coaches, social workers, college professors and the community can align as change agents, boost collaboration, and set goals as stakeholders. Communities will benefit from this joining of individuals working towards positive change and improving health outcomes of all individuals. An educated and healthy workforce of social workers can benefit vulnerable groups across all settings.

### ***Recommendations for Future Research***

Suggestions for future research projects include exploring if similar results would be found in larger public institutions in the US, or in international universities across the globe. Future work could gather data specifically from individuals identifying as male, for a male perspective of self-care and empathy since this project's sample was 85.3 % female. Prospective research with male college students might provide an expansion to the awareness of the subject matter. Subsequent research is necessary to explore and support strategies to devise evidenced based models for all college professors to model and teach self-care to college students. Additionally, more exploration is needed to find out why higher self-care practices scores in

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college athletes compared to non-athletes was found as research data appears to be lacking in this area. Perhaps belonging to a group alone supports the use of self-care more than any other factors including finances, age, education, or athletic status. It may be that social workers feeling part of a group may be especially protective preventing burnout and dissatisfaction with their roles that often lead to role conflict.

The results indicated empathy was connected to self-care in ways not known previously adding to an understanding of how to instruct new social workers. It is desirable to promote best practices to ensure future professional social workers are emotionally and physically healthy to provide services benefiting vulnerable groups for future years.

### **Conclusions**

This paper examined a cross sectional survey completed in the Spring of 2002 polling LIU college students. Analysis of the empathy scores and self-care practices scores in college students found significance in results displaying higher self-care practice scores in students with higher EQ scores. The project may be the first examination of these two related concepts and contributes to a better comprehension of the self-care needs of all college students. The findings were significant also in that LIU NCAA athletes displayed 5.13 points higher self-care practices scores than non-athletes in the SCPS adapted tool indicating more overall use of self-care.

Hypothesis 2 was not supported as students with lower self-perceived financial burden did not have higher self-care scores, this was a non-expected finding. Similarly, Hypothesis 4 did not have significance as students working on graduate degrees did not report higher levels of self-care.

Since earlier work reported older and more experienced social workers felt high compassion satisfaction in their roles and used better self-care, efforts to provide more mentoring

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for newer social workers is needed. The project provided information on how all college students may benefit from a group atmosphere with feelings of comradery and acceptance as strategies that can be copied in social work settings to prevent burnout and boost use of self-care. The future of the social work profession requires a healthy, productive workforce working towards equity and to reduce injustice. A great first step is to boost the health practices of social workers creating options for self-care as a common occurrence and create positive change that will have a ripple effect for clients. The NASW describes self-care for social workers as essential to professional practice and self-care's inclusion in the ethical code of conduct is an excellent reason to explore this topic in future research studies.

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## Appendix A: LIU Spring 2022 Survey

Survey distribution: Electronic and hard copies  
**LIU Spring 2022 Survey**  
Informed Consent

You are invited to participate in a research study about Long Island University (LIU) college students. The goal of this research study is to gather additional information about LIU students, and their feelings of college life. This survey should take approximately 15 minutes to complete.

The qualifications to participate in this study are that you must be: (1) At least 18 years of age; (2) A student at Long Island University – any campus.

**Participation in this study is voluntary.** You may choose to stop at any time. Participating in this study may not benefit you directly, but it will help us learn about ways you take care of yourself as a student. You may find some of the questions in this survey personal, but we expect that this would not be different from the kinds of things you discuss with family or friends.

**Privacy.** No identifying information will be collected about you, so no one at Long Island University will know any of your responses from this survey. Your information is completely anonymous.

*By continuing to the survey, you are consenting to participate in this study.*

### LIU Student Survey Spring 2022

1. **How many credits have you completed in your college program overall, as reported from your most recent grading report period?** (Check on Blackboard) \_\_\_\_\_
2. **What is your major?** \_\_\_\_\_
3. **Are you working on a graduate degree?** Yes \_\_\_\_\_ No \_\_\_\_\_
4. **How many credits will you have completed in your graduate program overall, as reported from your last grading report period?** (Check on Blackboard) \_\_\_\_\_
5. **What is your program of study in graduate school?** \_\_\_\_\_
6. **Are you a NCAA Division 1 athlete at LIU?** Yes \_\_\_\_\_ No \_\_\_\_\_
7. **What is your current age?** \_\_\_\_\_
8. **With which category do you identify?** (Please choose only one)
  - a. Female
  - b. Genderqueer or Non-Binary
  - c. Male
  - d. Transgender
  - e. Prefer to Self-Describe: \_\_\_\_\_
  - f. Unsure
  - g. Prefer not to respond
9. **With which category do you identify?** (Please choose only one)
  - a. African American or Black
  - b. American Indian, Alaska Native, Indigenous, or First Nations
  - c. Arab or Middle Eastern
  - d. Asian or Asian American
  - e. Hispanic or Latina/e/o/x
  - f. Multiracial/Biracial
  - g. Native Hawaiian or Other Pacific Islander
  - h. White or European American
  - i. Prefer to self-describe: \_\_\_\_\_
  - j. Prefer not to respond

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10. **Financial situation:** Please rate your level of financial stress on a scale from 1 to 10, with 1 being very low stress to 10 being very severe stress. *You will put your rating in the box at the bottom – see the guide for examples.*

### Guide

**1 to 2 = low stress** (e.g. If you have no stress at all, your bills are paid and all student loan monies are in, you **might put 1.0 in the box**)

**3 to 4 = minimal stress** (e.g. If you worry over when student loan monies coming in, with no payday in sight, but have some money in the bank to buy most needed items, can eat healthy, pay for gas, **you might put 3.5 in the box**).

**5 to 6 = moderate stress** (e.g. You can meet basic needs, but you lack spending money and pay some bills late, cannot purchase textbooks/have to rent or borrow, and you watch your budget closely, bringing food & drinks to school – **you might put 5.5 in the box**).

**7 to 8 = significant stress** (e.g. Your cell phone may get cut off, student loan monies depleted, you may have to borrow money for rent – **you might put 8.5 in the box**).

**9 to 10 = severe Stress** (e.g. It's extremely difficult to meet basic needs like food, rent, medical care, and all bills are overdue; you're on the verge of homelessness/or vehicle loan

1      2      3      4      5      6      7      8      9      10

Please put your financial rating score between 1 and 10 in this box (example 3.5)

**Part II: Please indicate your responses to the following questions.** Please choose only one response per question.

		Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
11.	I can easily tell if someone else wants to enter a conversation.				
12.	I prefer animals to humans.				
13.	I try to keep up with the current trends and fashions.				
14.	I find it difficult to explain to other things that I understand easily, when they don't understand it first time.				
15.	I dream most nights.				
16.	I really enjoy caring for other people.				
17.	I try to solve my own problems rather than discussing them with others.				
18.	I find it hard to know what to do in a social situation.				
19.	I am at my best first thing in the morning.				
20.	People often tell me that I went too far in driving my point home in a discussion.				
21.	It doesn't bother me too much if I am late meeting a friend.				
22.	Friendships and relationships are just too difficult, so I tend not to bother with them.				
23.	I would never break a law, no matter how minor.				
24.	I often find it difficult to judge if something is rude or polite.				
25.	In a conversation, I tend to focus on my own thoughts rather than on what my listener might be thinking.				
26.	I prefer practical jokes to verbal humor.				

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		Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
27.	I live life for today rather than the future.				
28.	When I was a child, I enjoyed cutting up worms to see what would happen.				
29.	I can pick up quickly if someone says one thing but means another.				
30.	I tend to have very strong opinions about morality				
31.	It is hard for me to see why some things upset people so much.				
32.	I find it easy to put myself in somebody else's shoes.				
33.	I think that good manners are the most important thing a parent can teach their child.				
34.	I like to do things on the spur of the moment.				
35.	I am good at predicting how someone will feel.				
36.	I am quick to spot when someone in a group is feeling awkward or uncomfortable.				
37.	If I say something that someone else is offended by, I think that that's their problem, not mine.				
38.	If anyone asked me if I liked their haircut, I would reply truthfully, even if I didn't like it.				
39.	I can't always see why someone should have felt offended by a remark.				
40.	People often tell me that I am very unpredictable.				
41.	I enjoy being the centre of attention at any social gathering.				
42.	Seeing people cry doesn't really upset me.				
43.	I enjoy having discussions about politics.				
44.	I am very blunt, which some people take to be rudeness, even though this is unintentional.				
45.	I don't tend to find social situations confusing.				
46.	Other people tell me I am good at understanding how they are feeling and what they are thinking.				
47.	When I talk to people, I tend to talk about their experiences rather than my own.				
48.	It upsets me to see animals in pain.				
49.	I am able to make decisions without being influenced by people's feelings.				
50.	I can't relax until I have done everything, I had planned to do that day.				
51.	I can easily tell if someone else is interested or bored with what I am saying.				
52.	I get upset if I see people suffering on news programs.				
53.	Friends usually talk to me about their problems as they say I am very understanding.				
54.	I can sense if I am intruding, even if the other person doesn't tell me.				
55.	I often start new hobbies but quickly become bored with them and move on to something else.				
56.	People sometimes tell me that I have gone too far with teasing.				
57.	I would be too nervous to go on a big roller coaster.				

## COMPARING EMPATHY AND SELF-CARE SCORES

		Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
58.	Other people often say that I am insensitive, though I don't always see why.				
59.	If I see a stranger in a group, I think that it is up to them to make an effort to join in.				
60.	I usually stay emotionally detached when watching a film.				
61.	I like to be very organized in day-to-day life and often make lists of chores I have to do.				
62.	I can tune into how someone else feels rapidly and intuitively.				
63.	I don't like to take risks.				
64.	I can easily work out what another person might want to talk about.				
65.	I can tell if someone is masking their true emotion.				
66.	Before making a decision I always weigh up the pros and cons.				
67.	I don't consciously work out the rules of social situations.				
68.	I am good at predicting what someone will do.				
69.	I tend to get emotionally involved with a friend's problems.				
70.	I can usually appreciate the other person's viewpoint, even if I don't agree with it.				

**Part III: Please answer the questions about your daily college life.** Please only choose one answer per question.

		Never (0x/month)	Rarely (3x/month)	Sometimes (1 day/week)	Often (3-4x/week)	Very often (5-7x/week)
71.	I engage in physical activities.					
72.	I laugh.					
73.	I engage in spiritual practices.					
74.	I get adequate sleep for my body.					
75.	I spend quality time with people I care about.					
76.	I participate in activities I enjoy.					
77.	I accept help from others.					
78.	I engage in physical intimacy					
79.	I take action to meet my emotional needs.					
80.	I take small breaks when I do homework.					
81.	I seek out professional development opportunities for my future career.					
82.	I take vacations.					
83.	I acknowledge my successes at college.					
84.	I problem solve when I have challenges at school					
85.	I complete coursework by the due dates.					

## COMPARING EMPATHY AND SELF-CARE SCORES

86.	I notice feelings of being overwhelmed with college demands.					
87.	I seek out friends support me					
88.	I say "no" when appropriate					

**Thank you for your time and participating in this survey. If you have any questions, please contact myself at [Rhonda.morgan@my.liu.edu](mailto:Rhonda.morgan@my.liu.edu) or my advisor, Dr. Maria Taylor at [maria.mays@liu.edu](mailto:maria.mays@liu.edu)**