



Emotional Response and Social Influence as Correlates of Perceived Empathy among Baccalaureate Nursing and Midwifery Students in Ondo State

DENNIS, Uba Donald (PhD)¹, IBINI, Olabode David², OWOSENI, Sulaiman Kayode³

^{1,3}Department of Pure & Applied, Adekunle Ajasin University, PMB, 001, Akungba-Akoko, Ondo State.

²Department of Psychology, Alex Ekwueme Federal University, Ndufu-Aliki, Ikwo, Ebonyi State.

ABSTRACT

This study examined the emotional response and social influence as correlates of empathetic behaviour tendency among baccalaureate (Undergraduate) nursing students from the Ondo State Schools of Nursing and Midwifery, Akure, Ondo State, Nigeria. The study was a correlational survey design conducted among 116 baccalaureate nursing students who were sampled using snowballing technique sampling technique. Trait Emotional Intelligence Questionnaire (TEIQue); Self-Monitoring Scale (SMS) and Index of Empathy for Children and Adolescents (IECA) were used to measure key variables in the study. Pearson Product Moment Correlation (PPMC) analysis was conducted to test the relationship among the study variables. The result revealed that emotional response showed significant relationship with empathetic behaviour among baccalaureate nursing students [$\beta = .38$; $p < 0.01$]. Social Influence had a significant relationship with empathetic behaviour among baccalaureate nursing students at a significant level [$\beta = .54$; $p < 0.01$] among baccalaureate nursing students. The joint contributions of the predictor variables were also significant [$R^2 = .562$, $F = 43.10$; $p < .05$]. Based on the findings of this study, it was recommended that the Nursing and Midwifery Council of Nigeria (NMCN) must integrate studies on empathy and social influence in understanding human behaviour in the nursing and midwifery curriculum in order to encourage the tradition and ecological demands of empathetic behaviour within the society.

KEYWORDS: Emotional response, social influence, empathetic behaviour, nursing students

INTRODUCTION

Nursing training is characterised by clinical activities and academic schedules. Nursing training is a combination of theoretical and practical learning experiences that enable nursing students to acquire knowledge, skills, and attitudes as such, most nursing students are expected to write through clinical laboratory practice that prepares them for internship (Ward, Cody, Schaal & Hojat, 2012). Indeed, the world of nursing profession is fraught with huge demands from both hospital management practice (i.e., designing care plans and organizing care) and clinical training (i.e., delivering patient care, and practicing skills).

Over the last decade scholars and researchers have drawn significant attention on the importance of empathy in professional healthcare practice (Ouzouni & Nakakis, 2012). One of the fundamental criteria for developing meaningful alliances in nursing practice is through therapeutical relationships between healthcare provider and patient (Kunyk, & Olson, 2001). Within professional healthcare

practice empathy is an indispensable factor of a caring relationship and particularly important to healthcare delivery in quality nursing care (Reynolds, Scott, & Jessiman, 1999). Most researchers tend to have a consensus that empathy plays a significant role in interpersonal relationships when providing managed health care (Saeidi, Reza-Masouleh, Chehrzad & Leili, 2017). Besides, empathy is core factor when considering the strength of a therapeutic relationship and with good reason because clinicians and healthcare professionals understand that to fully comprehend and gain insight into the predicament of patients that have to consider the feelings and emotions the patients must be experiencing and reciprocate such feeling to the patient in the most professional manner (Ward, 2016; Afolabi & Dennis, 2017).

First developed by Titchener, empathy refers the ability and tendency of a person to understand what another person is thinking and feeling in a given situation (Lipps, 1903 cited in, Garton, & Gringart, 2005). Empathy can be described as borne out of the process of trying to understand another plight



through communication, responsiveness and/or compassion usually between two or more people (Einolf, 2012). There are two aspects of empathy, these are; cognitive and affective empathy (Signal & Taylor, 2007). Cognitive empathy relates more to different simple cognitive-associative processes such as, learning mechanisms. Thompson and Gullone (2003) refer to affective empathy as the capacity to respond with appropriate emotion to other peoples' mental states.

Research offers strong support for the claim that humans are indeed capable of empathy (Hojat, *et al.*, 2002). Even though altruism appears to be beneficial to individuals for whom empathy is felt, it may lead to negative outcomes for the altruistically motivated person in some circumstances (Twenge, Baumeister, DeWall, Ciarocco & Bartels, 2007). Also, empathy may lead helper to benefit the person for whom empathy is felt at the expense of others. Although the debate over human empathy may not be completely resolved any time soon, the empathy-altruism hypothesis nonetheless presents an intriguing and complex picture of human motivation worthy of continued scientific attention (Kelm, Womer, Walter & Feudtner, 2014).

Emotional response refers to the reaction of the body to a situation primarily given by an outer influence such as other individuals, groups, things or entities (Goetz *et al.*, 1992). Emotional response refers to the inclination to show persistent and intense emotional stimulation (Kuppens, Sheeber & Yap & Allen, 2012). The degree to which an individual show emotional response and manner in which such emotion is demonstrated are the core fundamentals of emotional response (Wolever & Dreusicke 2016). Even though, emotional responsiveness is often thought of in terms of negative feeling, there are significant distinct variances in terms of positive affect as well (Kuppens *et al.*, 2012).

Health workers often face impasse of some sort because professional healthcare training and practice sometimes provide a basis of incongruity with the realities associated with providing care in health care delivery (Austen, 2016). Significant links have been established between emotional response and empathetic behaviour in samples of college students (Herres, Ewing & Kobak, 2016).

In academic surroundings such as campuses, social influence is practically inevitable and they tend to impact individual choice and decision making (Meeus, 1996). Social influence is the process whereby an individual's attitudes, beliefs or behaviour are altered or modified by the presence of action of others. Social influence can take the form of conformity, socialization or persuasion. According to Kelman (1958), social influence may take the form of compliance, identification within a group or belief in a particular course of action. Results from research studies (Hirn, Thomas & Zoelch, 2019) on the relationship between social influence and empathy has not produced consistent result, however,

some studies have suggested significant positive links (Szanto & Krueger, 2019).

Statement of the Problem

Over the last ten years, scholars have suggested that empathetic behaviour should be considered as a multidimensional construct (Dvash & Shamay-Tsoory, 2014). One reasons for this, is that empathy is not a mono-causal phenomenon, rather, one that has several causal of influencing factors (Barr & Higgins-D'Alessandro, 2007). Against this background, some researchers focused on factors that may predict empathy in people especially among adolescents such as those in schools and colleges (Garton & Gringart, 2005). Despite this scientific literature on this subject have not garnered the deserved attention it needs so as to understand empathetic behaviour. One plausible reason would be that, the educational system in Nigeria is in a deplorable state, still undergoing reforms and change mechanism in relation to reforms and academic restructuring which according to Ministry of Education require special research consideration (Olapegba, 2010).

The contemporary study of empathy arose out of a longstanding debate in western philosophy and psychology about whether humans possess the capacity for empathetic behaviour tendencies (Wellman, & Liu, 2004). For centuries, it was assumed that all human behavior, including the helping of others, is egoistically motivated, this assertion has since been debunked through empirical research and experimental studies (Einolf, 2012). However, Wellman, & Liu, (2004) posited that empathetic behaviour tendency is a seldom researched area of enquiry, extensive research is called for. Currently, there are only a few empirical studies on empathy among populations in secondary schools, thus information in this regard have led to identified gaps and scarcity of literature (Shamay-Tsoory, 2009).

Purpose of the Study

The purpose of this study is to examine the roles of emotional response and social influence on the empathetic behaviour tendency among Baccalaureate Nursing Students. The specific objectives are;

1. To find out whether emotional response would predict empathetic behaviour tendency among Baccalaureate Nursing Students.
2. To determine whether social influence would predict empathetic behaviour tendency among Baccalaureate Nursing Students.
3. To examine whether emotional response and social influence would jointly predict empathetic behaviour tendency among Baccalaureate Nursing Students.

Hypotheses

1. Emotional Response will significantly predict empathetic behaviour tendency among Baccalaureate Nursing and Midwifery Students in Ondo State.
2. Social Influence will significantly predict empathetic behaviour tendency among Baccalaureate Nursing and Midwifery Students in Ondo State.
3. Emotional response and social influence will jointly predict empathetic behaviour tendency among Baccalaureate Nursing and Midwifery Students in Ondo State.

METHOD

Research Design

This study was a correlational survey design. Moreover, variables of this study were not actively manipulated. The dependent variable was empathetic behaviour tendency. The predictor variables were emotional response and social influence.

Research Setting

The Ondo State School of Nursing and Midwifery, Igbatoro Road, Akure, Ondo State, served as the research setting for this study. The Ondo State School of Nursing and Midwifery, was founded in 1978. The University of Medical Sciences (UNIMED) is affiliated with The Ondo State School of Nursing and Midwifery provides professional nursing programmes and proficient midwifery training practices for those aspiring to provide nursing and midwifery services at all levels of professional healthcare delivery.

Sample and Sampling Technique

This study made use of the non-probabilistic snowball sampling technique to select baccalaureate students from the Ondo State School of Nursing and Midwifery, Igbatoro, Akure Ondo State Nigeria. This is a non-random selection of participant on purpose. This was carried in such a way that existing participants or participants who have been contacted by the researcher, recruit or influence other participants of similar or known characteristics who would then participate in the study. The researchers decided to use this chain referral process in order to conform to Covid-19 protocols of safe distancing, and to use fewer workforce that may require little planning, as well as, reach a large number of participants in safest and shortest possible time for this study.

Participants

A total of one hundred and sixteen (116) baccalaureate Nursing Students from the Faculty of Nursing Science, Akure Ondo State. Baccalaureate students at the General Nursing and Midwifery Education and Bachelors of Nursing Science constituted the participants of the study. The participants

comprised of 48 (41.5%) males and 68 (58.5%) females. The ages ranged from 17 to 38 years with a mean of 24.72% and SD of 6.77. Participant's course showed that baccalaureate students studying general nursing and midwifery education were 66 (57%) and participants studying for bachelors of nursing Science were 50 (43%).

Instrument

Relevant data were gathered through the use of validated questionnaire which comprises of four sections (A-D). Section A: Socio-demographic information. These include age, gender, religion, and department. Section B, comprised the Index of Empathy for Children and Adolescents Scale (IECA) developed by Bryard (1982). The IECA is a self-scored instrument for evaluating individual empathy, 22-item scale that measures empathy by measuring both positive and negative feelings about the self. The scale is uni-dimensional. All items are answered using a 2-point type scale format ranging Yes or No. The IECA items are "People who kiss and hug in public are silly", "Kids who have no friends probably don't want any". For the present study the IECA reported a Cronbach alpha of .81.

Section C, comprised the Trait Emotional Response Scale (TEIQue) developed by Petrides and Furnham (2001) is a 30 items questionnaire that measured emotional response of individual, The TEIQue is a 30-item Questionnaire designed to measure global trait emotional intelligence (trait EI). It is based on the long form of the TEIQue (Petrides & Furnham, 2003). Two items from each of the 15 subscales of the TEIQue were selected for inclusion, based primarily on their correlations with the corresponding total subscale scores. The reliability in this current study is .81. Items were responded to on a 7-point Likert format ranging from 1= completely agree, 2= partially agree, 3= agree, 4= neutral, 5= disagree, 6= partially disagree and 7= completely disagree. Sample of items were: 'Expressing my emotions with words is not a problem for me', 'I can deal effectively with people'.

Section D, consist of the Self-Monitoring Scale (SMS) developed by Lennox and Wolfe (1948). The SMS is a self-reporting instrument for evaluating individual social influence, 13-item scale that measured social influence. Denotes item are reversely scored items scores are summed to form an index, it is a Likert type format ranging from 0= always false, 1= not always false, 2= false, 4= not always true, 5= always true. The Cronbach Alpha reliability coefficient of the SIQ for this study was .86. Sample of items include, 'In social situations, I have the ability to alter my behaviour if I feel that something else is called for'. 'I am able to read people true emotions correctly through their eyes', and 'I tend to pay attention to what other are wearing'.

Procedure

The baccalaureate students of the School of Nursing and Midwifery who volunteered to participate in study were

made to verbally and in writing give their consent before participating in the study. the students were made to know that the process was not inimical to the students and the study would not interfere with school classes and extra-curricular activities.

Data Analysis

In order to ascertain the extent and direction of relations among the study variables, Pearson Product Moment Correlation (PPMC) analysis was conducted. Multiple regression analysis was also used to test the extent to which

the independent variables (emotional and social influence) predicted the dependent variable (empathy). Some of the socio-demographic variables were codified. For example, gender was coded male 1, female 2. All analyses were conducted using SPSS 20.0 Wizard

RESULTS

Test of Relationships among Variable

Pearson Product Moment Correlation (PPMC) analysis was conducted to test the relationship among the variables of the study. The results are presented in Table 1.

Table 1. Showing the Pearson Product Moment Correlation among Demographic (Age, Gender, Religion, Faculty/Department) and Study Variables (Emotional Response and Social Influence) on Empathetic Behaviour.

| Variables | Mean | SD | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|----------------------------------|-------|-------|--------|-------|-------|------|-------|-------|---|
| 1.Age | 24.72 | 6.77 | 1 | | | | | | |
| 2. Gender | - | - | .176 | 1 | | | | | |
| 3. Religion | - | - | .117* | .076 | 1 | | | | |
| 4. Department/Faculty | - | - | .192* | .107* | .078 | 1 | | | |
| 5. Emotional Response | 23.22 | 3.11 | -.166* | .093 | .178 | .021 | 1 | | |
| 6. Social Influence | 27.84 | 6.57 | .123* | .023 | .188* | .088 | .21* | 1 | |
| 7. Empathetic behaviour Tendency | 45.83 | 23.63 | .244* | .077 | .332* | .044 | .371* | .441* | 1 |

*. Correlation is significant at the 0.01 level (2-tailed).

Results in Table 1 indicated that age of baccalaureate nursing students at the Ondo State School of Nursing and Midwifery showed a significant relationship with empathetic behaviour [r (116) =.24, p<. 01], this outcome of this result implies that as students age increases or as students grow older this tends to increase levels of empathetic behaviour. The result also demonstrated that students of the Ondo State School of Nursing and Midwifery gender difference did not have any significant relationship with empathetic behaviour. This suggests that whether been male or female would not increase or decrease the outcome of empathetic behaviour in students of Ondo State School of Nursing and Midwifery. The Table 1, indicates that religious beliefs significantly influence the level of empathetic behaviour [r (116) =.33, p<. 01] in students of the Ondo State School of Nursing and Midwifery.

The department to which students belong to did not show significant influence on empathetic behaviour [r (116) =.04, p<. 01] among students of the Ondo State School of Nursing and Midwifery.

Moreover, the result in Table 1, indicated that student emotional response demonstrated significant relationship with empathetic behaviour [r (116) = .37, p<. 01], this implies that emotional response showed significant influence on empathetic behaviour among students of the Ondo State School of Nursing and Midwifery. Finally, the result indicated that student social influence had a significant relationship with empathetic behaviour [r (116) =.44, p <. 01], this implying that the higher the social influence the higher the empathetic behaviour of students.

Table 2. Summary of Multiple Regression Analysis Showing the Predictive Value of Emotional Response and Social Influence on Empathetic Behaviour Tendency

| Dependent | Independent | β | t | p | R | R ² | df | F | p |
|--------------------------------|--------------------|-------|------|-------|------|----------------|-----|--------|-------|
| Empathetic behaviour Behaviour | Emotional Response | .388* | .469 | <0.01 | .273 | .562 | 116 | 43.10* | <0.01 |
| | Social Influence | .542* | 7.56 | <0.05 | | | | | |

Note <0.01* p<0.05**, N=116

The results of the Table 2 above demonstrated that emotional response predicted empathetic behaviour tendency [$\beta = .38; p < 0.01$] among baccalaureate nursing students. This implies that baccalaureate nursing students who show persistent and intense emotional stimulation have a higher tendency to display more empathetic behaviour more than their counterparts who show lower levels of emotional stimulation. In addition, the result of the analysis showed that social influence predicted empathetic behaviour [$\beta = .54; p < 0.01$] among baccalaureate nursing students. This implies that baccalaureate nursing students whose attitudes, beliefs or behaviour are altered or modified by the presence of action of others have a higher tendency to display more empathetic behaviour more than their counterparts who showed lower levels of social influence.

Last of all, the outcomes of the multiple regression analyses showed that joint contributions of the predictor variables (emotional response and social influence) were also significant [$R^2 = .562, F = 43.10; p < .05$]. The R^2 indicated the observed joint prediction of both independent variables with a significant variance of 56.2% observed influence on empathetic behaviour. The other 43.8% influence is from other sources outside the variables in the study.

DISCUSSION

The study examined the role of emotional response and social influence as correlates of empathetic behaviour tendency among baccalaureate nursing students at the Ondo State School of Nursing and Midwifery. Hypothesis 1, which stated that emotional response, will have significant relationship with the empathetic behaviour was confirmed. Therefore hypothesis 1 was accepted. One plausible explanation for this outcome would be that individual and students alike, who show persistent and intense emotional stimulation have a higher chance to engage in empathetic behaviour more than their counterparts who show lower levels of emotional stimulation because affect is an integral part of empathy and people who show empathic feelings tend to give in to emotional dispositions. For example, emotional empathy has been distinguished as an important aspect in the understanding and management of empathic behaviour. It is quite known among social psychologists that emotional empathy is made up of three distinct components such as, the feeling the same emotion with the person, experiencing personal distress as a result of another person's plight as well as, feeling compassion for the person (Dvash & Shamay-Tsoory, 2014). This assertion was corroborated by Seehausen *et al.* (2016), who asserted that social cues of cognitive empathy exert almost as positive effects on the feelings of individuals emotional response to external cues. Also, Isrealashvili,

Sauter and Agneta (2020) stated that empathetic concern and emotional response have similar cognitive impact on the likelihood that empathy makes one a better emotion observer.

In hypothesis 2, which stated that social influence will have significant relationship with the empathetic behaviour tendency among baccalaureate nursing students, was confirmed. Therefore, hypothesis 2 was accepted. The result indicated that student social influence had a significant relationship with empathetic behaviour, this implying that the higher the social influence the higher the empathetic behaviour of students. One explanation for this outcome is that empathy is a cognitive process and social influence is also a perceptive behaviour. For example, empathy enables the sharing of other people emotional states and dispositions characterised by a feeling of warmth and concern for others, as such the process of social influence is akin to empathic feelings accrued from past through interaction with one's environment. This explains the connection between social cues and empathic feelings. Individuals who have a higher tendency to show attitudes, beliefs or behaviour stimulated or modified by the presence of others or their action would more likely show empathetic feelings. This may be because, social influence can take the form of conformity, socialization or persuasion and this is akin to the same process involved in developing empathic feelings. Demonstrated that adaptive social behaviour is a result of dynamic interplay of socio-affective and social cognitive processes (Preckel, Kanske & Singer, 2018).

Hypothesis 3, which stated that emotional response and social influence will jointly influence empathetic behaviour tendency among baccalaureate nursing students in Ondo State School of Nursing and Midwifery. The result was confirmed. Therefore, hypothesis 3 was accepted. This suggests that the joint contributions of the predictor variables (emotional response and social influence) were also significant in predicting empathic behaviour. One reason for the outcome of the study, could be that empathic feelings are a function of socio-cognitive processes

Empathetic behaviour is a function of the person and the environment. Empathic behaviour is a social construct and the effects it has on human behaviour is one of empathizing to the plight of others. The basic idea is that empathetic concern, is a social response of an observer feeling another person's plight, which is mainly performed as an attempt to reduce the other person's suffering. Therefore, empathetic behaviour is both an emotional and social response or concern with an attempt to commiserate and identify with and another person's plight.

Limitations of the Study

The current study was subject to some limitations. Primarily, the sample was meagre to make generalizations about nursing baccalaureates for the reason that only one institution was used in this study. The study made use of non-random technique which may not guarantee the representativeness of the sample. Secondly, snowballing technique used increases the chances are that initial participants used in the exercise tend to nominate people that they know well, as a result, it is highly possible that the participants share the same trait and characteristics thus, it is possible that the sample that the researcher obtains is only a small group of the population. Future studies, should increase the number of participants and inculcate larger pool of students from the six geo-political zones of Nigeria, so as to increase the chances of generalization of results.

CONCLUSIONS

The importance of empathy in nursing care cannot be over emphasized. The study revealed that emotional response and social influence were significant independent and joint contributors to empathetic behaviour among nursing baccalaureates at the Ondo State School of Nursing and Midwifery. Empathetic behaviour is not limited to the roles of emotional response and social influence. Rather, the data from this study is suggestive that these results may be associated with other factors such as social desirability, emotional intelligence and self-esteem and so on.

Recommendations

Based on the findings of this study, the researcher recommends as follows:

1. Nursing and Midwifery Council of Nigeria (NMCN) must integrate studies on empathy and social influence in understanding human behaviour in the nursing and midwifery curriculum in order to encourage the tradition and ecological demands of empathetic behaviour within the society.
2. Nursing and Midwifery Council of Nigeria (NMCN) should promote and conduct research in relevant areas of nursing and midwifery and prosecute illegal training institutions that do not adhere and provide basic training in human interaction and behaviour for baccalaureate nursing students in Nigeria. This can be achieved by educational reforms and policies that are geared towards specific issues relating to core nursing professional practice. Also nursing students should be offered psychological classes to increase their knowledge on human behaviour and practices needed to provide baseline evaluations of human behaviour.
3. There is need to train nurses on the values and benefits of empathetic behaviour in caring out professional healthcare practice that meet global demands and standards. Nursing education and managed care practice needs evidences that are proved by research outcomes. Integration of research evidence into empathetic behaviour is essential for the delivery of millennial high-quality educational reforms. It is recommended that schools of nursing and midwifery should review training packages to include social and emotional discourses during teaching and internship.

REFERENCES

1. Afolabi, O. A., & Dennis, U. D. (2017). Perceived empathy and social adjustment as predictors of self-concept clarity among a sample of Nigerian undergraduates. *Contemporary Journal of Applied Psychology*, 4 (1), 81-93.
2. Austen, L. (2016). Increasing emotional support for healthcare workers can rebalance clinical detachment and empathy. *British Journal of General Practice*, 66(648), 376-377.
3. Barr, J. J., & Higgins-D'Alessandro, A. (2007). Adolescent empathy and prosocial behavior in the multidimensional context of school culture. *The Journal of Genetic Psychology*, 168(3), 231-250.
4. Bryard, B. K. (1982). An Index of Empathy for Children and Adolescents. *Child Development*, 53 (2), 413-425.
5. Carlo, G., & Randall, B. A. (2002). The development of a measure of prosocial behaviors for late adolescents. *Journal of Youth & Adolescence*, 31(1), 31-44.
6. Dvash, J. & Shamay-Tsoory, S. G. (2014). Theory of mind and empathy as multidimensional constructs: Neurological foundations. *Topics in Language Disorders*, 34(4), 282-295.
7. Einolf, C. (2012). Is cognitive empathy more important than affective empathy? *Analysis of Social Issues & Public Policy*, 12(1), 268-271.
8. Garton, A. F. & Gringart, E. (2005). The development of a scale to measure empathy in 8- and 9-year-old children. *Australian Journal of Education & Developmental Psychology*, 5, 17-25.
9. Goetz, E., Sadoski, M., Olivarez, A., Breckheimer, A. C., & Garner, P. & Zhaleh, F. (1992). The structure of emotional response in reading a literary text: Quantitative and qualitative analyses. *Reading Research Quarterly*, 27(4), 261-372.

10. Herres, J. E., Ewing, S. K., & Kobak, R. (2016). Emotional reactivity to negative adult and peer events and the maintenance of adolescent depressive symptoms: A daily diary design. *Journal of Abnormal Child Psychology*, 44(3): 471-481.
11. Hirn, S. L., Thomas, J. & Zoelch, C. (2019). The role of empathy in the development of social competence: A study of German school leavers. *International Journal of Adolescents & Youths*, 24(4), 395-407.
12. Hojat, M., Gonnella, J., Nasca, T., Mangione, S., Vergare, M., & Magee, M. (2002). Physician empathy: Definition, components, measurement, and relationship to gender and specialty. *American Journal of Psychiatry*, 159(9): 1563-9.
13. Isrealashvili, J., Sauter, D., & Agneta, F. (2020). Two facets of affective empathy: Concern and distress have opposite relationships to emotion recognition. *Cognition & Emotion*, 34(6), 1112-1122.
14. Kelm, Z., Womer, J., Walter, J., & Feudtner, C. (2014). Interventions to cultivate physician empathy: a systematic review. *BMC Medicine & Education*, 14(219), 1-11.
15. Kelman, H. (1958). Compliance, identification and internalization: The three processes of attitude change. *Journal of Conflict resolution*, 2(1), 51-60.
16. Konyk, D. & Olson, J. K. (2001). Clarification of conceptualizations of empathy. *Journal of Advanced Nursing*; 35(3):317-325.
17. Kuppens, P., Sheeber, L. B., & Yap, M. B., & Allen, N. B. (2012). Emotional inertia prospectively predicts the onset of depressive disorder in adolescence. *Emotion*, 12: 283-289.
18. Lennox, R. D. & Wolfe, R. N. (1948). Revision of the self-monitoring scale. *Journal of Personality & Social Psychology*, 46(6), 1349-1364.
19. Meeus, W. H. J. (1996). Studies on identity development in adolescence: an overview of research and some new data. *Journal of Youth & Adolescence*, (25), 569-598.
20. Olapegba, P. O. (2010). Empathy, knowledge and personal distress as correlates of HIV/AIDS related stigmatization and discrimination. *Journal of Applied Social Psychology*, 2(3), 34-38.
21. Ouzouni, C., & Nakakis, C. (2012). An exploratory study of student nurses' empathy. *Health Science Journal*, 6, (3), 534-552.
22. Petrides, K. V. & Furnham, A. (2001). Trait emotional intelligence: Psychometric investigation with reference to established trait taxonomies. *European Journal of Personality*, 15(6), 425-448.
23. Preckel, K., Kanske, P., & Singer, T. (2018). On the interaction of social affect and cognition: Empathy, compassion and theory of mind. *Current Opinion in Behavioural Sciences*, 19, 1-6.
24. Preston, S. D., & de Waal, F. B. M. (2002). Empathy: Its ultimate and proximate bases. *Behavioural & Brain Sciences*, 25(1), 1-71.
25. Reynolds, W. J., Scott, B., & Jessiman, W. C. (1999). Empathy has not been measured in clients' terms or effectively taught: A review of the literature. *Journal of Advanced Nursing*; 30 (5): 1177-1185.
26. Saeidi, S., Reza-Masouleh, S., Chehrzad, M., & Leili, K. M. (2017). Empathy with patients compared between first and final year nursing students. *Journal of Holistic Nursery & Midwifery*; 27(1), 79-85.
27. Seehausen, M., Kazzer, P., Bajbouj, M., Heekeren, H. R., Jacobs, A. M., Klann-Delius, G., Mennighaus, W., & Prehn, K. (2016). Effects of empathic social responses on the emotional of the recipient. *Brain and Cognition*, (103), 50-61.
28. Shamay-Tsoory, S. G., (2009). Two systems for empathy: a double dissociation between emotional and cognitive empathy in inferior frontal gyrus versus ventromedial prefrontal lesions. *Journal of Physiological Studies*, 3(1), 617-619
29. Signal, T.D., & Taylor, N. (2007). Attitude to animals and empathy: Comparing animal protection and general community samples. *Anthrozoös: A Multidisciplinary Journal of the Interactions of People & Animals*, 20(2), 125-130.
30. Szanto, T. & Krueger, J. (2019). Introduction: Empathy, shared emotions and social identity, *Topoi*, 38, 153-162.
31. Thompson, K. L. & Gullone, E. (2003). Promotion of empathy and prosocial behaviour in children through humane education. *Australian Psychologist*, 38, 175-182.
32. Twenge, J. M., Baumeister, R. F., DeWall, C. N., Ciarocco, N. J., & Bartels, J. M. (2007). Social exclusion decreases prosocial behavior. *Journal of Personality & Social Psychology*, 92(1), 56.
33. Ward, J. (2016). The empathy enigma: Does it still exist? Comparison of empathy using students and standardized actors. *Nursing Education*, 41(3):134-8.

34. Ward, J., Cody, J., Schaal, M., &Hojat, M. (2012). The empathy enigma: An empirical study of decline in empathy among undergraduate nursing students. *Journal of Professional Nursery*, 28(1):34-40.
35. Wellman, H. M., & Liu, D. (2004). Scaling of Theory-of-Mind tasks. *Child Development*,75(2), 523-541.
36. Wolever, R.Q. & Dreusicke, M. H. (2016). Integrative health coaching: A behavior skills approach that improves emotional intelligence and pharmacy claims: A critical review. *BMJ Open Diabetes Resource Care*, 38(4), 79-84.

Citation: DENNIS, Uba Donald, IBINI, Olabode David, OWOSENI, Sulaiman Kayode, "Emotional Response and Social Influence as Correlates of Perceived Empathy among Baccalaureate Nursing and Midwifery Students in Ondo State", *American Research Journal of Humanities and Social sciences*, Vol 7, no. 1, 2021, pp. 1-8.

Copyright © 2021 DENNIS, Uba Donald, IBINI, Olabode David, OWOSENI, Sulaiman Kayode, This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.