

ORIGINAL ARTICLE

Effect of Communication Skills Training on Empathy of Nursing Students

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Abstract

Background: Empathy is a necessary factor in the provision of quality nursing care. Empathy is a skill that may be acquired. The authors aimed to evaluate the change in empathy levels in nursing students following communication skills training.

Methods: An evaluative, pre-experimental, one group pretest posttest design was used to collect data from hundred, first year undergraduate nursing students. Toronto Empathy Questionnaire was used to determine the empathy level at baseline and after the intervention. Communication skill training was provided in the form of PowerPoint presentation, role play, various exercises, group activities, demonstration and discussion.

Results: The mean empathy scores of students at posttest (45.03 ± 6.39) were higher than the mean empathy levels at pretest (42.6 ± 6.4). There was a significant difference in the post test empathy scores ($t=4.6, p=0.00001$). The study showed significant improvement immediately in empathy levels following communication skills training.

Conclusion: The findings suggest a need to incorporate a regular training program into the existing nursing curriculum, to enhance empathy and prevent its decline over the years.

Keywords: Effect, Communication skill training, Empathy, Nursing Students, Therapeutic relationship

Introduction

An important aspect of nursing care is communication with patients. The main tasks of nurses and nursing students are not only information about illness and treatment, but also the establishment of an effective therapeutic relationship by examining patients' concerns, understanding, empathy, and providing comfort and support.¹ Empathy is one of the major communication skills. This ability is used to manage, focus, support, comprehend, reconstruct, and reflect the patient's view of their thoughts and feelings. This skill is created through long-term trust and communication.²

Of all of the attitudes that are most desirable in a nurse, empathy is the most important.³ Nursing empathy could be characterized by nurses' ability to understand the feelings, experiences, or psychosocial ability of their patients.⁴ Higher levels of empathy in healthcare workers have been linked to the improvement of patient care,⁵ greater patient satisfaction,⁶ and shorter periods of illness.^{7,8} Several studies reported a significant decrease in empathy scores among nursing students from the beginning to the end of the curriculum.⁹⁻¹² A study showed that students in the first year have the least empathy than those in the final year.¹³ Research studies

also showed that empathy among nursing students was low.¹⁴ Empathy is an important multi-dimensional trait of nurses which could be fostered in the early stages of undergraduate studies.¹³ It is a skilled behavior that can be learned and developed through education and practice.¹⁵ To enhance empathy among nursing students, researchers suggested introducing workshops on interpersonal skills as a module in the nurses' training course,¹⁶ early interventions to promote and develop empathy to prevent its decline with advancing age,¹⁵ adding training courses that teach empathetic skills to the nursing curriculum.¹⁷ This can be done by using innovative and creative approaches like simulation, role-playing, storytelling, reflective discussion, and listening directly to healthcare consumers.¹⁸ There have been contradictory findings on the effect of communication skill training on the empathy of students in healthcare.¹⁹⁻²² Further, there are no studies carried out to evaluate the effectiveness of communication skill training among first-year nursing students in India. Hence this study aimed to find the effect of communication skills training on the empathy of nursing students.

Materials and methods

An evaluative, pre-experimental, one-group pretest-posttest design was used for this study. The study was conducted in a nursing college in India. The Institutional Ethics Committee gave its approval for the project. A total of hundred first-year B.Sc nursing students were briefed about the study and their participation was requested. All of them consented to be a part of the study and written informed consent was taken from them. The participants completed a brief demographic proforma which included information on age, gender, type of family, order of birth, place of residence, and previous participation in soft skills training programs, along with the Toronto Empathy Questionnaire at baseline. The Toronto Empathy Questionnaire is a 16-item validated tool for measuring empathy. It consists of statements with responses ranging from never (0) to always (4) with reverse scoring for 8 items. The total score is calculated by adding the score of all items, with a possible maximum score of 64.

The participants received training on communication skills over 5 hours. Students were briefed about empathy and its importance using a PowerPoint presentation. Students participated in various exercises and role play to demonstrate empathy, which was followed

by a discussion on the importance, qualities, empathy builders, and steps of empathy. Video clips were projected to show the correct technique of being empathetic. Eye-accessing cues were demonstrated and practiced by the participants in groups to identify a person's preferred representation system in communication. Empathy was reassessed immediately post-training.

Data entry and tabulation were done in Microsoft Excel 2016 and it was analyzed by SPSS 21.0. Paired t-test was used for within-group comparison and a Chi-square test with Yates correction and fisher exact test was used to find the association of empathy scores with selected demographic variables.

Statistical analysis: The chi-square test was used to find the association of empathy scores with age, gender, type of family, and place of residence. Fisher exact test was used to find the association of empathy scores with the order of birth

Results

Table 1: Demographic characteristics of participants (N=100)

Demographic variables	Parameters	N (%)
Age (in years)	17–18	73 (73)
	19–21	27(27)
Gender	Male	7(7)
	Female	93(93)
Type of family	Nuclear	90 (90)
	Joint	9(9)
	Extended	1(1)
Order of birth	First	40(40)
	Second	49(49)
	Third or higher	11(11)
Place of residence	Home	7(7)
	Hostel	88(88)
	Paying guest	5(5)
Undergone soft skill training	Yes	-
	No	100(100)

The majority of the students were in the age group of 17–18 years (73%), were females (93%), belonged to a nuclear family (90%), were second born (49%), resided in hostels (88%), and hadn't undergone any training in soft skills (100%).[Table 1]

Table 2: Distribution of empathy level of nursing students

Level of empathy	Pretest N(%)	Post-test N(%)
Below-average level (<45)	60 (60)	40 (40)
High-level empathy (≥ 45)	41 (41)	59 (59)

Before the communication skills training, most (60%) of the students had a below-average level of empathy (<45) and 40% had a high level of empathy (≥ 45). In the post-test, there was a marked rise in the empathy levels of students with a majority (59%) of them having a high level of empathy (Table 2).

Table 3: Mean, standard deviation, mean difference, and t value of students based on the pretest and post-test empathy scores

	Mean \pm SD	Mean difference	t value
Pretest	42.6 \pm 6.4	2.43	4.6
Post-test	45.03 \pm 6.39		

Data presented in table 3 showed that the mean empathy scores of students at the post-test (45.03 \pm 6.39) were higher than the mean empathy levels at the pretest (42.6 \pm 6.4). There was a significant difference in the post-test empathy scores ($t=4.6$, $p=0.00001$). Hence, it can be inferred that the communication skill training was effective in improving the empathy of nursing students.

Table 4: Association of empathy scores with selected demographic variables

Variable	χ^2 value	df	p-value
Age	0.222	1	0.637
Gender	0.0009	1	0.975
Type of family	0.0317	1	0.858
Order of birth [#]		1	0.03*
Place of residence	0.114	1	0.735

df: degree of freedom; # Fisher exact test; *statistically significant

A significant association was found between empathy level and the order of birth of the students ($p<0.05$) (Table 4).

Discussion

The present study findings showed that the mean empathy scores of nursing students at the post-test (45.03 \pm 6.39) were higher than the mean empathy levels at the pretest

(42.6 \pm 6.4). These findings are supported by other studies conducted on medical¹⁹ and nursing students.^{20,22}

The findings of our study indicated that the empathy scores of first-year nursing students improved significantly after the communication skills training. Higher empathy levels following communication skills training have also been observed in various studies.^{19,21} On the contrary, in a study conducted by Alhassan, no statistically significant difference in the score of empathy was observed between the control and intervention groups.²²

In the present study, no significant association was found between empathy scores and age, gender, type of family, and place of residence. This is supported by the study conducted by Alhassan, where no significant association was found between the age and gender of students.²² Our study showed an association of empathy scores with the order of birth but there are no research studies supporting this finding.

The present study had certain limitations like an absence of a control group, data being collected by a self-report questionnaire with a potential risk of social desirability answers, and no follow-up to see the sustained effects of the training on empathy skills.

Conclusion

The study concluded that communication skills training was effective in improving the empathy skills of first-year nursing students. The findings of our study suggest a need to incorporate a regular and structured training program into the existing curriculum, spread throughout the years in undergraduate nursing education to enhance empathy and prevent its decline. Further research could be conducted with follow-ups to see the sustained effect of the training program, a control group could be incorporated to see the difference between the groups post-intervention, and the effect of communication skill training could be seen on other variables important in client care.

Conflict of interest

None

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