COUNSELOR EMPATHY AND COUNSELOR PERFORMANCE: THE MEDIATION ROLE OF COUNSELING SELF-EFFICACY AMONG CHINESE COUNSELORS

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Abstract

This structural equation modeling (SEM) study aimed to investigate the relationship between counselor empathy and counselor performance, and inquire the mediating effect of counseling self-efficacy. Two sequential quantitative studies were employed to achieve the aim. Chinese counselors were recruited from several universities in Guangzhou city by using convenience and snowball sampling techniques. Data were collected using the online questionnaire approach. In study 1, a self-assessing counseling performance tool, the Counselor Evaluation Rating Scale (CERS), was translated into Chinese by following a series translation procedure. The reliability and validity were evaluated in two different groups of samples. Specifically, an exploratory factor analysis (EFA) was conducted on 217 Chinese counselors (28.11%men). A confirmatory factor analysis (CFA) was then conducted on another sample of 244 Chinese counselors (27.46% men) to evaluate construct validity. Study 2 investigated the structural relationship and mediation effect among Chinese counsellors (n = 244) using SEM approach. The results are: 1. The 20-item Chinese CERS exhibited excellent internal consistency (α= .90) and adequate three-first-order construct validity among Chinese counselors (χ2/df = 1.63; p < .001; CFI = .90; TLI = .92; RMSEA = .05). 2. The model evaluation and comparison results supported all the hypotheses in the current study.

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The findings revealed a positive and significant relationship between counselor empathy and counselor performance. Counselor self-efficacy has been implicated in this study as a crucial mediator between counselor empathy and performance.

Keywords: Structural equation modeling, Counseling skill, Constructvalidity, Chinese counselor

Introduction

As the world's most populated nation, China has been facing various mental health issues owing to social competition (Zhang, 2018). Since counseling services are still absent in China, there is an alarming scarcity of available experts, particularly a serious shortage of counselors (Yue et al., 2022). In China, as in other middle-income nations, little research has been conducted on counselling services. Counselor performance receives lots of attention since it could provide authorities with precise information on the efficacy and efficiency of the counseling service (Mujiyati et al., 2020), and be a form of encouragement for the counselors. Using self-reported evaluations allows counselors to have a more accurate view of their counseling behavior, especially for pre-practicum counseling students (Mahon & Altmann, 2011). Specially, supervision is a rare resource in China (Duan et al., 2019). It is not widely recognized as a component of counselor training and is not mandated by the government certification system. Therefore, a self-rating evaluation tool will be more practical in the present situation.

Myrick & Kelly (1971) developed the self-rating scale on three major concepts: counseling rationale, counseling behavior (i.e., how to approach clients), and professional development. The CERS is a valuable tool for supervisory management and self-assessing counseling performance since it could reduce ambiguous assessments, and identify a counselor's weaknesses (Myrick & Kelly, 1971). The CERS is also one of the most widely used instruments to evaluate counselors in training (Trenhaile, 2005). Moreover, the CERS is often used as a rating instrument for counseling services and is an appropriate tool for rating counseling behavior. Overall, the CERS scale has enjoyed widespread use in education and research.

Counselor empathy is the "core condition" of becoming an effective counselor (Indreswari et al., 2021). It is essential for expected counseling outcomes (Elliott et al., 2011). In the therapeutic relationship, a counselor must demonstrate trustworthiness and empathy (Bastomi, 2021). However, empathy is sometimes overlooked throughout the therapy process. It is common for counselors to mistake listening and reacting for empathy without attempting to place themselves in the client's shoes. Moreover, the existing studies of counselor empathy were based on Western culture, they may not meet non-Western clients' expectations (Ng & James, 2013). Chinese clients may have different clinical realities and objectives than therapists educated in Western counseling styles; they may not appreciate this kind of empathy. Therefore, an investigation into which dimensions of empathy contributed to successful counseling in the Chinese context is needed.

Counseling self-efficacy can be defined as an individual's views on their capacity to provide successful counseling to a client in the immediate future (Bardhoshi & Um, 2021). Counselors with a high level of self-efficacy will establish counseling goals for themselves and demonstrate more dedication, and resiliency. A counselor's perceived self-efficacy has recently gained lots of attention in counseling training and practice. There is no investigation of its mediation effect on empathy and counselor performance.

Based on the previous discussion, this study has two major aims: 1) To examine the psychometric properties of the Chinese short version of CERS among Chinese counselors. 2) To investigate the structural relationships between counselor empathy, counseling self-efficacy and counselor performance by using the SEM approach in Chinese counselors.

Research Framework and Hypothesis

According to the previous discussion, counselor empathy is one of the most important components of counselor performance. It facilitates the implementation of counselors more effectively (Bastomi, 2021). Therefore, this study proposes the impact of counselor empathy on counselor performance.

Hypothesis 1 (*H1*): Counselor empathy positively and significantly impacts counselor performance.

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According to previous studies (e.g., Greason & Cashwell, 2009), counseling self-efficacy, awareness, attention, and empathy were significantly positively correlated. Therefore, this study proposes the impact of counselor empathy on counseling self-efficacy.

Hypothesis 2 (*H2*): Counselor empathy positively and significantly impacts counseling self-efficacy.

Previous empirical studies suggested that self-efficacy might be a valuable personal resource that influences how counselor approach and accomplish difficult tasks (Bardhoshi & Um, 2021). Therefore, this study proposes the impact of counseling self-efficacy on counselor performance.

Hypothesis 3 (*H3*): Counseling self-efficacy positively and significantly impacts counselor performance.

Counseling self-efficacy could be developed by years of practice and is linked to many variables, such as self-esteem, and expected outcomes (e.g., Khattar & Gawali, 2014). Therefore, this study proposes the impact of years of practicing on counseling self-efficacy. (Figure 1)
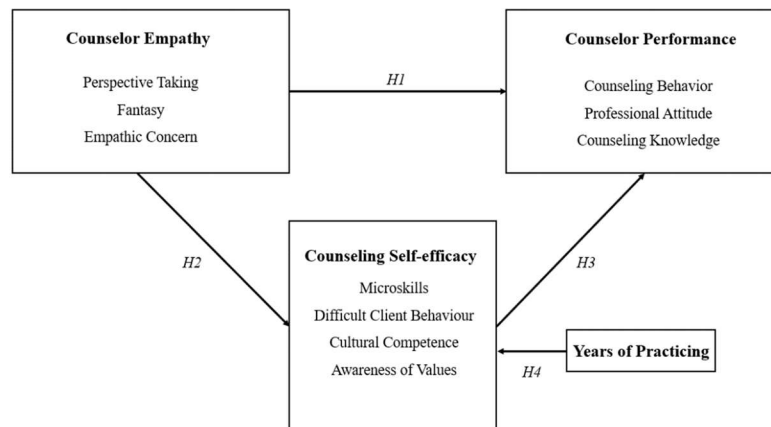
Figure 1 A Conceptual model of counselor performance

Hypothesis 4 (*H4*): Years of practicing positively and significantly impacts counseling self-efficacy.

On the one hand, the counselor's ability to empathize with the client is key to successful counseling (Greason & Cashwell, 2009). On the other hand, self-efficacy

and performance are strongly correlated (Cede & Gözen, 2021). Therefore, this study proposes the mediating effect of counseling self-efficacy on the relationship between counselor empathy and counselor performance.

Hypothesis 5 (*H5*): Counseling self-efficacy positively and significantly mediates the relationship between counselor empathy and counselor performance.

Study 1: The adaptation and Psychometric Properties of the Chinese Short Version of CERS

Method

Participants

Chinese counselors were recruited from counseling centers at several universities in Guangzhou city. Both convenience and snowball sampling techniques were utilized in this recruiting process. The decision to collect data from counseling centers in university was made due to a major concern. Counselors from the counseling centers have received more formal training than other mental health services, such as community psychological services (Liang, Shen& Hu, 2022). Therefore, the questionnaires in the present study were distributed to several counseling centers. Ethical approval was obtained from the Ethics Committee of Jinan University of China. Each counselor gave informed consent before answering the questions. They all had formal counseling training and were involved in counseling. A ratio of N:q = 10:1 is widely recommended for minimum sample size calculations ("N" represents the number of cases and "q" represents the statistical estimate; Gana & Broc, 2019). As a result, 110 respondents were the minimum recommended sample size for this study.

Sample 1 was for item identification purposes in study 1. A total of 217 Chinese counselors completed the questionnaires. All of them are adults (28.11%men; 68.66% are aged from 18 to 27 years, 21.19% are aged from 28 to 37 years, 7.84% are aged from 38 to 47 years, 2.31% are aged over 48 years).

Sample 2 was for the validity and reliability assessments in study 1 and the SEM examination in study 2. A total of 244 Chinese counselors (27.46% men) completed four questionnaires. All of them are adults (41.39% are aged from 18 to

27 years, 31.97% are aged from 28 to 37 years, 18.86% are aged from 38 to 47 years, 7.78% are aged over 48 years).

Instrument

Counselor Evaluation Rating Scale (CERS). The CERS is a validated instrument used by counselors to evaluate their counseling performance (Myrick, Kelly, 1971). It consists of three dimensions (counseling rationale, counseling behavior, and professional development). The 27 items are rated from 1 (strongly disagree) to 5 (strongly agree) on a 5-point Likert scale. The higher the total score, the higher the counseling performance. The split-half reliability of the scale was 0.95 and retested reliability of 0.94 after a four weeks interval (Myrick & Kelly, 1971).

Procedures

Data for this study was collected via an online questionnaire approach. Demographic information was collected such as age, gender, level of education, and years of practicing. After finishing the translation procedures, the initial Chinese CERS was administered to Chinese counselors in sample 1 (n = 217) for item identification. Then, the final Chinese CERS was administered to another group of counselors (sample 2, n = 244) for reliability and validity evaluation.

Translation Procedures

This study followed Brislin (1976)'s cross-cultural procedures in guiding the translation of the English version of the CERS into Chinese. First, two psychology MS students (Chinese) translated the CERS into Chinese independently. Three Chinese experts (a chief psychiatrist, a counselor with a Ph.D., and a university English teacher with a Ph.D.) reviewed the Chinese scale. It was translated back into English by a psychology MS student (Chinese) whose previous major was English teaching and learning. Both the translated and the original questionnaire were compared. Then, a focus group meeting was held. Seven group members (14.29 % men; a university counsellor, a peer counsellor, and the remaining psychology MS students) shared their interpretations of the initial Chinese version. The purpose of this group discussion was to identify items that were unclear. The initial translated CERS was modified based on feedback from back-translation, and focus group discussions.

Data Analysis

Two sequential analyses were conducted on item identification, and the validity and reliability assessment. In step 1, EFAs were conducted in SPSS 19.0 to identify items in sample 1 (n = 217). In step 2, a CFA was conducted using AMOS 17.0 software to confirm whether the three-dimensional structure of the Chinese CERS was consistent with the observed data in sample 2 (n = 244). The construct validity and internal consistency of the Chinese CERS were evaluated.

Results

Step 1 (EFAs on sample 1). A series of EFAs was performed on the Chinese CERS with a total of 27 items. Scree plot showed the number of three was the break point in the first EFA, which was consistent with the structure of the original scale (KMO =.91; Bartlett's test, p < .001). A total of 7 items were removed to form the short version of CERS in this step. Making a decision on whether to preserve or remove items depends on their poor factor loadings and focus group discussion. For example, item 6 (.59 and .40) and item 3 (.45 and .34) have a high factor loading across two dimensions. Item 14 exhibited a low correlation with the total score (r = .29); therefore, they were removed from the scale. After six EFAs, 20 items were clustered together well within three structural factors. Based on the content of the items, Factor 1 was renamed as "Counseling Behavior", which consists of items 1, 2, 5, 7, 13, 23 and 25. Only item 25 did not belong to this dimension. Factor 2 was renamed as "Professional Attitude", which included items 8, 9, 15, 18, 19 and 22. Among all, items 8, 15, 18 and 22 did not belong to this dimension. Factor 3 was renamed as "Counseling Knowledge", which included items 4, 10, 11, 16, 20, 21 and 24. Of all the items, item 11 and 21 did not belong to this dimension.

Step 2 (CFA on sample 2). CFA was conducted on the 20 items (see Table 1). The standardized factor loadings of the three factors were all positive and significant (p < .001), ranging from .40 to .76 (see Figure 2). All the values of CR in three dimensions ("Counseling Behavior", "Professional Attitude", and "Counseling Knowledge") were greater than .60 (.77, .81, and 0.80, respectively; Chin et al., 2018). The overall Cronbach's α was .90 indicating good internal consistency. (Figure 2 and Table 1)
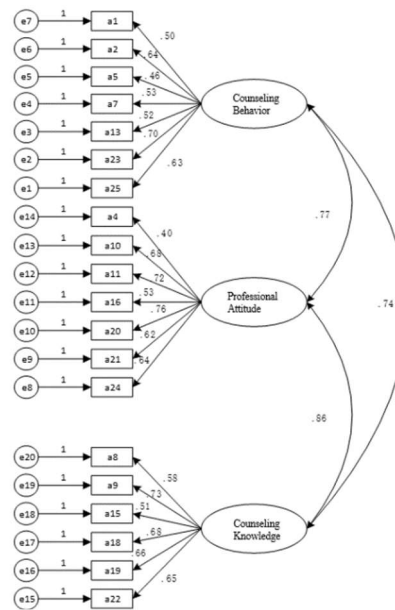
Figure 2 Three-Factor model CFA results (n = 244)

Table 1 CFA results (n=244)

Indices	Acceptance level	Source	Three-factor model
χ^2/df	<3.0	Schermelleh-Engel, Moosbrugger & Müller (2003)	1.63 (p <.001)
GFI	>.90	Schermelleh-Engel, Moosbrugger & Müller (2004)	.90
RMSEA	<.08	Gana & Broc (2019)	.05
IFI	>.90	Gana & Broc (2019)	.93
TLI	>.90	Gana & Broc (2019)	.92
CFI	>.90	Gana & Broc (2019)	.93

Discussion

The CERS was translated into Chinese in Study 1, followed by the cultural adaptation procedures. The rigor of the translation process was strengthened via a focus group discussion. A series of EFAs were conducted to select items to form the short version. CFA was conducted to examine the component structure of the Chinese version to resolve any possible cross-cultural difficulties with the English to Chinese questionnaires. A total of 20 items were retained, and the results from the

validity and reliability assessments indicated that it is a trustworthy instrument for measuring counselor performance in Chinese counselors. The original items 3, 6, 12, 14, 17, 26, and 27 were removed gradually by conducting six EFAs. Items 3 and 6 were removed as they had a high factor loading across two dimensions. Both these items ask counselor from the psychoanalysis aspect (i.e., lacks sensitivity to dynamics of self). The discussion from the focus group suggested counselors who hold different perspectives (i.e., the cognitive-behavioral perspective) might be confused by these items. Items 12, 17, 26 and 27 demonstrated poor loadings; this might be due to social desirability. Item 14 exhibited a low correlation with the total score.

Despite these issues, 20 items were still clustered together under the three factors which was in line with the original scale, and verified by CFAs in two distinct samples. The content validity of the Chinese short version of CERS was supported based on the CFA results and CR values. The three factors of the translated scale have strong factor structures, as indicated by the model fitness. An excellent internal consistency was also found for the whole scale (α = .90).

Study 2: The Mediation Effect of Counseling Self-efficacy in Counselor Empathy and Counselor Performance

Methods

Instruments

Demographic questionnaire. The demographic questionnaire consisted of thirteen questions related to age, education, and years of counseling experience.

Counselor Evaluation Rating Scale (CERS). The Chinese CERS from study 1 was used in the present study to measure the counselor performance. An example of the twenty items is: "Demonstrates an interest in client's problems."

Interpersonal Reactivity Index (IRI). Counselor empathy was measured by the Chinese version of the Interpersonal Reactivity Index (Si-Rong, 2010). It includes 28 items rating on a five-point Likert-type scale from 1 to 5. The internal consistency reliability was .74 (Si-Rong, 2010). DePue & Lambie (2014) proposed that the personal distress (i.e., self-oriented empathy) subscale may not be suitable for the studies in counseling competencies since its questions would raise the social desirability of the

counselors. Moreover, Self-oriented empathy results in low counselor self-efficacy (Zhang et al., 2021). Therefore, this study used three subscales (perspective taking, fantasy and empathic concern) to measure counselor empathy in this study. An example of the twenty-seven items is: "I would describe myself as a pretty soft-hearted person."

Counseling Self-Estimate Inventory (COSE). Counseling self-efficacy was measured by the Chinese version of the COSE (Chang, 2006). It includes 30 items rating on a five-point Likert-type scale from 1 (strongly disagree) to 5 (strongly agree). An example of the thirty items is: "I feel that the content of my interpretation and confrontation responses will be consistent with and not discrepant from what the client is saying." The higher the total score, the stronger is self-belief in the counseling situation. The internal consistency reliability was .79 (Chang, 2006).

Data Analyses

This study followed the three major steps proposed by Kline (2015) in estimating the model. Before it, the validity and reliability of the instruments were tested in sample 2 (n = 244). All the data were analyzed using AMOS 17.0 software to test the full three-factor model. Two levels of fit indices were adopted to evaluate the model fit (Table 3). Finally, a series of comparisons was conducted among two nested models (nested model 1 only contains two variables: counselor empathy and counselor performance; nested model 2 contains three variables without mediation effect) and the full three-factor model (hypothesized model).

Results

All the instruments in study 2 were valid and fitted the observed data. The Cronbach's α of the Chinese IRI was .80 (χ^2/df = 1.24 < 3.0; p < .001; GFI = .88; RMSEA = .03 < .08; CFI = .90; TLI = .89; and IFI = .90). The Cronbach's α of the Chinese COSE was .88 (χ^2/df = 1.35 < 3.0; p < .001; GFI = .87; RMSEA = .04 < .08; CFI = .91, TLI = .90; and IFI = .91). The Cronbach's α of the Chinese short CERS was .90 (χ^2/df = 1.63 < .3.0 p < .001; GFI = .90; RMSEA = .05 < .08; CFI = .90; TLI = .92; and IFI = .93). All the correlations between variables were positive and significant (Table 2-3).

Table 2 Correlations Matrix for Study 2 Variables (n=244)

	1	2	3	4	5	6	7	8	9	10	11
1.Perspective taking	1										
2.Fantasy	.16										
3.Empathic concern	.47	.28									
4.Microskills	.43	.33	.50								
5.Difficult client behaviour	.33	.25	.42	.49							
6.Cultural competence	.36	.30	.50	.24	.58						
7.Awareness of Values	.34	.30	.41	.51	.50	.58					
8.Counseling behavior	.41	.33	.48	.51	.52	.61	.53				
9.Professional attitude	.36	.34	.56	.55	.54	.65	.54	.56			
10.Counseling knowledge	.45	.26	.60	.59	.54	.63	.54	.55	.56		
11.Years of practicing	.25	.17	.35	.51	.50	.58	.46	.39	.42	.45	1

Table 3 Model Fit Indices for Three Models Tested in SEM

Indices	Acceptance level	Source	Full Three-factor Model	Nested Model 1	Nested Model 2
Absolute fit indices					
χ^2/df	< 3.0	Schermelleh-Engel, Moosbrugger & Müller (2003)	2.36	3.1	4.29
GFI	> .85	Schermelleh-Engel, Moosbrugger & Müller (2003)	.93	.97	.90
AGFI	> .85	Schermelleh-Engel, Moosbrugger & Müller (2003)	.90	.91	.84
RMSEA	≤ .08	Gana & Broc (2019)	.07	.09	.12
RMR	≤ .08	Gana & Broc (2019)	.06	.01	.08
Incremental fit indices					
TLI	≥ .90	Gana & Broc (2019)	.94	.94	.86
CFI	≥ .90	Gana & Broc (2019)	.96	.97	.89
RFI	> .90	Schermelleh-Engel, Moosbrugger & Müller (2003)	.90	.91	.82
NFI	> .90	Schermelleh-Engel, Moosbrugger & Müller (2003)	.93	.95	.86

The SEM was performed in the 95% bootstrap confidence intervals from 5000 bootstrap replicates. All the standardized coefficients were positive and significant (Table 4). The direct effect of counselor empathy on counseling self-

efficacy was .67 (p< .001); the direct effect of counseling self-efficacy on counselor performance was .63 (p< .001); the direct effect of counselor empathy on counselor performance was .48 (p< .001), the indirect effect of counselor empathy on counselor performance was .43 (p< .001), and the total effect was .91 (p< .001). A partial mediation effect was found in the full three-factor model (Baron & Kenny, 1986). Therefore, Hypothesis 5 (H5) was supported.

Table 4 ML Estimates and hypotheses testing results (n = 244)

Parameter	β	SE	t Value	Tests result
Counselor empathy →Counseling self-efficacy	.67 ***	.06	7.41 ***	*H2* supported
Years of practicing →Counseling self-efficacy	.55 ***	.02	8.85 ***	*H4* Supported
Counseling self-efficacy→Counselor performance	.63 ***	.14	7.27 ***	*H3* Supported
Counselor empathy → Counselor performance	.48 ***	.09	5.57 ***	*H1* Supported
Counseling self-efficacy→ Microskills	.69 ***	-	-	-
Counseling self-efficacy→Difficult client behaviour	.68 ***	.10	9.64 ***	-
Counseling self-efficacy→Cultural competence	.83 ***	.14	11.55 ***	-
Counseling self-efficacy→Awareness of values	.69 ***	.12	9.81 ***	-
Counselor empathy → Perspective taking	.75 ***	-	-	-
Counselor empathy → Fantasy	.40 ***	.07	5.57 ***	-
Counselor empathy → Empathic concern	.57 ***	.09	7.91 ***	-
Counselor performance→ Counseling behavior	.71 ***	-	-	-
Counselor performance→ Professional attitude	.75 ***	.06	10.97 ***	-
Counselor performance→ Counseling knowledge	.75 ***	.07	10.99 ***	-

Remark ***p < .001, ** p < .01, * p < .05

The two nested models had χ^2/df values higher than the full three-factor model and with some poor fit indices, hence none of them matched the data considerably better than the full three-factor model (Table 2). The chi-square difference ($\Delta\chi^2$) between the full three-factor model, the nested model 1 ($\Delta\chi^2$=83.49, p< .001) and the nested model 2 ($\Delta\chi^2$=71.89, p< .001) were significant. These findings indicated that the full three-factor model fittings the data better than those two nested models.

Discussion

A positive and significant relationship was found between counselor empathy and counselor performance. The mediation effect of counseling self-efficacy was found from the model testing. The results strengthened the findings by two comparisons with nested models. Three dimensions of counselor empathy predicting four dimensions of counseling self-efficacy were found in this study. This result is consistent with Khattar and Gawali (2014)'s findings. In the present study, the cognitive component ("Perspective Taking") of empathy, and the emotional component ("Fantasy" and "Empathic Concern") positively predicted the counselor's expectation of successful counseling. Counselor with a higher level of empathy could perceive progress immediately by putting themselves in the clients' shoes during the session. This timely positive feedback will enhance their counseling self-efficacy. Moreover, three dimensions of counselor empathy predicted three dimensions of counselor performance. Undoubtedly, counselors with higher levels of empathy could identify clients' problems (Indreswari et al., 2021), build up rapport with clients (Elliott et al., 2011) and adjust the counseling technique according to the nonverbal reactions from clients (Indreswari et al., 2021). All of these will facilitate positive outcomes. Finally, all four dimensions of counseling self-efficacy predict the three dimensions of counselor performance. This is in line with Wan et al. (2011)'s finding. They found that counseling self-efficacy significantly predicted counselor performance. The present study results confirmed their finding that counseling self-efficacy positively predicted counselor performance. With a higher level of self-efficacy, counselors will have more confidence in adjusting their techniques and interaction with clients, affecting the counseling outcomes.

General Discussion

In study I, a 20-item Chinese CERS scale was formed and demonstrated an adequate validity and reliability, with an overall Cronbach's **α** coefficient of .90. Due to its cross-sectional nature, this study has its limitations. The measurement needs to be enhanced in future research, such as testing its stability across time. In study 2, SEM provides empirical evidence for the theorized relationship between counselor empathy, counseling self-efficacy and counselor performance. Five hypotheses were

supported in the current study. Specifically, counseling self-efficacy was found to mediate the relationship between counselor empathy and counselor performance among Chinese counselors. Since the SEM was performed with a small sample size, further study with a large sample size is required. Despite these limitations, the study has substantial implications for counselor educators and supervisors. First, this study contributes to counseling psychology by providing cross-cultural evidence supporting counselor self-evaluation. This study demonstrated the validity and reliability of a self-rating evaluation tool for counseling performance measurement in the future. Second, this study contributes to counseling education field. Educators and supervisors must consider more than just teaching counseling skills when aiming to improve counselor performance. The ability of counselors to place themselves in their clients' shoes can increase their self-efficacy, thus enhancing their performance.

Conclusions

In conclusion, there is enough evidence to support the Chinese short version of CERS as a sufficiently reliable tool for measuring counselor performance among Chinese counselors. Additionally, the mediator effect of counseling self-efficacy was confirmed. A positive and significant relationship between counselor empathy and counselor performance was found.

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