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Adversity Quotient, Dispositional Empathy and Helping Behavior of Helping
Professionals

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CHAPTER I

THE PROBLEM AND ITS BACKGROUND

This chapter presents the background of the study, statement of the problem, hypothesis, conceptual framework, and conceptual paradigm, significance of the study, scope and limitations, and definition of terms.

Introduction

Empathy is what fuels an individual to help someone in need. Helping professionals like doctors, nurses, psychologists, counselors, etc. must have a sense of empathy innate in them. Empathy is the cornerstone of any healthcare profession (Dzahr, 2016). Strangely enough, research indicates that empathy is critically important but woefully absent in most professional environments (Threlfall, 2016). Everyday, doctors, nurses and other health professionals are presented with situations that demand empathy and compassion. However in today's generation, nurses and doctors are losing empathy. Technology has greatly contributed to health professionals' diminishing levels of empathy. It has come at the cost of changing the way doctors and nurses interact with their patients. Because there are fewer opportunities for direct patient contact, it hinders the ability to develop a rapport with patients, monitor their non-verbal communication and elicit feedback on the interaction (Dean, 2017). Although healthcare professionals are rarely empathetic in every situation, it is an important goal to work towards; a key to unlocking concern and communicating support for patients (Dzahr, 2016)



Empathic concern is likely the source of altruistic motivation that we have.

Altruism is a motivational state with the ultimate goal of increasing another's welfare (Batson, 2008). Altruism is distinguished from helping behavior (Wood, 2014). Helping behavior is a type of prosocial behavior which is a voluntary action intended to help or benefit another individual or group of individuals such as sharing, comforting, rescuing and helping (Wood, 2014). The core mission of all healthcare profession including the helping professionals is serving others (Haramati & Weissinger, 2015). In everyday work environment, medical professionals are often faced with life-threatening conditions among patients while psychologists, psychiatrists, and guidance counselors, who cater to psychological needs, are also frequently confronted with various psychological conditions of clients (Daloos, 2015). Empathy in medicine is challenging, because doctors are dealing with the most emotionally distressing situations—illness, dying, suffering in every form—and such situations would normally make an empathic person anxious, perhaps too anxious to be helpful. This painful reality may take its toll on these professionals and can lead to compassion fatigue, burn out, professional distress and result in a low sense of accomplishment and severe emotional exhaustion (Gleichgerricht, 2013). Many times these dedicated professionals neglect their own care to the detriment of themselves and their patients. If these dedicated professionals are not in their optimum health, their ability to help others is greatly compromised (Haramati & Weissinger, 2015). Without channels of support and readily available treatment, work-related mental health issues can adversely affect the quality of care the medical professional can give to their patients (WorkFocus Australia, 2014).



It will be beneficial for helping professionals to have emotional resilience for their wellbeing and employability (Grant & Kinman, 2014) as well as to have empathy that will improve Adversity Quotient (Praseeda & Parvathy, 2014). Adversity Quotient, also known as AQ, determines a person's resiliency in times of misfortune, circumstances, troubles and other tough situations. It was first described by Stoltz (1997) who conceptualized the adversity quotient as an index of how well an individual may respond when misfortune occurs. Adversity refers to an unfortunate event or circumstance or the state of serious and continued difficulty (Xian & Fan, 2014). Individuals with a high adversity quotient are better able to cope with setbacks and choose constructive responses that turn obstacles into opportunities. In short, the adversity quotient (AQ) indexes how well a person can withstand adversity and his/her ability to surmount it (Phoolka & Kaur, 2012).

A local study conducted by Daloos (2014), attempted to portray an Emotional Quotient and Adversity Quotient profile of helping professionals with respect to their age, gender, marital status, and type of profession. Results showed that the AQ mean scores of the respondents were below average on the following dimensions: control, ownership, reach, and endurance. However, it showed that the respondents exhibited typically emotional intelligent behaviors in all of the EI skills and overall EI. According to Daloos (2014), helping professionals "need some improvement" in their adversity quotient. Such inadequacy could manifest when they are faced with adverse situations at work especially in emergency and traumatic cases which require their resiliency. This disquieting result may be attributed to the challenges faced by helping professionals. The



nature of their work requires them to experience nearly first-hand the problems of their clients. In so doing, they may experience vicarious traumatization, which has an impact on how they handle problems. Another aspect that may be ascribed for their low AQ is burnout. Their high work demands coupled with other personal issues make them vulnerable to stress and physical exhaustion. Compassion fatigue may also be a factor that emanated from their low AQ. Susceptibility is brought by the hazards from their challenging profession. Helping professionals who are new to their field or even those who are practicing for a long period of time may experience a change in their ability to feel empathy for their clients.

In this study, the researchers would like to know if there is a relationship between adversity quotient and dispositional empathy to the helping behavior of helping professionals. Therefore, it is timely to focus on these three different constructs and extend the literature to the helping professions in the Philippines. Thereby, in the course of investigation, the study can help the reader to know the beliefs, feelings, and behaviors associated with helping in relation to the work of the helping professionals and how the different helping professionals handle the adversities at work and if they apply dispositional empathy toward their patients or clients. Helping professionals should reflect and understand the basic cause of problems related to their work setting and find ways to tackle the problems. There is a need for the helping professionals to develop Dispositional Empathy and Adversity Quotient which in turn will help them to improve their individual qualities, professional ethics and create a better society.



Theoretical framework

The theories supporting the study are the theory of the stages of empathy development by Martin Hoffman's (1979) and the Adversity Quotient Theory by Dr. Paul Stoltz (1997). The said theories explained the concepts of Adversity Quotient, Dispositional Empathy and Helping Behavior.

The Adversity Quotient Theory by Dr. Paul Stoltz is about how you respond to life, especially the tough stuff. It is a gauge or measure of how you respond and deal with everything, from everyday hassles to the big adversities that life can spring on you. It is also an established science, theory, and approach for becoming measurably more resilient. The more resilient you are, the more effectively and constructively you respond to life's difficulties, and the more fulfilling life becomes. Even without your AQ score, you can begin to improve. Here's the rule of thumb: The stronger your AQ, the more effectively you will respond to adversity, and the less life's events will take a toll on your energy, performance, health, and outlook. The weaker your AQ, the more difficult it can be for you to maintain the energy, optimism, and fortitude required to optimize your talents and your life (Stoltz, 1997). A study suggests that to improve the adversity quotient, a person should have empathy, sympathy and an ability to understand others problems. (Praseeda & Parvathy, 2014).

Second is the Theory of the Stages of Empathy Development by Martin Hoffman (1979). Hoffman views empathy as a biologically based disposition for altruistic behavior (Hoffman, (1981) as cited by Stueber, (2013)). Hoffman describes empathy as the emotional responsiveness which an individual shows to the feelings experienced by



another person; the ability to identify with another's emotions and understand what they are feeling. The first stage is the *Global empathy*, in the first year children may match the emotions they witness (e.g., by crying when another infant is crying, but the emotion is involuntary and undifferentiated). Second is the *Egocentric empathy*. From the second year on children actively offer help. The kind of help offered is what they themselves would find comforting and is in that sense egocentric; nevertheless, the child at least responds with appropriate empathic efforts. Third is the *Empathy for another's feelings*. In the third year, with the emergence of role-taking skills, children become aware that other people's feelings can differ from their own. Their responses to distress may thus become more appropriate to the other person's needs. Lastly is the *Empathy for another's life condition*. By late childhood or early adolescence children become aware that others' feelings may not just be due to the immediate situation but stem from their more lasting life situation. Empathy may also be found with respect to entire groups of people (the poor, the oppressed, etc.) and thus transcend immediate experience (Schaffer, H. R., (1996) as cited by msu.edu, n.d.).

The Theory of the Stages of Empathy Development by Martin Hoffman emphasizes the emotional aspect of empathy, and attempts to link the cognitive component with the affective component. Hoffman's central thesis is that a fully developed empathic reaction must depend heavily on the actor's cognitive sense of the other as distinct from self. He explores the way the development of a sense of the other interacts with the development of the individual's empathic response to lay the basis for altruistic motivation or helping behavior. Hoffman concludes by pointing out "that



empathy and helping may be fostered by relatively benign and non-punitive socialization experiences". He believes empathy develops naturally and is present at an early age, and argues that "empathy may serve as a potential ally to parents and others with prosocial child-rearing goals for the child - something to be encouraged and nurtured, rather than punished as egoistic motives must sometimes must be" (Hoffman, (1982) as cited by Knowles & Mclean, (1992))

The association of the variables of the present study were supported by the two theories discussed. To summarize, the Adversity Quotient Theory is about how you respond to life, especially the tough stuff. It is a gauge or measure of how you respond and deal with everything, from everyday hassles to the big adversities that life can spring on you. Relating to the present study, the theory is relevant because the researchers would like to know the level of Adversity Quotient of helping professionals and would like to know how they overcome the adverse situations in their life. Second is the Theory of the Stages of Empathy Development by Martin Hoffman. It views empathy as a biologically based disposition for altruistic behavior (Hoffman, 1981). The theory states that empathy develops naturally and is present at an early age, and is something to be encouraged and nurtured throughout lifetime. Relating to the present study, the theory is relevant because the researchers would like to know the level of dispositional empathy of the helping professionals and how their empathic responses lay the basis for altruistic motivation or helping behavior.



Conceptual Framework

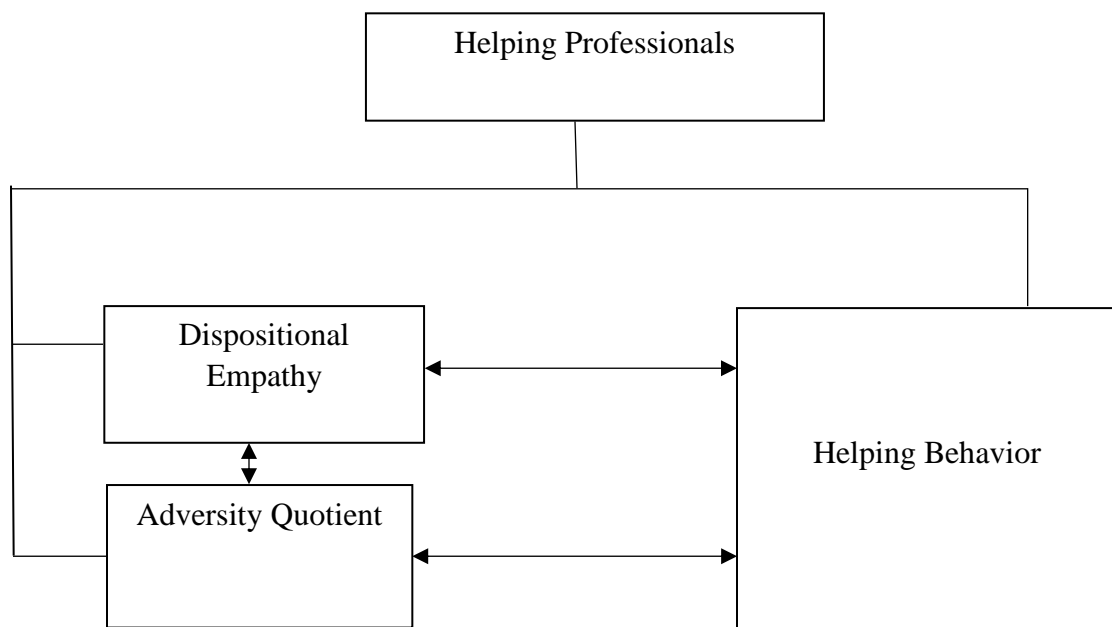


Figure 1: Research Conceptual Framework on the Relationship between Adversity Quotient and Dispositional Empathy to Helping Behavior of Helping Professionals

The above figure illustrates the interrelationships of the research constructs. The respondents of the study were helping professionals, and they were assessed through their AQ or Adversity Quotient as well as their Dispositional Empathy. The two constructs were compared according to their Helping Behavior. The study is guided by the The Adversity Quotient Theory by Dr. Paul Stoltz and the Theory of the Stages of Empathy Development by Martin Hoffman (1979). The research study is supported by the Adversity Quotient Theory by Dr. Paul Stoltz and is relevant to the current study because the researchers would like to know the level of Adversity Quotient of helping professionals and how the level of Adversity Quotient affects the level of Dispositional



Empathy. The research study is also guided by the Theory of the Stages of Empathy Development by Martin Hoffman (1979) and is relevant to the current study because the researchers would like to know the level of dispositional empathy of the helping professionals and how their empathic responses lay the basis for altruistic motivation or helping behavior.

Statement of the Problem

This study aims to investigate the relationship of Adversity Quotient and Dispositional Empathy to the Helping Behavior of Helping Professionals and specifically attempt to answer the following questions:

1. What is the level of Adversity Quotient of Helping Professionals?
2. What is the level of Dispositional Empathy of the Helping Professionals?
3. What is the level of Helping Behavior of the Helping Professionals?
4. Is there a significant relationship between the level of Dispositional Empathy and level of Adversity Quotient of the Helping Professionals?
5. Is there a significant relationship between the level of Adversity Quotient and the level of Helping Behavior of the Helping Professionals?
6. Is there a significant relationship between the level of Dispositional Empathy and the level of Helping Behavior of the Helping Professionals?



Hypotheses

Based on the problems which are the concerns of this research study, the researchers have come up with a notion that Adversity Quotient and Dispositional Empathy are believed to have a significant relationship with Helping Behavior in the context of the Helping Professionals. Hence, the hypotheses are formulated:

1. There is a significant relationship between Adversity Quotient and Dispositional Empathy among the Helping Professionals.
2. There is a significant relationship between the Adversity Quotient and Helping Behavior among the Helping Professionals.
3. There is a significant relationship between the Dispositional Empathy and Helping Behavior among the Helping Professionals.

Significance of the Study

The study is about the relationship between Adversity Quotient and Dispositional Empathy to Helping Behavior of Helping Professionals. This study and its results have benefits to the following:

To Helping Professionals, this study will make them know the possible relationship of their adversity quotient and dispositional empathy to their helping behavior. Thus, it may help them adjust better their self and increase their empathy.



To Organization or Company Administrators, this study will help them identify the existing problem or challenge that their employees experiencing. Thus, it may help them know the possible ways to somehow resolve the problem or do something just to keep their employees motivated to do their job.

To the Family of the Helping Professionals, this will help them know that being in this profession is not easy and they will know the problem that the helping professionals are experiencing. Thus, it may help them to know the possible things that they can do to guide, encourage, and motivate the helping professionals to do well in their job even if they are experiencing problems or challenges.

To the Readers, this study will give those better insights through the general discussion of the variables used and how they are related. Thus, this study will help them increase their knowledge about the factors that can affect helping professionals' helping behavior with their job.

To the Future Researchers, this study will help them if their research is related to this study. Thus, it will motivate them to explore other factors related to Adversity Quotient and Dispositional Empathy of Helping Professionals. They may also consider from other field.

Scope, Limitations, and Delimitations

The study is limited to helping professionals in the area of Metro Manila. Helping professionals pertains to those that the job is solely related to helping and nurtures the



growth or addresses the problems of peoples' physical, psychological, intellectual, emotional and spiritual well-being. This could be medical doctors, nurses, occupational therapists, speech pathologists, reading pathologists, psychologists and counselors. Regardless of its gender and age, works for at least 6 months and more in the field. The study focuses on three variables: Adversity Quotient, Dispositional Empathy, and Helping Behavior. The study is conducted to determine if there is a relationship between Adversity Quotient and Dispositional Empathy of selected Helping Professionals in their Helping Behavior.

The respondents were given questionnaires of the following variables:

Dispositional Empathy using Interpersonal Reactivity Index (IRI) measured by Davis (1980). The IRI was comprised of four different dimensions: Perspective Taking (PT), Empathic Concern (EC), Personal Distress (PD), and Fantasy (FS). For the purpose of the study, the mean score of the four dimensions were used; Adversity Quotient using the Adversity Response Profile® (ARP) QuickTake measured by Stoltz's (1997). The ARP was comprised of four different dimensions: Control, Ownership, Reach and Endurance. For the purpose of the study, the mean score of the four dimensions were used; Helping Behavior using the Helping Behavior Questionnaire by Panique (2009).

Definition of Terms

Adversity Quotient - Adversity Quotient is describe as how well a person withstands adversity and the ability to overcome it. The participants were ask to answer Adversity



Quotient® Response Profile, which is a self-rating questionnaire to measure an individual's style of responding to adverse situations.

Dispositional Empathy - Dispositional empathy refers to the reaction of one individual to the observed experiences of another. The participants were ask to answer Interpersonal Reactivity Index (IRI), which is a multidimensional approach to individual differences in empathy.

Helping Behavior - Helping behavior refers to an action intended to help the others. The participants were ask to answer Helping Behavior Questionnaire (HBQ), which measure the respondents' behaviors associated with helping.

Helping Professional - Helping professionals pertains to those that the job is solely related to helping and nurtures the growth or addresses the problems of peoples' physical, psychological, intellectual, emotional and spiritual well-being. This could be medical doctors, nurses, physical therapists, occupational therapists, speech pathologists, reading pathologists, psychologists and counselors. Regardless of its gender and age, works for at least 6 months and more in the field.



CHAPTER II

REVIEW OF RELATED LITERATURE AND STUDIES

Presented in this chapter are foreign and local literature and studies that would be a great help in the pursuit of this undertaking. This helped the researchers to have a better understanding and wider perspective on this investigation.

Related Literature

Empathy

The ability to understand what another human being is thinking or feeling is most commonly known as empathy (Lopez, 2010). The word empathy comes from the German “*empathie*” which literally translates as “feeling into.” For thousands of years, empathy has attracted the attention of great thinkers in many fields of study, but only recently has empathy experienced a serious comeback, signaled by the advent of social neuroscience. When the body experiences empathy, it is engaging our mirror neurons. Mirror neurons are activated both by when we move and when we see or think about someone else moving. The American Psychological Association article, “The Mind’s Mirror,” as cited in Threlfall (2016) explains how this neurological phenomenon applies to empathy. The concept might be simple, but its implications are far-reaching. Over the past decade, more research has suggested that mirror neurons might help explain not only empathy, but also autism and even the evolution of language. Empathy happens at a neurological level,



which is far deeper and more visceral than the feelings experienced in sympathy.

(Threlfall, 2016).

According to Threlfall (2016), people who lack empathy see others as mere objects. The lack of empathy is the root of all evil. In addition, the outcomes of empathy drawn from research and focused on groups in a workplace are higher levels of productivity, rapid conflict resolution, reduced occurrences of group conflict, integration of additional perspectives into decisions and projects, ability to reach group decisions faster, wider sharing of roles and responsibilities within the group, more meaningful discussions, reduced anxiety among group members and enhanced communication through greater ability to understand.

According to Daniel Goleman (2007) there are three very different way to sense another persons' feelings. The first is cognitive empathy sometimes called perspective-taking this kind of empathy is basically being able to put yourself into someone else's' place, and see their perspective effectively, cognitive empathy is 'by thought, rather than by feeling. The second kind of empathy is emotional empathy also known as personal distress or emotional contagion. This is closer to the usual understanding of the word empathy but more emotional. Lastly, the third one is compassionate empathy or empathic concern as described by Goleman (2007), it is what we usually understand by empathy: feeling someone's and taking action to help.

According to Riggio (2011), empathic concern is what we most often think about when we hear the term "empathy." It is the ability to recognize another's emotional state, feel in tune with that emotional state, and if it is a negative/distressful emotion, feel and



show appropriate concern. The three types of empathy represent different aspects of our personalities. A person high in perspective-taking may be good at understanding others' points of view, but may not get very involved in others' emotions. An individual high on personal distress will, as suggested, be prone to experience others' emotional states, which has good and not-so-good aspects. In reality, we all have some level of each of the types of empathy. The key is to understand the ways that we are empathic with others, and to realize the strengths and limitations of each type of empathy.

The present study will focus on a type of empathy called the trait empathy or dispositional empathy. Dispositional empathy is the tendency for people to imagine and experience the feelings and experiences of others. Researchers typically discuss dispositional empathy in contrast to state or situational empathy, which is an immediate response to a specific eliciting situation. Dispositional empathy is typically divided into more cognitive (e.g. Perspective Taking) and more affective or emotional (e.g. Empathic Concern) components (Luppicini, 2013).

Trait empathy broadly refers to the "reactions of one individual to the observed experiences of another" (Davis, 1983, p. 113). Empathy is most often thought to be comprised of multiple dimensions, and contain both cognitive and emotional components (Davis, 1996; Deutsch & Madle, 1975; Dillard & Hunter, 1989; Feshbach, 1975; Gladstein, 1983; Johnson, Cheek, & Smither, 1983; Stiff, Dillard, Somera, Kim, & Sleight, 1988 as cited in CHIRr, n.d.)

Empathy can be thought of as a trait, whereby individuals vary on the stable level of empathy they bring to a situation. Empathy has also been treated as a state, meaning



that the level of experienced empathy can vary according to situations (Lazarus, 1991; Shen, 2010, as cited in CHIRr, n.d). The most common measure of trait empathy derives from the Interpersonal Reactivity Index (IRI), a 28-item, four-dimensional measure- perspective taking, empathic concern, emotional contagion, and fantasy-developed by Davis (1980, 1983). Trait empathy is important in health communication research because the impact of various message strategies (e.g., narrative) may depend, in part, on the level of trait empathy a person possesses. Empathy has been shown to predict prosocial behavior, such as comforting behavior after horror film exposure (Tamborini et. al. 1993, as cited in CHIRr, n.d), volunteering to help an organization (Stiff, et al., 1988), forgiveness (McCullough et al. 1997 as cited in CHIRr, n.d), among others. The most common measure of empathy comes from the Interpersonal Reactivity Index (IRI) developed by (Davis 1980, 1983). Davis developed an integrative trait empathy measure that is comprised of four dimensions: empathic concern, perspective-taking, personal distress, and fantasy. Empathic concern represents the tendency for an individual to experience feelings of warmth, compassion, and concern for others undergoing negative experiences. Perspective-taking reflects the tendency of an individual to adopt the point of view of other persons. Personal distress indicates an individual's experienced feelings of discomfort and anxiety when witnessing the negative experiences of others. Fantasy indicates a tendency of the individual to identify strongly with fictitious characters in media (CHIRr, n.d.).



Resilience

The notion of resilience comes from Latin “resilire” and is defined as the skill to overcome/become adapted to highly difficult circumstances. Resilience is mentioned as a developmental process as much as an individual characteristic. Moreover, resilience is also defined as the survival of an individual from a disease or a loss, and the skill to survive. No matter which one of these definitions, in order to recognize that there is resilience, a difficult event would have occurred, and the individual became adapted to this event (Yilmaz, 2017).

Resilience plays an important role in the helping professionals. According to Comas-Diaz et. al (2015) as cited in the article “The Road to Resilience”, resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences. Moreover, being resilient as a healthcare profession is important and can influence his or her satisfaction with his or her job.

Working in the helping professions is rewarding but emotionally demanding (Grant & Kinman, 2013). Emotional resilience may be a particularly important quality for helping professionals, as it can help them adapt positively to stressful working conditions, manage emotional demands, foster effective coping strategies, improve well-being and enhance professional growth (McDonald et al. (2012) and Stephens (2013) as cited by Grant & Kinman (2013)).



The helping professionals in the Philippines provide physical and mental health services to the community especially in time of great adversity. According to an article from World Health Organization (WHO) (2014), medical personnel immediately responded to the needs of those affected in the devastation of the Typhoon Haiyan or known as Typhoon Yolanda in 2013. Dozens of psychologists and counselors also arrived at the disaster-stricken area and helped the survivors deal with the disaster. The role of helping professionals in extending assistance to the typhoon survivors continue to be felt. In just a month after the devastation, the World Health Organization (WHO) conducted a workshop to Filipino psychologists, physicians, and psychiatrists for psychological first aid.

Filipino people have repeatedly been touted as resilient, ever happy, and even bulletproof (Sison, 2014). Even in the poorest typhoon-hit areas, it only takes a day or two for people to start rebuilding their homes from scrap pieces of wood. However, the problem with Filipino resilience is the speed by which they transform trauma into acceptance. Instead of solving problems, Filipino simply cope or wait for the problem to pass.

Many professionals meet various hardships or adversities at work or in society. (Tian and Fan 2014) Adversity Quotient, the science of resilience measures how well one withstands adversity and one's ability to overcome it (Stoltz, 1997). Stoltz (1997) further explained Adversity Quotient® that encompasses four dimensions which exactly



measures the AQ of an individual. They are control, origin and ownership, reach, and endurance embodied in the acronym CORE.

Control

C stands for control over an adverse event. People who respond to adversity as temporary, external and limited have optimistic explanatory styles and tend to enjoy life's benefits. With perceived control, hope and action are turned to reality or learned helplessness shall pass. The more control one has, the more likely one has to take positive action.

Ownership

The other **O** means ownership that reflects accountability. This answers the degree of owning the outcomes of adversity whether good or bad. High AQ people enhance their accountability to control, empower and motivate action while low AQ people disown the problem causing failure to act, give-up, point fingers, reduced performance and angers at others and many more negative actions. Owning the outcome reflects accountability for achieving a specific result in response to a problem. High scores tend to accept responsibility for creating a specific outcome regardless of the causes.

Reach

R stands for reach evaluating how far the adversity gets into the areas of one's life. Low AQ response allow adversity to affect other aspect of one's life leading to



financial panic, sleeplessness, bitterness, distancing self from others and poor decision making. But with high R-score one may limit the reach of the problem to the event at hand. A misunderstanding relationship is one misunderstanding although painful and not a sign that life is falling apart.

Endurance

E means endurance responding to the time adversities last. Attribution theory of (Peterson et al. 1993 as cited by Canivel (2010)), indicated that there is a dramatic difference between people who attribute adversity to something temporary versus something more permanent or enduring. Applying this theory, people who see their ability as the cause of failure (stable cause) are less likely to continue than people who attribute failure to their effort (a temporary cause).

Frequent environmental stress associated with human pain and distress in the workplace can impact on the physical and mental well-being of health professionals and result in burnout aid, in some cases, traumatic stress like symptoms (Stamm (2010) as cited by McCann et. al). These negative stress outcomes can impact not only on the well-being of health professionals, but also on their ability to care effectively for others (Barnett, Baker, Elman & Schoener (2007) as cited by McCann et. al (2010)). It is developing and fostering resilient environments and individuals within the health profession is emerging as a way to reduce negative and increase positive, outcomes of stress in health professionals (Luthar, Cicchetti, & Becker (2000) as cited by McCann et. al (2010)).



In addition to that, adversity quotient is the capacity to deal with the adversities of his/her life. As such it is the science of human resilience (Stoltz, 1997). Adversity Quotient tells how well one withstands adversity and his/her ability to triumph over it. By understanding the concept we can better understand how we and others react to challenges and adversities in all aspects of our lives. It measures our ability to face the adversities. It provides the tools for improving how you respond and thus overall professional effectiveness (Parvathy & Praseeda 2014).

Resilience and Empathy

According to Heim (2014), neuroscientific evidence suggests that the human brain is set up to share others' emotional states and feelings and to empathize. Sharing the other's emotional state is one efficient way to understand the other's current feelings. It is commonly assumed that this ability is beneficial for an individual's social competence, which serves to increase resilience against negative events. The literature proposed that there is a positive relationship between empathy and resilience only if empathy is transformed into sympathy or concern for the wellbeing of the other. By contrast, a transformation of empathy into personal distress is a self-centered stress response that should weaken the individual's resilience, since it could result in increased sensitivity towards aversive events.

In the article by Youngson (2014), it is stated that health professionals with high degrees of empathy feel the pain of their patients. Empathy alone can increase the risk of burnout because the practitioner may develop what's called "anxious empathy" – a painful state of suffering with the patient but not able to do anything about the suffering.



Recent research work suggests then, that subjects with the ability to modulate their empathy – flexible empathy – are more resilient. It lets health workers know it's okay to be detached during technical care but also okay to show their softer sides when it's time to offer emotional support to patients and families.

Resilience and Helping Behavior

Resilience and prosocial behaviors are two major important aspects on a successful and healthy development of both children and adolescents. According to research, children who are both resilient and have prosocial behaviors are less likely to get in trouble with their parents, the laws when they become teenagers or adults, and are more easily to cope with adversity or rejection (Springer, J. J. (1997) as cited by Brice-Montas (2016)). Resilience by definition is the ability to withstand and rebound from crises or permanent challenges (Argosy University (2014) as cited by Brice-Montas (2016)). In other words, resilience is the process of adapting well in the face of adversity, trauma, and tragedy, and threats, etc. Resilience is the ability to “bounce back” from difficult experiences or stressful situations. While prosocial behaviors on the other hand are those intended to help other people. Prosocial behavior is characterized by a concern about the rights, feelings and welfare of other people. Behaviors that can be described as prosocial include feeling empathy and concern for others and behaving in ways to help or benefit other people (Wadsworth, M. E., & Santiago, C. D.(2008) as cited by Brice-Montas (2016)).



A child's ability to develop a sense of connectedness to someone like an adult in his/her early years. According to research, this single attachment from a child to a person who does not have to be the child's parent can make a world of difference in how the child deal with other people and situation (Argosy University (2014) as cited by Brice-Montas (2016)). Another factor in building resiliency in a child is being responsible for someone else: this means, children who are resilient are incline toward helping others (Gonzalez (2012), as cited by Brice-Montas (2016). Another key actor in building resiliency is the child's ability to see the positive in each situation he/she is experiencing (Argosy University (2014)) as cited by Brice-Montas (2016)).

Other factors that need to be considered in promoting resiliency and prosocial behavior in both children and adolescents are: teaching them how to make friends with others and the ability to build their own social support system that can help them in both good and bad time, teach children the importance of helping others; parents who teach or give their children the opportunity to help others help them feel valuable, important, and effective (Argosy University (2014) as cited by Brice-Montas (2016)). Self-care is also important in building resiliency in children. According to experts, teaching self-care involves teaching them to be role models for others for living a well-balanced and healthy lifestyle due to the fact that when someone's body is healthy and well-rested he/she has more internal resources to persevere in difficult situations (Argosy University (2014) as cited by Brice-Montas (2016)).

Nurture positive self-view needs to be considered in promoting resiliency as well. This involves helping the child to preview a time when he/she managed a situation positively and successfully. By doing so, he/she will have more confidence in



himself/herself in making good decision and solving problems effectively (Argosy University (2014) as cited by Brice-Montas (2016)). Keep things into perspective, encourage self-discovery, and accept changes are also very important in promoting resiliency and encouraging prosocial behavior as well (Argosy University (2014) as cited by Brice-Montas (2016)). All these factors listed above are very important in helping children to become resilient and to build prosocial behavior because, first, it helps them develop the ability to successfully cope with adversity, trauma, threats, and stress. They also help children to become kind, concerned and compassionate (Argosy University (2014) as cited by Brice-Montas (2016)).

Some of the obstacles that need to be kept in mind when building resiliency and prosocial behavior in both children and adolescent are cultural differences; a person's culture might have an impact on how he or she communicates feelings and deals with adversity, self-esteem issue, self-confidence, the child's environment, and the child's interpretation of the situation (Springer, J. J.(1997) as cited by Brice-Montas (2016)).

In the context of Helping Professionals, organizations have a duty of care to protect the wellbeing of their employees, it is widely acknowledged that employees need to enhance their personal resilience to survive and thrive. It is argued that resilience may be a particularly important quality for helping professionals, as it can help them adapt positively to stressful working conditions, manage emotional demands, foster effective coping strategies, improve wellbeing and enhance professional growth (Morrison (2007); Collins (2008); Macdonald et al. (2012); Stephens (2013) as cited by Grant and Kinman (2013)).



Helping Behavior and Empathy

Empathy has several components and has been defined in multiple ways throughout the literature (Chakrabarti, 2013). Hakansson (2003) as cited by Chakrabarti (2013) summarized and contrasted the theories of four major researchers in the general empathy/altruism literature. He noted that Martin Hoffman's work discussed empathy as the interaction between affective and cognitive processes, whereas Nancy Eisenberg defined empathy in more emotion-based terms and as a stimulus for helping behavior when one is not overwhelmed by the other individual's emotional experience. Hakansson noted that similar to Hoffman and Eisenberg, C. Daniel Batson also examined the empathy/altruism connection and described empathy as a possible motivational source for helping (Chakrabarti, 2013).

An article from Psychology Today stated that empathy is known to increase prosocial (helping) behaviors. It is also important to gain an understanding of helping behavior. Understanding why people help may help to understand how helping behavior can be increased. Helping behavior refers to an action which is voluntarily given to someone that has the intention to help regardless of the reward or so. It is a type of prosocial behavior which has the intention to help or benefit another individual or group of individuals, such as sharing comforting rescuing and helping.

According to Burton, (2014) empathy leads to compassion, which is one of the main motivators of altruism. Another, less flattering motivator of altruism is fear. In this case, altruism is an ego defense, a form of sublimation in which a person copes with his problems and anxieties by stepping outside himself and helping others. By concentrating on the needs of others, people in altruistic vocations such as nursing or teaching may be



able to push their own needs into the background, where they can more easily be ignored and forgotten. Conversely, people who care for a disabled or elderly person, or even for healthy children, may experience profound anxiety and distress when this role is suddenly removed from them. Regardless of its motivator, altruism is good for our karma. In the short term, an altruistic act leaves us with a euphoric feeling, so-called 'helpers' high'. In the longer term, altruism is associated with better mental and physical health and greater longevity. Kinder people are happier, and happier people are kinder, setting up a virtuous circle of altruism. At a more social level, altruism acts as a signal of interactive and cooperative intentions, and also as a signal of resource availability and, by extension, of mating or partnering potential. It also opens up a debt account, encouraging others to reciprocate with resources and opportunities that are potentially of much greater value to us than those that we felt comfortable to give away. More broadly, altruism helps to maintain and preserve the social fabric that sustains and protects us, and that, for many, not only keeps us alive but also makes our life worth living.

Mark H. Davis (1983) as cited by Chakrabarti (2013), proposed a multidimensional model which breaks down the concept of empathy in relational terms and as a reaction to others (i.e. fantasy, perspective taking, personal distress, and empathic concern). In fantasy empathy, people empathize with those in films or books. In perspective-taking, people can put themselves “in the shoes” of the other. In personal distress, people can feel the other’s distress. Empathetic concern, which is the form of empathy found most likely to correlate with helping, refers to a genuine concern or



sympathy with the other. In research on altruistic behavior during the Holocaust, Midlarsky, Fagin-Jones & Corley (2005) and Oliner & Oliner (1988) as cited by Chakrabarti (2013), found that empathic concern was an important correlate of helping behavior.

Related Studies

In a study by Batson et. al. (2007) entitled “An additional antecedent of empathic concern: Valuing the welfare of the person in need”. Two experiments examined the role of valuing the welfare of a person in need as an antecedent of empathic concern. Specifically, these experiments explored the relation of such valuing to a well-known antecedent-perspective taking. In Experiment 1, both perspective taking and valuing were manipulated, and each independently increased empathic concern, which, in turn, increased helping behavior. In Experiment 2, only valuing was manipulated. Manipulated valuing increased measured perspective taking and, in part as a result, increased empathic concern, which, in turn, increased helping. Valuing appears to be an important, largely overlooked, situational antecedent of feeling empathy for a person in need.

The local study of Panique (2009) aims to determine the degree of helping behavior of the nursing students of the St. Paul University Iloilo as influenced by selected factors. Result of the study revealed that nursing students when taken as a group were found to be moderately helpful. When grouped according to year level, result revealed that first year students were more helpful. The findings further revealed that there were



significant differences in the helping behavior of the nursing students when classified according to sex, year level, and locus of control.

Huijuan (2009) investigated the adversity quotient and academic performance of the selected students in St. Joseph's College, Quezon City during the school year 2008-2009. The sample size was 280 male and female college students from the College of Arts and Sciences and the Institute of Nursing who were included in the study through randomized sampling technique. Their GPA (grade point average) during the first semester of the present school year was used in order to determine their academic performance. The largest percentage of the respondents in this study in terms of GPA was those who had obtained a satisfactory academic performance. The adversity quotient of the respondents was not influenced by their sex. However, course and year level were found to be significantly related to their adversity quotient for the student respondents in this study. The level of adversity quotient and academic performance of the respondents were found to be significantly related to each other.

A local study conducted by Dagdag (2010) entitled "Helping Behavior of Fourth Year Paulinian Students as Influenced by Selected Factors" showed that there is a significant difference in the helping behavior of fourth year Paulinian students when classified to sex. Females were more likely to be helpful than males. But, when classified according to birth order, place of residence, type of residence, and length of residence, and length of stay there was no significant difference with the result of moderately helpful.



The study about altruism in Greek children: relations with empathy, resilience and classroom climate by Leontopoulou (2010) aims to identify any relations between children's altruism and a set of demographic and other personal and social characteristics of Greek children, and to examine the psychometric properties of a newly-developed measure of altruistic behavior in children. Altruism and resilience have hardly ever been examined together in a study, whether in Greece or abroad. The results of this study, which indicate that altruism can be reliably predicted by resilience are important, as they open new horizons for the study of both concepts within the newly-established domain of positive psychology. The finding regarding the relations between altruism and resilience also offers support to the inclusion of emotional education programs and interventions for the promotion of resilience at the family level, but also at school and in the community.

The study by Stevenson et. al (2011) results that all doctors were motivated by the belief that helping a disadvantaged population is the 'right thing' to do. They were sustained by a deep appreciation and respect for the population they served, an intellectual engagement with the work itself, and the ability to control their own working hours (often by working part-time in the field of interest). In their clinical work, they recognized and celebrated small gains and were not overwhelmed by the larger context of social disadvantage. The study concluded that if organizations want to increase the numbers of medical staff or increase the work commitment of staff in areas of social disadvantage, they should consider supporting doctors to work part-time, allowing experienced doctors to mentor them to model these patient-appreciative approaches, and



reinforcing, for novice doctors, the personal and intellectual pleasures of working in these fields.

In a study by Phoolka and Kaur (2012) entitled, “Adversity Quotient: A New Paradigm in Management to Explore”, it is concluded that adversity quotient can be useful to predict performance, persistence, resilience, longevity and response to change. Definitely, an individual's adversity quotient plays an important role in people's life and career.

Hall et. Al. (2012) study analyses indicated that psychologist from division chosen to represent a “practitioner” orientation (Clinical Psychology and Psychotherapy), compared to psychologist from division chosen to represent a “scientist” orientation (Evaluation, Measurement, and Statistics) scored lower on personal distress. For females only, practitioner status was also associated with higher scores on empathic concern and perspective taking. Also regardless of sex, among participants who reported regularly engaging in therapy, higher scores on emphatic concern and perspective-taking. Also lower scores on personal distress were associated with greater satisfaction with therapeutic work.

Morelli et. al. (2012), study entitled “The neural components of empathy: Predicting daily prosocial behavior”, results demonstrate that empathy for positive and negative emotions selectively activates regions associated with positive and negative affect, respectively. In addition, the mirror system was more active during empathy for context-independent events (pain), whereas the mentalizing system was more active during empathy for context-dependent events (anxiety, happiness). Finally, the septal



area, previously linked to prosocial motivation, was the only region that was commonly activated across empathy for pain, anxiety, and happiness. Septal activity during each of these empathic experiences was predictive of daily helping. These findings suggest that empathy has multiple input pathways, produces affect-congruent activations, and results in septally mediated prosocial motivation.

According to a study conducted by Wilhelm et al. (2013), entitled Helping Behavior, Dispositional Empathic Concern, and the Principle of Care the results show that results show that the care-helping relationship is stronger than the empathy-helping relationship for most helping behaviors, and that the empathy-helping relationship is mediated by the principle of care. That dispositional empathic concern is mediated by the principle of care requires new theoretical interpretations of the empathy-helping relationship, and suggests new directions for research on helping behavior.

Macabiog (2014) initiated a study on the Adversity Quotient of nurse managers in hospitals and nursing schools in Benguet province. She contended that there were no published research studies dealt with Adversity Quotient in the nursing field. Hence, the study sought to determine the overall AQ of nurse managers and its effects on their years of experience, current field of practice, management positions, and age. Results showed that nurse managers scored moderately high AQ. There were significant differences found in their AQ with regard to their current field of practice and management position. However, no significant differences were found with age and years of experience. The findings indicated that nurse managers are resilient in facing adversity in their workplace.



In contrast to Macabiog (2014), a local study conducted by Daloos (2015) entitled “Emotional Intelligence and Adversity Quotient of Selected Helping Professionals” showed that the AQ mean scores of the respondents were below average on the following dimensions: control, ownership, reach, and endurance. However, it showed that the respondents exhibited typically emotional intelligent behaviors in all of the EI skills: emotional self-awareness, emotional expression, emotional awareness of others, emotional reasoning, emotional self-management, emotional management of others, emotional self-control, and overall EI. Of all the demographic and AQ dimensions, only control and age showed a significant difference. Older respondents perceived control over adversity than their younger counterparts. The findings of the study only provided the significant correlation between the AQ dimension, reach and the EI skill, emotional self-management.

According to a study by Gleichgerrcht et. al (2014), perceived pain intensity was significantly lower among experienced physicians but similar across specialty fields with varying demands of emotional stress. Watching videos of patients in pain, however, elicited more personal distress among physicians in highly demanding medical fields, despite comparable empathy dispositions with other fields. The pain of male patients was perceived as less intense than the pain of female patients, and this effect was more marked for female physicians. The effect of dispositional empathy on pain perception and induced personal distress was different for each sub-component, with perspective taking and empathic concern (EC) being predictive of the behavioral outcomes. Physician who experience both compassion satisfaction and fatigue perceive more pain and suffer more



personal distress from it than those who only suffer the negative aspects of professional quality of life. As concluded, professional experience seems to desensitize physicians to the pain of others without necessarily helping them down-regulate their own personal distress. Pain perception is also related with specific aspects of empathy and varies depending on context, as is the case with the gender of their patients. Minimum levels of empathy appear necessary to benefit from the positive aspects of professional quality of life in medicine.

Barford (2015) study entitled “The Relationship between Empathy and Work-Related Stress in a Sample of Child and Youth Care Counselors”, results of dissertation suggest that empathy may not be a “double edged sword”, which is helpful and therapeutic on the one hand and harmful and potentially debilitating on the other. The fields of Vicarious Trauma (VT) and Compassion Fatigue (CF) reconsider making blanket statements about the casual relationship between empathy and secondary trauma. The personality variables are highly predictive of the development of both VT and CF, individuals working in the helping professions consider whether or not they possesses the necessary attributes with work in highly stressful and traumatic.

In support to that, a study by Loyola (2016), result showed that the empathy level of the helping professionals is generally average. No significant differences were noted in the empathy level of helping professionals classified according to age, civil status, nature of work, and curricular program. The results are consistent with the commonly held stereotypes and popular culture which suggest that women have a greater capacity for understanding others’ thoughts and feelings than do men. Regardless of the cause, women appear to be more empathetic than men.



In a study by Jasenka (2016), entitled “Experience of Adversity and Engagement in Prosocial Behavior”, it aim to investigate the previously unexplored relationship between prior experience of adverse life events and subsequent engagement in emergency helping. The study found that the recent experience of adversity is positively related to subsequent engagement in emergency helping behavior. The positive relationship between experiencing adversity and engaging in prosocial behavior were confirmed with regard to organizational but not interpersonal helping in the current sample. Empathy was found to be negatively related to emergency helping, and positively related to organizational helping, while trust was found to be positively related to interpersonal helping only. In examining the relationship between the emotional impact of adverse experience and engagement in helping behavior, the findings demonstrated that emotional impact was related to organizational helping only and that this relationship was positive. There were differences in relevant outcomes related to types of adversity experienced as well as primary reasons selected for engaging in emergency helping.

The study about Adversity quotients, environmental variables and career adaptability in student nurses by Tian & Fan (2016), findings revealed that student nurses' adversity quotients, individualized clinical learning environment, and family social support associated positively with their degree of career adaptability, even after multiple adjustments. Additionally, career adaptability scores were higher among associate degree student nurses and those who had served as student leaders.

In a recent study by Fry & Runyan (2017), discussed the empathic concern, its relation to altruistic motivation, and how empathic concern is invoked in experimental



studies. They did this with an eye toward applying laboratory techniques in the classroom, and everyday life, to foster empathic concern and altruistic responding. This goes beyond teaching about empathic concern to setting up conditions that help people experience this psychological state, and its benefits, firsthand. Smartphone-based ecological momentary interventions (EMIs) can help us do this by raising self- and other-awareness, and by promoting empathic states and practices in daily life. While smartphones often pull us away from direct personal interaction, we explore ways of using these devices to redirect our attention to those around us. They sum it all up by suggesting that these ways of helping people regularly experience and act upon empathic concern in daily life might help nurture a compassionate disposition, whereby one has the tendency to see the needs of others and respond not only with empathic concern, but also with sensitive and effective help.

In this study by Santamaría-García et al. (2017), they examined the empathy of mental health workers, whose daily work requires the development of a saliently empathic character. Building on this research line, the present population-based study aimed to (a) assess different dimensions of empathy for pain in mental health workers relative to general-physicians and non-medical workers; and (b) evaluate their relationship with relevant factors, such as moral profile, age, gender, years of experience, and workplace type. Relative to both control groups, mental health workers exhibited higher empathic concern and discomfort for others' suffering, and they favored harsher punishment to harmful actions.

A study about altruism in managers augments their self-resilience and evokes prodigious self-esteem which are the critical success factors for professionalism in



industries (Malik, 2017) finds that the higher the altruism, the higher will be the self-resilience and self-esteem. However, the higher the self-esteem of an egoistic manager, the lower of the self-resilience. Managers who have higher self-esteem have low self-resilience as they are egoistic in nature and lack the ability to bounce back from calamities. Managers who have higher altruism have higher self-esteem and self-resilience as they are altruistic in nature and they possess the quality of getting back to the normal form even after adversities.

Synthesis

The variables included in our study are Adversity Quotient, Dispositional Empathy and Helping Behavior. Based from the literatures presented regarding these variables, Adversity Quotient is defined as the science of resilience. It measures how well one withstands adversity and one's ability to overcome it. Stoltz (1997) further explained that Adversity Quotient encompasses four dimensions which exactly measures the AQ of an individual. They are control, origin and ownership, reach, and endurance embodied in the acronym CORE. **C** stands for control over an adverse event, **O** means ownership that reflects accountability, **R** stands for reach evaluating how far the adversity gets into the areas of one's life and **E** means endurance responding to the time adversities last. Empathic concern as described by Goleman (2007), is what we usually understand by empathy: feeling someone's and taking action to help. Helping behavior refers to an action which is voluntarily given to someone that has the intention to help regardless of the reward or so. It is a type of prosocial behavior which has the intention to help or



benefit another individual or group of individuals, such as sharing comforting rescuing and helping. All these variables affect one another and these psychological constructs would help us seek answers to our research study in the context of the Helping Professionals.

According to Heim (2014), there is a positive relationship between empathy and resilience only if empathy is transformed into sympathy or concern for the wellbeing of the other. By contrast, a transformation of empathy into personal distress is a self-centered stress response that may weaken the individual's resilience, since it could result in increased sensitivity towards aversive events.

According to Youngson (2014), empathy alone can increase the risk of burnout because the practitioner may develop what's called "anxious empathy" – a painful state of suffering with the patient but not able to do anything about the suffering. Recent research work suggests then, that subjects with the ability to modulate their empathy – flexible empathy – are more resilient. It lets health workers know it's okay to be detached during technical care but also okay to show their softer sides when it's time to offer emotional support to patients and families.

Resilience and helping or prosocial behaviors are two major important aspects on a successful and healthy development of both children and adolescents. According to research, another factor in building resiliency in a child is being responsible for someone else: this means, children who are resilient are incline toward helping others (Gonzalez Mena (2012) as cited by Brice-Montas (2016)). In an article from Psychology Today it is



stated that empathy is known to increase prosocial (helping) behaviors. It is also important to gain an understanding of helping behavior.

In research on altruistic behavior during the Holocaust, Midlarsky, Fagin-Jones & Corley (2005) and Oliner & Oliner (1988) as cited by Chakrabarti (2013), they found that empathic concern was an important correlate of helping behavior.

Moreover, related studies being presented in this research paper has found significant relationships among our variables. In a study by Macabiog (2014) on the Adversity Quotient of nurse managers in hospitals and nursing schools in Benguet province. Results showed that nurse managers scored moderately high AQ. There were significant differences found in their AQ with regard to their current field of practice and management position. However, no significant differences were found with age and years of experience. The findings indicated that nurse managers are resilient in facing adversity in their workplace.

In contrast to Macabiog, a local study conducted by Daloos (2015), entitled “Emotional Intelligence and Adversity Quotient of Selected Helping Professionals” showed that the AQ mean scores of the respondents were below average on the following dimensions: control, ownership, reach, and endurance.

According to a study by Gleichgerricht et. al (2014), Physician who experience both compassion satisfaction and fatigue perceive more pain and suffer more personal distress from it than those who only suffer the negative aspects of professional quality of life. As concluded, professional experience seems to desensitize physicians to the pain of others without necessarily helping them down-regulate their own personal distress. Pain



perception is also related with specific aspects of empathy and varies depending on context, as is the case with the gender of their patients. Minimum levels of empathy appear necessary to benefit from the positive aspects of professional quality of life in medicine.

In support to that, a study by Loyola (2016) result showed that the empathy level of the helping professionals are generally average. No significant differences were noted in the empathy level of helping professionals classified according to age, civil status, nature of work, and curricular program. The results are consistent with the commonly held stereotypes and popular culture which suggest that women have a greater capacity for understanding others' thoughts and feelings than do men. Regardless of the cause, women appear to be more empathetic than men.

The aim of this proposed study is to examine the relationship between the variables which comprises of Adversity Quotient, Dispositional Empathy and Helping Behavior. This study approaches an overall look into their level of AQ, Dispositional Empathy, and Helping Behavior. This differs from previous studies because (1) Other studies only find out the relationship of variables among limited variation of helping professionals as participants whereas in this current study, the researchers added occupational therapists, speech pathologists, reading pathologists as participants; (2) Other studies only find out the relationship of one or two variables only whereas in this current study, the researchers wanted to find out the relationship of all the three variables to each other; and (3) Since there are only limited studies that can present information about the relationship of the variables particularly the relationship of adversity quotient



and helping behavior, and the relationship of dispositional empathy and helping behavior.

This current study would want to provide new information regarding the results that would help future researchers.



CHAPTER III

METHODS

This chapter presents the research method used. It also presents the respondents and the sampling technique, the location of the research, the instruments, the data gathering procedure and the statistical analysis of the research data.

Research Method

In this study, the researchers used correlational method to determine the relationship of the following: dispositional empathy and adversity quotient, helping behavior and dispositional empathy, and adversity quotient and helping behavior among selected helping professionals.

The correlational method involves looking at relationships between two or more variables while researchers can use correlations to see if a relationship exists, the variables themselves are not under the control of the researchers (Cherry, 2015). There are three possible result for a correlational study: A positive correlation, a negative correlation, and no correlation (Cherry, 2015). A positive correlation means both variables increase and decrease at the same time which has correlation coefficient close to +1.00. A negative correlation means the amount of one variable increases, the other decreases and vice versa with a correlation coefficient close to -1.00. Lastly, no correlation means no relationship between the two variables with correlation coefficient of 0 (Cherry, 2015).



This study is a quantitative research therefore, the correlation of the study is determined through the use of statistical tools.

Sample and Sampling Technique

The participants of this study are 120 helping professionals which pertains to those that the job is solely related to helping and nurtures the growth or addresses the problems of peoples' physical, psychological, intellectual, emotional and spiritual well-being. These are the 29 medical doctors, 62 nurses, 3 occupational therapists, 4 speech pathologists, 1 reading pathologist, 4 psychologists and 17 counselors. Regardless of its gender and age, works for at least 6 months and more in the field. The researchers chose helping professionals from the schools, hospitals and clinics because these are environments that require the active presence of helping professionals. To qualify as a respondent a person must be a practicing medical doctor, nurse, occupational therapist, speech pathologist, reading pathologist, psychologist or counselor. Regardless of its gender and age, works for at least 6 months and more in the field. Purposive sampling was used in choosing the participants. A purposive sample is a non-probability sample that is selected based on characteristics of a population and the objective of the study (Crossman, 2017). Purposive sampling techniques have also been referred to as nonprobability sampling or purposeful sampling. Purposive sampling techniques include selecting certain units or cases "based on a specific purpose rather than randomly" (Teddlie, Yu, 2007).



The researchers used purposive sampling because there are limited licensed helping professionals in hospitals and clinics. With that said, the researchers selected all of the helping professionals in the selected hospitals, clinics and institutions with a total of 120 medical doctors, nurses, occupational therapists, speech pathologists, reading pathologist, psychologists and counselors as respondents of the study.

Research Locale

The study was conducted in the different hospitals, institutions and organizations around Metro Manila such as Trinity University of Asia, UST-Angelicum College Inc., Technological Institute of the Philippines – Quezon City, St. Luke’s Medical Center – E. Rodriguez, Department of Health – NCR Office, Bureau of Fire Protection – NCR, ChildFam Possibilities Philippines Co., Capitol Medical Center, Lung Center of the Philippines, Allied Care Expert Medical Center, Quezon City General Hospital, Metro North Medical Center and Hospital, Novaliches District Hospital, Department of Education - Divisional Offices, Muntinlupa City. The researchers chose to conduct the study in Metro Manila because it is an urban area where most helping professionals reside and work.

Research Instruments

The first instrument of the research is Interpersonal Reactivity Index (IRI) The IRI (Davis, 1980) assesses a person’s dispositional empathy and includes four separate



dimensions, each with 7 items—perspective taking (PT), empathic concern (EC), personal distress (PD), and fantasy (FS). The EC subscale assesses one's tendency to experience compassion for others who are less fortunate. The PT subscale measures one's capacity of taking the mental perspectives of others. The PD assesses one's predilection to experience self-oriented mental discomfort when faced with intense distress with others. The FS scale measures the tendency to imaginatively transpose oneself into fictional situations. The IRI was tested and validated with over 1000 college students, which has an internal reliability of .70 to .78. The convergent validity of IRI was PT correlated with cognitive empathy measure, while EC correlated with emotional empathy measure. The concurrent validity was empathic concern and perspective taking was associated with high self-esteem and healthy interpersonal functioning, which was opposite for personal distress. Participants responded to items on a 5 point Likert scale (1 = does not describe me well to 5 = describes me very well). The rating scores were summed to provide scores for each of the four dimensions. The empathy measure was Davis's (1983) Interpersonal Reactivity Index (IRI), which measures empathic concern for people in general, willingness to take others' perspectives, and personal distress upon seeing people in need. In scoring IRI, the scores was ranges from 4 to 1, while in denotes items the scores was reversed. The scores from each item was summed up to form the overall score.

Second is The Adversity Response Profile (ARP) Quick Take which was developed by Paul Stoltz. The ARP Quick Take provided the researcher with ample information to measure and interpret the AQ of special education teachers. The



researcher sought permission from the office of Dr. Stoltz for the use of this tool. The Adversity Response Profile (ARP), full version, is a self-rating questionnaire designed to measure an individual's style of responding to adverse situations (Stoltz, 1997). The ARP is highly reliable, with a reliability coefficient of .88 and no adverse impact based on gender or ethnic background (Stoltz, 1997). For the ARP, internal consistency, that is, the consistency of answers to all questions within a scale, all four subscores (dimensions) were found to have high reliabilities. Cronbach's coefficient alpha – a measure of the internal-consistency reliability (N=837) of each scale score shows the following: Control = .77; Ownership = .78; Reach = .83; Endurance = .86. Validity has two components: convergent and discriminant validity. Evidence from three validity studies indicates that the ARP is measuring some personal characteristics that relate to job performance and financial success. Thus, the ARP demonstrated good convergent validity. The second component is discriminant validity – two different scales on a questionnaire should measure different things if they have different names. The four scales of the ARP measure different, but somewhat related aspects of AQ. To justify having four subscores, the intercorrelations among those scores should be less than their corresponding reliabilities. The highest correlation between scale scores is .55 between Control and Ownership. Next highest are .43 between Reach and Endurance. The other combinations of scale scores have low intercorrelations. None of the intercorrelations among scale scores is as high as the lowest scale reliability; thus, the four scales of the ARP demonstrated good discriminant validity. (peaklearning.com, n.d.).



Lastly, is the Helping Behavior Questionnaire which was developed by Panique, J. The HBQ contains a multiple-choice type of the test that determines the degree of helping behavior. It includes twenty hypothetical situations with four options that represented the responses of the subjects. The respondents in this study were asked to indicate his/her response for each item by encircling the letter of their choice. Among the four choices, one of the choices represents unhelpful behavior, one is less helpful behavior, and another is moderately helpful, and one is more helpful. Each response has a corresponding score depending on the degree of helpfulness - zero (0) for unhelpful behavior, one (1) for less helpful, two (2) for moderately helpful, and three (3) for more helpful. The score of each subject was determined by getting the average of all the responses for each item. The higher the score, the more helpful the subject is. The instrument was subjected to content validation by a jury composed of five (5) experts. Results of pilot-testing were subjected to construct validity using the Statistical Package for the Social Sciences (SPSS) to determine the degree to which the score on the instrument can be accounted for by explanatory constructs of a sound theory. (Best and Kahn (1998), as cited by Panique (2017)) Helping Behavior Questionnaire was tested and validated with over 60 nursing students. In Cronbach's Alpha the HBQ had a reliability of 0.78.

Data Gathering Procedure

This study was conducted using Interpersonal Reactivity Index to measure the Dispositional Empathy of the Helping Professionals, Adversity Response Profile to



measure the Adversity Quotient of the helping professionals, and Helping Behavior Questionnaire to measure the behaviors associated with helping. The participants of this study are helping professionals from selected hospitals and clinics around Metro Manila.

First, the researchers will send a letter of request to the supervision of each selected hospitals within Metro Manila to conduct a study on the relationship of the following: Dispositional Empathy and Adversity Quotient, Helping Behavior and Dispositional Empathy, and Adversity Quotient and Helping Behavior.

Afterwards, when the letter had been approved, the researchers went to the hospitals and clinics to give the questionnaire.

The scores that were obtained from Interpersonal Reactivity Index, Adversity Response Profile, and Helping Behavior Questionnaire was recorded, tallied, and was subjected to the correct statistical test for data analysis.

Statistical Analysis

This study used Descriptive Statistics which includes the Mean and Standard Deviation. Moreover, Inferential Statistics which is Pearson Product – Moment Correlation Coefficient will also be used. These are the following tools that will be used in analyzing the data gathered.

- 1. Sample Mean.** This formula was used to determine the level of dispositional empathy, level of adversity quotient, and level of helping behavior of the helping professionals.



$$X = \sum xN$$

Where:

$\sum x$ is sum of all data values

N is number of data items in population

n is number of data items in sample

2. Sample Standard Deviation for Ungrouped Data. This formula will be used to measure the amount of dispersion and variability of the scores obtained by the respondents based on their scores using the Interpersonal Reactivity Index, Adversity Response Profile, and Helping Behavior Questionnaire of selected helping professionals.

$$SD = \sqrt{\frac{\sum (x - \bar{x})^2}{n}}$$

Where:

SD = standard deviation

\sum = sum

x = each value in the data set

n = number of value in the data set

n = number of value in the data set

3. Pearson Product – Moment Coefficient Correlation or r . This formula will be used to determine the relationship of Dispositional Empathy, Adversity Quotient, and Helping Behavior among the helping professionals.



$$r = \frac{N\sum XY - (\sum X)(\sum Y)}{\sqrt{(N\sum X^2 - (\sum X)^2)(N\sum Y^2 - (\sum Y)^2)}}$$

Where:

N = number of pairs of scores

$\sum xy$ = sum of the products of paired scores

$\sum x$ = sum of x scores

$\sum y$ = sum of y scores

$\sum x^2$ = sum of squared x scores

$\sum y^2$ = sum of squared y scores



CHAPTER IV

Presentation, Analysis and Interpretation of Data

This chapter presents the findings, analysis and interpretation of data gathered through the instruments. The data is presented in textual and tabular form for the following specific problems stated in Chapter 1.

Problem I: What is the level of Adversity Quotient among the helping professionals?

Table 1. Adversity Quotient of the respondents derived from Adversity Response Profile (N=120)

	ARP Quick Take Mean Score	SD	Description
Adversity Quotient	136.2	19.09	Moderate AQ

Note: The standard interpretation for the Adversity Quotient are the following: 178-200 = High AQ, 161-177 = Moderately High AQ, 135-160 = Moderate AQ, 118-134 = Moderately Low AQ, 117-below = Low AQ

Table 1 shows the level of Adversity Quotient among the helping professionals. The helping professionals got a moderate AQ which obtained a mean score of 136.2 with 19.09 standard deviation.

The result suggests that most of the helping professionals cope well with difficulties. However, when adversities increase and the individual become fatigued, they may at times become demoralized or overwhelmed.

Adversity Quotient, the science of resilience measures how well one withstands



adversity and one's ability to overcome it (Stoltz, 1997). Emotional resilience may be a particularly important quality for helping professionals, as it can help them adapt positively to stressful working conditions, manage emotional demand, foster effective coping strategies, improve well-being and enhance professional growth (Grant & Kinman, 2014). In contrast, helping professional could manifest inability to deal with a situation when they are faced with adverse situations at work especially in emergency and traumatic cases which require their resiliency (Daloos, 2015).

Problem II: What is the level of Dispositional Empathy of the helping professionals?

Table 2. Level of Dispositional Empathy among the helping professionals

	Mean	SD	Description
Interpersonal Reactivity Index	62.24	11.15	Moderate

Note: The arbitrary standard for the Interpersonal Reactivity Index are the following: 90-112 = Very High, 68-89 = High, 45-67 = Moderate, 23-44 = Low, 0-22 = Very Low.

Table 2 shows the level of Dispositional Empathy of the helping professionals. Helping professionals got a neutral dispositional empathy which obtained a mean score of 62.24 with 11.15 standard deviation.

Result shows that most helping professionals, in understanding others' thoughts and feelings tends to be consistent and stable.

The ability to understand what another human being is thinking or feeling is most



commonly known as empathy (Lopez, 2010). In support to that, a study by Loyola (2016), result showed that the empathy level of the helping professionals is generally average. No significant differences were noted in the empathy level of helping professionals.

Problem III: What is the level of Helping Behavior of the helping professionals?

Table 3. Level of Helping Behavior among the helping professionals.

	Mean	SD	Description
Helping Behavior Questionnaire	2.14	0.34	Moderately Helpful

Note: The standard interpretation for the Helping Behavior Questionnaire are the following: 0.00-0.74 = unhelpful, 0.75-1.49 = less helpful, 1.50-2.24 = moderately helpful, 2.25-3.00 = more helpful.

Table 3 shows that the level of Helping Behavior of the helping professionals got a moderately helpful degree which obtained a mean score of 2.14 with a 0.34 standard deviation.

One study revealed that nursing student found to be moderately helpful to strangers in need. The findings of this study seem to imply that nursing students are not only helpful to their patients or during duty hours but they are also willing to extend help to someone who is a total strangers (Panique, 2009). It was supported by another local study conducted by Dagdag (2010). The result of the study revealed that the fourth year Paulinian students were found to be moderately helpful when taken as a whole group.



Problem IV: Is there a significant relationship between the level of dispositional empathy and level of adversity quotient of the helping professionals?

Table 4. Significant relationship of Dispositional Empathy between Adversity Quotient among the helping professionals.

Variables	Computed r Value	Degree of Freedom	Critical r Value	Level of Significance	Decision	Interpretation
Dispositional empathy and Adversity Quotient	0.370	118	0.195	0.05	Accept H _a	There is a significant relationship between dispositional empathy and adversity quotient

Table 4 shows that there is a significant relationship between the level of dispositional empathy and level of adversity quotient of the helping professionals.

Dispositional empathy and adversity quotient obtained a computed r value of 0.353 with a critical r value of 0.195 and $df = 180$ at 0.05 level of significant, it shows an accepted hypothesis because computed r value is higher than critical r value in which reveals that there is a significant relationship between dispositional empathy and adversity quotient.

One might intuitively assume a positive relationship between empathy and stress resilience, empathizing with the pain of the other person made the empathizer more sensitive toward aversive events. There are results indicating that empathizing with another person in a concrete way is not likely to make the empathizer more resilient to the impact of aversive events (Hein, 2009). On the other hand, another study suggests



that to improve the adversity quotient, a person should have empathy, sympathy and an ability to understand others problems. (Praseeda & Parvathy, 2014).

Problem V: Is there a significant relationship between the level of adversity quotient and the level of helping behavior of the helping professionals?

Table 5. Significant relationship between Adversity Quotient and Helping Behavior among the helping professionals.

Variables	Computed r Value	Degree of Freedom	Critical r Value	Level of Significance	Decision	Interpretation
Adversity Quotient and Helping Behavior	.151	118	.195	0.05	Reject H _a	There is no significant relationship between adversity and helping behavior

Table 5 shows that there is no significant relationship between the level of adversity quotient and the level of helping behavior of the helping professionals.

Adversity Quotient and Helping Behavior obtained a computed r value of .143 with a critical r value of 0.195 and $df = 118$ at 0.05 level of significant, it shows a rejected hypothesis because computed r value is lower than critical r value in which reveals that there is no significant relationship between Adversity Quotient and Helping Behavior.

Altruism and resilience have hardly ever been examined together in a study, whether in Greece or abroad (Leontopoulou, 2010). In the organizational setting, the link



between experiencing adversity and engaging in prosocial behavior was also demonstrated (Jasenka, 2016).

Problem VI: Is there a significant relationship between the level of dispositional empathy and the level of helping behavior of the helping professionals?

Table 6. Significant relationship between Dispositional Empathy and Helping Behavior

Variables	Computed r Value	Degree of Freedom	Critical r Value	Level of Significance	Decision	Interpretation
Dispositional Empathy and Helping Behavior	0.237	118	.195	0.05	Accept H _a	There is a significant relationship between dispositional empathy and helping behavior

Table 6 shows that there is a significant relationship between the level of dispositional empathy and the level of helping behavior of the helping professionals. Dispositional Empathy and Helping Behavior obtained a computed r value of 0.228 with a critical r value of 0.195 and $df = 118$ at 0.05 level of significant, it shows an accepted hypothesis because computed r value is higher than critical r value in which reveals that there is a significant relationship between Dispositional Empathy and Helping Behavior.

While prosocial behaviors are those intended to help other people, prosocial behavior is characterized by a concern about the rights, feelings and welfare of other



people. Behaviors that can be described as prosocial include feeling empathy and concern for others and behaving in ways to help or benefit other people (Wadsworth, M. E., & Santiago, C. D. (2008) as cited by Brice-Montas (2016)). An article from Psychology Today stated that empathy is known to increase prosocial (helping) behaviors. It is also important to gain an understanding of helping behavior. Understanding why people help may help to understand how helping behavior can be increased.



CHAPTER V

Summary, Conclusions, and Recommendations

This chapter presents the summary findings, conclusions, drawn from the synthesis of this findings and the recommendation of the study based on the aforementioned categorized finding.

Summary of findings

On the basis of the data presented in the previous chapter the study revealed the following findings.

1. Level of Adversity Quotient of the helping professionals.

The respondents obtained an ARP Quick Take mean score of 136.2 with a standard deviation of 19.09 which is interpreted with Moderate AQ.

2. Level of Dispositional Empathy among the helping professionals

The respondents obtained a mean score of 62.24 with a standard deviation of 11.15 which is interpreted as Moderate.

3. Level of Helping Behavior among the helping professionals.

The respondents obtained a mean score of 2.14 with a standard deviation of 0.34 which is interpreted as Moderately Helpful.



4. Relationship between Dispositional Empathy and Adversity Quotient among the helping professionals.

Findings found that there is a relationship between dispositional empathy and adversity quotient. The alternative hypothesis was accepted.

5. Relationship between Adversity Quotient and Helping Behavior among the helping professionals.

Findings found that there is no relationship between adversity quotient and helping behavior. The alternative hypothesis was rejected.

6. Relationship between dispositional empathy and helping behavior.

Findings found that there is a relationship between dispositional empathy and helping behavior. The alternative hypothesis was accepted.

Conclusion

Based on the results of this study, researchers concluded that:

1. Taken as a whole, the level of adversity quotient of the participants allows them to cope effectively with the challenges, difficulties, and crises they encounter in their lives. However, when adversities worsen further and become extreme their ability to cope may not be enough. In such situations it is possible that they may at times become demoralized or overwhelmed.



2. The dispositional empathy and helping behavior of the helping professionals are both at the moderate level. The researchers think and feel that anything lower than moderate level of dispositional empathy and helping behavior may potentially undermine the participants' effectiveness in their job, them being helping professionals.
3. There has been a significant relationship between dispositional empathy and adversity quotient among helping professionals. The researchers infer that the more they gain ability for coping with crises the more they have emotional and cognitive perspective of other's undergoing crises as well.
4. There was no significant relationship between helping behavior and adversity quotient among helping professionals. The researchers surmise that because the participants are competent in dealing with crises, it's possible that they also want others to gain strength and develop their own adversity quotient by dealing with their problems by their own.
5. There has been a significant relationship between helping behavior and dispositional empathy among helping professionals. The researchers entertain the possibility that dispositional empathy may be a component of helping behavior, it being the emotional and cognitive prerequisite for helping behavior, which on the other hand, may be the behavioral outcome or reflection of empathy.



Recommendation

Based in the results of this study, researchers suggests that:

1. **For helping professionals** should be aware of the possible relationship of their adversity quotient and dispositional empathy to their helping behavior. Thus, it may help them adjust better their self and increase their empathy.
2. **Organization or company administrators** should identify the existing problem or challenge that their employees experiencing. Thus, it may help them know the possible ways to somehow resolve the problem or do something just to keep their employees motivated to do their job.
3. **Family of the helping professionals**, they should know that being in this profession is not easy and they will know the problem that the helping professionals are experiencing. It may help them to know the possible things that they can do to guide, encourage, and motivate the helping professionals to do well in their job even if they are experiencing problems or challenges.
4. **The media** should help promote the value and importance of helping. It can help in promoting more caring, helpful, and cooperative communities through educational and health – oriented programs.
5. **Future researchers** can also use other instruments for better measurement and the result of variables.



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APPENDICES



APPENDIX A

(Informed Consent)



Psychological Testing
Informed Consent for the Participants

Institution/Company Name:

Respondent's Name:

Please read this carefully. Your signature is required for participation. You must be at least 18 years of age to give your consent to participate in the research. If you desire a copy of this consent you may request one and we will provide it.

The policy of the Department of Psychology is that all research participation in the Department is voluntary, and you have the right to withdraw at any time, without prejudice, should you object to the nature of the research. You are entitled to ask question and to receive an explanation after your participation.

Description and Nature of the Study:

This is a quantitative study in which a number of different kinds of psychological variables are being evaluated. To do this, we will ask you to participate in answering a series of the following questionnaire:

- a. Adversity Response Profile
- b. Interpersonal Reactivity Index
- c. Helping Behavior Questionnaire

Purpose of the Study:

To evaluate several psychological variables, and the possible relations among them. This means that the researchers would want to find out some general information about the level of Adversity Quotient, Dispositional Empathy, and Helping Behavior of the Helping Professionals in Metro Manila and how people react and behave. The researchers are only interested in an evaluation of these variables and how they relate to each one another. In addition, the researchers are NOT interested in any specific individual.

Respondent's Name and Signature over Printed Name

Date: _____



APPENDIX B

(Profile Sheet)



PART I: Profile Sheet

Direction: Please answer the questionnaire by filling in the information needed and by checking the (/) box that corresponds to your answer.

Name (optional): _____

Sex: ☐ Male

☐ Female

Institution/Company Name: _____

Occupation: _____

Position: _____

Years of Service: _____



APPENDIX C

(Statistical Output)



STATISTICAL OUTPUT

Adversity Response Profile (AQ)

Number of items in scale: 20

Number of valid cases: 120

Number of cases with missing data: 0

SUMMARY STATISTICS FOR SCALE

Mean: 136.2

Sum: 16344

Standard Deviation: 19.08741501

Variance: 364.3294118

Skewness: 0.218842042

Kurtosis: 0.570002856

Minimum: 78

Maximum: 188

Cronbach Alpha: .790

Interpersonal Reactivity Index

Number of items in scale: 28

Number of valid cases: 120

Number of cases with missing data: 0

SUMMARY OF STATISTICS FOR SCALE

Mean: 62.24166667

sum: 7469

Standard Deviation: 11.1491009

variance: 124.302451

Skewness: 0.330366369

kurtosis: 0.166508375

Minimum: 38

maximum: 95

Cronbach Alpha: .729



Helping Behavior Questionnaire

Number of items in scale: 20

Number of valid cases: 120

Number of cases with missing data: 0

SUMMARY STATISTICS FOR SCALE

Mean: 2.136666667

Sum: 256.4

Standard Deviation: 0.344325753

Variance: 0.118560224

Skewness: -0.611442783

Kurtosis: 0.885418698

Minimum: 1.1

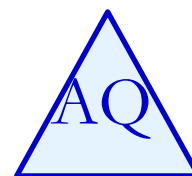
Maximum: 3.2

Cronbach Alpha: .705



APPENDIX D

(Adversity Response Profile)



PART II. Adversity Quotient

The Adversity Response Profile® (ARP) QuickTake

Instructions:

- Imagine the following events as if they were happening right now.
- Vividly imagine what will happen as a result of each event (the consequences)
- Circle the numbers that represent your answer to the question below each situation

Example:

- 1) Situation: You lose your favorite pen.
(Imagine this happening to you. Picture it in your mind).
- 2) Imagine what will happen as a result. *"I'll never have a pen like that one again. My dad will be so upset when he finds out I lost it."*
- 3) Circle the number that represents your answer to the questions below each situation.
To what extent can you influence this situation?
Not at all 1 2 3 4 5 Completely

ARP QuickTake

- 1) **You suffer a financial setback.**
To what extent can you influence this situation?
Not at all 1 2 3 4 5 Completely
- 2) **You are overlooked for a promotion.**
To what extent do you feel responsible for improving this situation?
Not responsible 1 2 3 4 5 Completely responsible
- 3) **You are criticized for a big project that you just completed.**
The consequences of this situation will:
Affect all aspects 1 2 3 4 5 Be limited to this situation of my life
- 4) **You accidentally delete a very important E-mail.**
The consequences of this situation will:
Last forever 1 2 3 4 5 Quickly pass
- 5) **The high-priority project you are working on gets canceled.**
The consequences of this situation will:
Affect all aspects 1 2 3 4 5 Be limited to this situation of my life
- 6) **Someone you respect ignores your attempt to discuss an important issue.**
To what extent do you feel responsible for improving this situation?
Not responsible 1 2 3 4 5 Completely responsible
- 7) **People respond unfavorably to your latest ideas**
To what extent can you influence this situation?



- Not at all 1 2 3 4 5 Completely
- 8) **You are unable to take a much needed vacation.**
The consequences of this situation will:
Last forever 1 2 3 4 5 Quickly pass
- 9) **You hit every red light on your way to an important appointment.**
The consequences of this situation will:
Affect all aspects 1 2 3 4 5 Be limited to this situation
of my life
- 10) **After extensive searching, you cannot find an important document.**
The consequences of this situation will:
Last forever 1 2 3 4 5 Quickly pass
- 11) **Your workplace is understaffed.**
To what extent do you feel responsible for improving this situation?
Not responsible 1 2 3 4 5 Completely responsible
- 12) **You miss an important appointment.**
The consequences of this situation will:
Affect all aspects 1 2 3 4 5 Be limited to this situation
of my life
- 13) **Your personal and work obligations are out of balance.**
To what extent can you influence this situation?
Not at all 1 2 3 4 5 Completely
- 14) **You never seem to have enough money.**
The consequences of this situation will:
Last forever 1 2 3 4 5 Quickly pass
- 15) **You are not exercising regularly when you know you should be.**
To what extent can you influence this situation?
Not at all 1 2 3 4 5 Completely
- 16) **Your organization is not meeting its project goals.**
To what extent do you feel responsible for improving this situation?
Not responsible 1 2 3 4 5 Completely responsible
- 17) **Your computer crashed for the third time this week.**
To what extent can you influence this situation?
Not at all 1 2 3 4 5 Completely
- 18) **The meeting you are in is a total waste of time.**
To what extent do you feel responsible for improving this situation?
Not responsible 1 2 3 4 5 Completely responsible
- 19) **You lost something that is important to you.**
The consequences of this situation will:
Last forever 1 2 3 4 5 Quickly pass
- 20) **Your boss adamantly disagrees with your decision.**
The consequences of this situation will:
Affect all aspects 1 2 3 4 5 Be limited to this situation of my life



APPENDIX E

(Interpersonal Reactivity Index)



INTERPERSONAL REACTIVITY INDEX

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. when you have decided on your answer, fill in the letter next to the item number. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

ANSWER SCALE:

A B C D E

DOES NOT	DESCRIBE ME
DESCRIBES ME	VERY
VERY WELL	WELL

1. I daydream and fantasize, with some regularity, about things that might happen to me.
2. I often have tender, concerned feelings for people less fortunate than me.
3. I sometimes find it difficult to see things from the "other guy's" point of view.
4. Sometimes I don't feel very sorry for other people when they are having problems.
5. I really get involved with the feelings of the characters in a novel.
6. In emergency situations, I feel apprehensive and ill-at-ease.



7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.
8. I try to look at everybody's side of a disagreement before I make a decision.
9. When I see someone being taken advantage of, I feel kind of protective towards them.
10. I sometimes feel helpless when I am in the middle of a very emotional situation.
11. I sometimes try to understand my friends better by imagining how things look from their perspective.
12. Becoming extremely involved in a good book or movie is somewhat rare for me.
13. When I see someone get hurt, I tend to remain calm.
14. Other people's misfortunes do not usually disturb me a great deal.
15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.
16. After seeing a play or movie, I have felt as though I were one of the characters.
17. Being in a tense emotional situation scares me.
18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.
19. I am usually pretty effective in dealing with emergencies.
20. I am often quite touched by things that I see happen.
21. I believe that there are two sides to every question and try to look at them both.



22. I would describe myself as a pretty soft-hearted person.
23. When I watch a good movie, I can very easily put myself in the place of a leading character.
24. I tend to lose control during emergencies.
25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.
26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.
27. When I see someone who badly needs help in an emergency, I go to pieces.
28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.



APPENDIX F

(Helping Behavior Questionnaire)



Part IV: Helping Behavior Questionnaire

Directions: While reading these descriptions of hypothetical situations, imagine yourself in each of them and encircle the letter of the action that best describes what you would do.

1. You have come across a lost wallet with a large sum of money in it, as well as documents to identify the owner. You:
 - a. Return the wallet without letting the owner who you are
 - b. Return the wallet in the hope of receiving a reward
 - c. Keep the wallet and the money
 - d. Leave the wallet where you found it

2. While walking along the corridor of the school, you found a mail with the name of the person where it should be sent, it seems the document inside is very important, you:
 - a. Try to locate the owner of the mail and make her realize you really had a hard time looking for her
 - b. Have it announced during the flag ceremony without expecting your name be mentioned
 - c. Open the mail since there might be something interesting
 - d. Just ignore it since you don't even know the name written there

3. You are waiting in a room with another person, when you heard a scream in the adjoining room and the other person failed to respond, you would:
 - a. Help the screaming person whether the other person helps or not
 - b. Help the screaming person only if the other person does, too
 - c. Wait and see if the screaming continues
 - d. Leave the room

4. You are walking down the street when you hear a child screaming in pain. Directing your gaze towards the screams, you see a lone young girl who has slammed a car door on



one of her hands. That time you're in a hurry because you still have a date with your girlfriend/boyfriend. You:

- a. Cannot entertain this kind of situation now because your girlfriend/boyfriend might get angry if you came late
- b. Say sorry to the girl, tell her to wait for somebody to help her
- c. Help the girl because if her hand is not removed from the door's grip she may seriously injure it
- d. Ask somebody to do the helping you don't have time for that

5. Someone is unsuccessfully trying to steal a woman's purse and her belongings fell out of her purse onto the ground. You:

- a. Help her pick up the things that fell out of her bag
- b. Go back inside and let the cashier know what happened
- c. Ask if she is alright, but don't pick up the things for her
- d. Walk out of the door and hurry to your vehicle

6. An old couple was waiting for a taxi in a rainy evening. Many younger people are vying for available taxis. With the way things are, it's quite impossible for the old couple to get one. You:

- a. Help them get a taxi
- b. Don't mind them because you need to get home early
- c. Ask them first if they are in a hurry, if they are offer help
- d. Tell them to go to a less populated area there they can easily find a taxi

7. A college student shares a ride with two suspicious looking persons in jeepney. As the vehicle passes a deserted & vacant lot, the two declared hold-up. A police station is just around the corner, if you are one of the passengers you will:

- a. Jump out of the jeepney and report to the nearest police station for help
- b. Stay quiet and save yourself



c. Try to negotiate with the perpetrator, tell them that you are willing to give your valuables

d. Tell them that what they are doing is bad

8. After a program, a student officer rearranges the chairs for the next event; she/he found a book with no name on it. The book happens to be one of his/her favorite authors. If you are in his/her situation, you:

a. Keep the book and read it at home

b. Bring the book to the lost and found area of the school

c. Try to return the book to the owner after you have read it

d. Find the owner of the book

9. While riding a bus, the epileptic passenger in front of you is having a seizure. Although he has somebody with him, you:

a. Will not bother to help since you don't know anything about seizure

b. Ask about the other passengers to help the epileptic

c. Would try to assist the person in anyway that you can

d. Try to act as if you are really concerned so that others would notice

10. You are attending a Sunday mass when an old woman in the front row collapsed from the place where she was sitting. You will:

a. Just let others help her since you're seated at the back

b. Pretend as if nothing happened

c. Try to check first if the person is familiar to you

d. Offer help since you know that you are capable as a trained first aider

11. You were shopping & saw a little boy complaining outside by two slightly older children. You will:

a. Think that those two older boys might be his brothers therefore, there is no reason to be bothered



- b. Approach the children to make things clear
 - c. Ask what is the problem and continue with your business
 - d. Confirm if the boys are really related to each other, if not try to ask for the parent of the little boy
12. You are hurrying toward a movie theatre in a busy mall few minutes before your film is scheduled to begin when a woman in front of you slips and drops several packages that she is carrying. You will:
- a. Continue walking toward the movie theatre because you don't want to miss any part of the film
 - b. Stop for a while and offer assistance to the lady in need
 - c. Not bother because many people can do the helping
 - d. Help only if the lady asks for it
13. While walking in the park and you see a young man lying on the street. You:
- a. Look at his face if he can be trusted before giving assistance
 - b. Immediately check if he is still breathing and check if his condition
 - c. Change direction, it's very dangerous to approach a stranger
 - d. Observe first and make sure he really needs assistance
14. You see a four year old girl walking alone in the park. What will you do?
- a. Stop and ask where is she going and why she is alone
 - b. Bring the child to the nearest police station
 - c. Continue with your walk, you might be accused of kidnapping if you approach the child
 - d. Ask the child where she lives and accompany her to the house
15. One day you go to a pharmacy to buy a specific type of medicine. It just so happens that another person is in dire need of that same medicine and you only need it for reserve only. There is only one stock/vial available. What will you do?



- a. Check first, if h is telling the truth by asking the prescription
- b. Let him take the last vial, you don't need it at the moment
- c. Get it since you were the first to ask for it
- d. Let him take it without asking further

16. You are walking down the street with your classmate. You happen to encounter a middle-aged man who is blind and asking for money. The money left in you pocket is just enough for your fare. What will you do?

- a. Give him you last money in your pocket
- b. You will give him the next day you pass by
- c. Just pass by him, you can't afford to walk to your home
- d. Borrow some amount from your classmate and give it to the blind

17. Visualize yourself in a supermarket. You are finished with your grocery shopping and you are about to fall in line to pay for your purchase. It just so happens that there is a woman in front of you and when she sees the amount of her purchase, she discovers that she lacks a bit of money for her payment. What will you do?

- a. Give her the amount of money and tell she needs to pay her purchase
- b. Lend her the money and tell her to pay you back
- c. Tell the lady to return some of her items just enough for her money
- d. Ignore her. You cannot just give your money to a stranger

18. You have no money at the moment and you want to make a withdrawal from an automatic teller machine (ATM). You fall in line, and there are two people in front of you. The lady is making a withdrawal while the man in front of you is peeking at the ATM screen and at the same he is reaching for the lady's wallet. you will:

- a. Report it to the security guard of the bank
- b. Transfer to another automatic teller machine (ATM) since the area is not safe
- c. Pretend that you are in pain to distract the man
- d. Call the attention of the man



19. You are working. You are in your break and you go to the roof for some fresh air. You happen to notice a man standing in the ledge of the roof top. He screams that he is going to jump off the roof top and kill himself. You are the only person there. What would you do?

- a. Stay away from the man, he might be crazy and you might be killed
- b. Try to stop but do not go near him
- c. Grab him away the edge immediately
- d. Grab some of your officemates to help

20. You are riding a jeepney and you overheard that one of the passengers need help. He explains that his child is in critical condition and he has little money to pay for the hospital expenses. In that very moment, what would you do?

- a. It's hard to look for money nowadays, pretend you haven't heard anything
- b. Get his contact number and try to find ways to generate some money for his child
- c. Give the man any amount of money that you can offer that very moment
- d. Check first if he is telling the truth before helping



APPENDIX G

(Letter to the Head of Institutions)



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