Evaluate the Effect of Empathy-Based Training Program on Psychiatric Nurses' Communication Skills

Fareda El Sayed Osman [1], Dr.Zebeda Abdel Gwad El Sherif [2],
Assist. Prof. Mervat Hosny Shalaby [3,]
Prof.Dr. Sanaa Habashi Abdel Mageed Shaheen [4].

Assistant lecturer, Psychiatric and Mental Health Nursing, Faculty of Nursing, Tanta University
Lecturer, Psychiatric and Mental Health Nursing, Faculty of Nursing, Tanta University
Assist. Prof. Psychiatric and Mental Health Nursing, Faculty of Nursing Tanta University
Prof. Dr .Psychiatric and Mental Health Nursing, Faculty of Nursing, Alexandria University
Corresponding Author: Fareda El Sayed Osman

Abstract:
Background: *Psychiatric nursing are special areas in terms of interaction and communication with the patient. In order to improve patient care, psychiatric nurses need to develop their empathy skills. Nurses with enhanced empathic abilities can understand the patient and provide the necessary care.* ***Objective:*** *To evaluate the effect of empathy-based training program on psychiatric nurses' communication skills.* ***Study design****: A quasi experimental design was utilized for this study.* ***Setting****: This study has been carried out at Tanta Mental Health Hospital.* ***Subjects****: The subjects of the study comprised all nurses working at the hospital which were 80 nurses and divided randomly into two groups (study and control group, 40 nurses for each group).* ***Tools:*** *two tools were used namely;* ***Tool I** ; "****Jefferson Scale of Empathy (JSE)"****, and* ***Tool II****; "****Empathic Communication Skill Scale-(ECSS)",**** and "Structured Interview Schedule Socio-demographic & Job characteristics of nurses".* ***Results:*** *the results showed that there was statistical significant increase in the post intervention nurses' empathic skill in the study group than control group (P=0.00). After program with 3 months, majority (87.5%) of nurses in the study group were experiencing high level compared to low level of empathic skill in control group (52.5%).* ***Conclusion:*** *it was concluded that the level of knowledge about empathy and empathic skills of nurses in the study group increased after program than their level before program and also when compared with control group.* ***Recommendation:*** *Teaching empathic communication skills should be reflected by modeling empathy in nursing education. Implementing continuous empathic training program is needed to all nurses to maximize nurses' empathic skills.*
Keywords: *Empathy, Psychiatric Nursing, Communication Skills*

I. Introduction

Empathy is a concept deeply rooted in and central to professional nursing. It is a major component of the relationships between patients and nurses, Empathy is considered essential to the provision of quality care, and is an observable and teachable skill that nurses are claimed to possess. Empathy has been proposed to be the ability to perceive the meaning and feelings of another and to communicate those feelings to the other person [1, 2]. Empathy appears to have its origin in the German word 'Einfulung' which literally means 'feeling within' [3]. It is the ability to enter into the life of another person, to accurately perceive the person's current feelings and their meanings and to communicate this understanding to the person [4, 5].

Blasi Z et al. (2010) views empathy in two parts: cognitive empathy and affective empathy. The cognitive element shows the ability to identify and understand others' perspectives and depict their thoughts so it was believed that it can be taught, while the affective element reflects the ability to experience and share in others' psychological states or intrinsic feelings [6]. It was found that a combination of affective and cognitive empathic care produce consistent (positive) effect on patients' health status and outcomes [7].

There are two types of empathy, innate and acquired. Acquired empathy behaviors are observable in the interactions between patient and caregiver, so this type can be taught. On the other hand, innate empathy is the way the individual think about other's situation. Although this type of empathy is genuine, it may not always be communicated clearly like acquired one [8, 9].

Ozcan et al (2012) report that quality of psychiatric patient's self –disclosure was found to be associated with the level of empathy used by nurses. Efforts to use empathy skills, understand their influence on patient care and the ability of nurse to apply this skills depend on empathic communication skills [10].

The main objective of communication is to clarify the needs of the patient and to ensure these needs are met. The presence of empathy is critical to the development of the therapeutic relationship [11]. **Moore, R. J. & Hellenbeck, J (2010)** stated that empathy is the most important factor in developing interpersonal relation. Empathy is vitally important therapeutic communication technique, which is central to psychiatric – mental health nursing as it help nurses to understand their patient and provide high quality of nursing care [12]. Empathy is vitally important therapeutic communication technique, which is central to psychiatric – mental health nursing as it help nurses to understand their patient and provide high quality of nursing care [12].

As psychiatric nurses develop the skill of empathy, their patients, their families, the society, and the institutions that the nurses serve get many benefits. The individual who feels that the nurses understand him/her feels that s/he is given importance. Thus s/he can form a positive relationship with the nurse. In this case, it becomes easier for a patient to communicate with the nurse and accepts the nurse's care. After such service is provided, improvement and satisfaction increase, and the negative outcomes of the treatment decrease [13, 14]. The happiness of the individual who is discharged from the hospital earlier increases, and the economic gain of the individual increases as well [15].

While empathy is crucial to all helping relationships and nurses are meant to provide helping relationships, they do not tend to show much empathy to clients. The relevance of empathy to clinical nursing and the potential consequences of low-empathy nursing for clients are being considered. certain studies have been reported low level of empathy among the helping professions, including nursing, and also empathy among nursing students is on decline which have undesirable effects on patients and quality of nursing care [16,17]. So, efforts to use empathy skills, understand their influence on psychiatric patient care and the ability of nurse's to apply these skills would appear necessary.

Aim of the study: The aim of this study was to evaluate the effect of empathy-based training program on psychiatric nurses' communication skills.

Research Hypothesis;
Empathy-based training program may bring a positive change and improve nurses' communication skills in the study group than control group.
Subjects and Method

Research design;
A quasi -experimental research design was used in the current study.

Research setting:
The study was carried at Tanta Mental Health Hospital. This hospital under the supervision and direction of the Ministry of Health and Population. It has a capacity of 107 beds divided into four wards two wards for females (40 beds) and two wards for males (67 beds). It also provide health care services to three Governments, namely El-Gharbeya, El-Menofeya, and Kafr El - Sheikh.

Subjects:
The target population of the present study composed of 80 nurses who giving direct care for patients and working at previous setting during the time of data collection. The subjects divided into two groups randomly, one for study and the other for control. Each group consisted of 40 nurses.

Tools of the study
The data of the study was collected using the following tools:-
Tool (I):- : Jefferson Scale of Empathy (JSE) Nursing Student Version R
This scale was developed by **Hojat et al** [18, 19]. This scale was used to measure the level of knowledge about empathy among nurses. It consisted of 20-item. Ten items are positive statements and the remaining items are negative statements. Each positive statement is rated on three point Likert-type scale with a range from disagree = 1, to agree =3. While the negative statements had a reverse score. Scores for the total items were summed to determine the level of empathy of study subjects. A total score ranged from 20 to 60. The scores ranged from ≤30 interpreted as low level, 30-45 mean; moderate level, 45 -60 referred to high level of empathy.

Tool (II):- Empathetic Communication Skill Scale (ECSS). It was developed by **Dökmen (1988)** [20] to measure the nurses' skill for empathy building with patients. It consisted of six problems and 12 response-

sentences were listed under each problem (one of the twelve responses was an irrelevant response included in order to determine the random replies and wasn't evaluated). The participants choose totally 24 empathic responses, four responses for each of the six problems; and the point for each response they choose was given according to the evaluation section of the scale. Total score ranged from 62 to 219. The maximum point that will be collected through Empathetic Communication Skill Scale is found to be 219, while the minimum is 62. Empathetic Communication Skill Scale is grouped as very low (62-92), low (93-124), medium (125-156), high (157-188) and very high (189-219).

In addition **a structured interview schedule related to socio-demographic** and job characteristic was attached to the questionnaire*.* It was developed by the researcher and it included items such as: age, sex, residence, educational level, marital status, income, job categories, years of experience in psychiatric nursing, general nursing experience, communication training courses, and last training course.

Method
- Permission for data collection was obtained the director of Tanta Mental Health hospital after explaining the aim of the study.
- Tool I & Tool II were translated into Arabic language by the researcher and were tested for content validity by a jury of five experts in the field of psychiatric nursing and both tools was proved to be valid.
- Tool, I and tool II was applied three times, the first one pre-test and the second post-test immediately after application of the program and third after three month from the end of program.
- A pilot study was done before embarking in the field of work on 10 nurses to ascertain the clarity and applicability of the study tools. It serves to estimate the approximate time required for interviewing the nurses as well as to identify obstacles. After its implementation and according to its results a necessary modification was done. The pilot subjects will be excluded from study sample.
- Reliability for tools (I and II) was done by test-retest method, using Cronbach's Alpha test which revealed significant differences between test and retest scores (P=0.744 for tool I and P=0.731 for tool II).
- Actual study was carried out through four phases;

1-Assessment phase: The researcher introduced herself for nurses and asked to participate in the study after explaining the purpose of the study. The total numbers of study and control group were 80, 40 for each.
-The nurses were undergoing a pre-test using two tools in the presence of the researcher for necessary clarification. The researcher distributed all tools for all nurses to be filled.
-Each interview lasted from 25-30 minutes according to the nurses identified time.

2-Planning phase: A training program was developed and translated into a simplified Arabic language by the researcher based on reviewing of the related literatures [21-25]. The prepared program was translated into a simplified Arabic language by the researcher to ascertain its content and appropriateness and applicability. Accordingly, the required modifications and corrections were carried out. The goal of the training program was enhancing the empathic communication skill of nurses working at Tanta mental health hospital.

3-Implementation phase, Regarding study group*;* The training program was carried out on small basis (10 nurses for each). The program was included theoretical and practical sessions. Each subgroup received four theoretical and eight practical sessions, (one session / day / two days / per week /for 6 weeks). **Four theoretical sessions** was given using lecture technique interwoven with discussion to increase nurses' level of knowledge about empathic communication skills. **Eight practical sessions** was given in order to enhance practical empathic skill of nurses by offering to nurses; simulated patient situations followed by four responses, and then nurses were asked to choose two responses from them, one of them showed high empathy and other low level of empathy. At the end of the program for each subgroup, printed booklet of the training program was given to all nurses. **Regarding control group**, they were left to undergo the usual hospital routine without any intervention from the researcher.

4- **Evaluation phase; as for study group**: by the end of the training program (immediately and three months after training program), the study tools (tool I & tool II) were reapplied on all nurses who were regularly involved in the study group. **As for the control group**, the study tools (tool I & tool II) were reapplied on all nurses involved in this group within three months interval after the pre- test assessment.
-The actual study was carried out during the period from December 2015 to June 2016.
- **Ethical consideration:**
-A written voluntary consent was obtained from all nurses after explaining aim of the study. The subjects were informed about the goal of the study .Informing and reassuring the study subjects that confidentiality and

privacy of any obtained information was ensured and used only for the purpose of the study. Respecting the right of the study sample for confidentiality, refusal to participate or withdraw from the study at any phase.

- **Statistical analysis:** The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 23. For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparison was done using Chi-square test (χ^2). For comparison between means, student t-test was used. For comparison between more than two means, the F-value of analysis of variance (ANOVA) was calculated.

II. Results
Table 1: Socio-demographic characteristics of studied nurses

Socio-demographic Characteristics	Studied nurses (No=80)				χ^2	P
	Control group (No=40)		Study group (No=40)			
	N	%	N	%		
Gender					**8.498**	**0.004***
▪ Male	25	**62.5**	12	30.0		
▪ Female	15	37.5	28	**70.0**		
Age in years					4.071	0.254
▪ 20-	31	**77.5**	25	**62.5**		
▪ 30-	9	22.5	12	30.0		
▪ 40-	0	0.0	1	2.5		
▪ >50	0	0.0	2	5.0		
Range	(22-40)		(23-52)			
Mean ± SD	27.80±4.450		30.18±8.098			
Residence					**4.073**	**0.044***
▪ Rural	14	35.0	23	**57.5**		
▪ Urban	26	**65.0**	17	42.5		
Marital status					1.888	0.391
▪ single	11	27.5	6	15.0		
▪ Married	28	**70.0**	33	**82.5**		
▪ Widowed	1	2.5	1	2.5		
Educational level					5.577	0.062
▪ Secondary school of nursing	6	15.0	15	37.5		
▪ Associate degree of nursing	28	**70.0**	22	**55.0**		
▪ Bachelor	6	15.0	3	7.5		
Income					3.516	0.061
▪ Not enough	30	**75.0**	22	**55.0**		
▪ Enough	10	25.0	18	45.0		

* Significant at P < 0.05

Table 2: Job characteristics of studied nurses

Job characteristics	Studied nurses				χ^2	P
	Control group (No=40)		Study group (No=40)			
	N	%	N	%		
Job categories					0.00	1.00
▪ Staff nurse	34	**85.0**	34	**85.0**		
▪ Nursing supervisor	6	15.0	6	15.0		
General nursing experience					1.687	0.640
▪ <1 year	4	10.0	2	5.0		
▪ 1- years	25	**62.5**	24	**60.0**		
▪ 10- years	8	20.0	8	20.0		
▪ ≥20 years	3	7.5	6	15.0		
Experience in psychiatric nursing					0.00	1.00
▪ 1- years						
▪ 10- years	26	**65.0**	26	**65.0**		
▪ ≥20 years	10	25.0	10	25.0		
	4	10.0	4	10.0		
Communication training courses					**7.765**	**0.021***
▪ None						
▪ <3 courses	9	22.5	18	**45.0**		
▪ ≥3 courses	18	**45.0**	18	**45.0**		
	13	32.5	4	10.0		
Range	(0-5)		(0-4)			
Mean ± SD	1.72±1.467		0.82±1.059			

Last training course						
▪ None	9	22.5	18	**45.0**		
▪ <1 year	18	**45. 0**	11	27.5	4.856	0.088
▪ ≥1 year	13	32.5	11	27.5		

* Significant at P < 0.05

Table (3): Comparison between both control and study groups according to level of knowledge about empathy throughout pre and after 3 months.

level of knowledge about empathy	Pre					After 3 months				
	Control group (No=40)		Study group (No=40)		χ^2 P	Control group (No=40)		Study group (No=40)		χ^2 P
	N	%	N	%		N	%	N	%	
▪ Low	8	20.0	0	0.0	**8.933**	7	17.5	0	0.0	**48.549**
▪ Average	27	67.5	33	**82.5**	**0.011***	27	67.5	3	7.5	**0.00***
▪ High	5	12.5	7	17.5		6	15.0	37	**92.5**	

* Significant at P < 0.05

Table 4: Comparison between both control and study groups according to the empathic skill pre & after 3 months of the training program

Level of empathic skill	Pre					After 3 months				
	Control group (No=40)		Study group (No=40)		χ^2 P	Control group (No=40)		Study group (No=40)		χ^2 P
	N	%	N	%		N	%	N	%	
▪ Very low	19	47.5	24	60.0	2.026	18	45.0	0	0.0	**76.667**
▪ Low	20	50.0	16	40.0	0.363	21	52.5	0	0.0	**0.00***
▪ Medium	1	2.5	0	0.0		1	2.5	5	12.5	
▪ High	0	0.0	0	0.0		0	0.0	35	**87.5**	
▪ Very high	0	0.0	0	0.0		0	0.0	0	0.0	

* Significant at P < 0.05

Table 5: Comparison between mean score of level of knowledge about empathy and empathic skill of control and study groups pre and after 3 months (No=80).

Time of program	Range Mean ± SD						
	Level of empathic skill				Level of knowledge about empathy		
	Control Group	Study Group	t P		Control group	Study group	t P
Pre	(62-142) 94.93±15.16	(68-118) 90.28±11.73	2.36 0.129		(33-57) 43.52±4.85	(41-57) 46.82±3.64	**11.83** **0.001***
After 3 months	(64-126) 93.40±11.80	(147-181) 163.73±7.70	**97.10** **0.00***		(35-51) 44.62±4.17	(46-58) 53.30±2.64	**12.35** **0.00***

* Significant at P < 0.05

Table 6: Mean differences of empathic knowledge of study & control groups during pre and after 3 months of the study by socio-demographic characteristics

Socio-demographic characteristics	Mean ±SD of knowledge about empathy			
	Control group		Study group	
	Pre	Post 3 months	Pre	Post 3 months
Sex				
▪ Male	43.12±5.593	44.16±4.589	45.17±1.992	53.08±2.746
▪ Female	44.20±3.342	45.40±3.376	47.54±3.977	53.39±2.644
t , P	0.458, 0.503	0.824,0.370	3.807,0.058	0.113,0.739
Age in years				
▪ 20-	42.45±4.273	43.77±4.039	46.76±3.745	53.52±2.815
▪ 30-	47.22±5.142	47.56±3.358	48.00±0.002	52.83±2.588
▪ 40-	-	-	47.17±3.857	55.00±0.002
▪ ≥50	-	-	45.00±2.828	52.50±0.707
t , P	**7.945, 0.008***	**6.538,0.015***	0.225,0.878	0.363,0.780
Residence				
▪ Rural	42.93±5.677	44.36±4.909	47.13±3.935	53.70±2.305
▪ Urban	43.85±4.433	44.77±3.819	46.41±3.280	52.76±3.032
t , P	0.320,0.575	0.087,0.770	0.374,0.544	1.22,0.276
Marital status				
▪ Single	42.55±5.556	43.91±4.949	45.00±1.789	54.00±1.095
▪ Married	44.18±4.431	45.14±3.739	47.12±3.863	53.03±2.733
▪ Widowed	36.00±0.002	38.00±0.001	48.00±0.001	58.00±0.001
F , P	1.745,0.189	1.696,0.197	0.909,0.412	2.072,0.140
Educational level	44.50±4.722	45.83±4.119	46.53±2.850	52.80±2.513
▪ Secondary school of nursing	43.14±5.133	44.18±4.243	46.32±3.734	53.45±2.668
▪ Associate degree of nursing	44.33±4.033	45.50±4.231	52.00±3.464	54.67±3.512
▪ Bachelor				
t , P	0.281,0.757	0.530,0.593	**3.750,0.033***	0.969,0.505
Income				
▪ Not enough	43.17±5.292	44.27±4.518	46.86±3.944	52.95±2.645
▪ Enough	44.60±3.169	45.70±2.830	46.78±3.353	53.72±2.653
t , P	0.649,0.426	0.882,0.354	0.005,0.942	0.832,0.368

* Significant at P < 0.05

Table 7: Mean differences of empathic skill of study &control groups during pre and after 3 months of the study by socio-demographic characteristics

Socio-demographic Characteristics	Mean±SD of empathic skill			
	Control group		Study group	
	Pre	Post 3 months	Pre	Post 3 months
Sex				
▪ Male	97.20±17.246	95.00±13.711	91.29±10.790	163.42±7.242
▪ Female	91.13±10.260	90.73±7.285	87.92±13.905	163.86±8.013
t , P	1.523,0.225	1.234,0.274	0.687,0.412	0.027,0.871
Age in years				
▪ 20-	94.77±13.205	93.35±10.732	89.32±11.404	161.60±6.946
▪ 30-	95.44±21.570	93.56±15.693	90.92±13.541	165.50±7.180
▪ 40-	-	-	100.00±0.002	175.00±0.001
▪ ≥50	-	-	93.50±9.192	174.00±9.899
t, P	0.013,0.909	0.002,0.965	0.329,0.805	**3.219,0.034***
Residence				
▪ Rural	93.93±12.567	92.21±10.577	86.13±9.062	164.30±6.190
▪ Urban	95.46±16.592	94.04±12.555	95.88±12.820	162.94±9.523
t , P	0.091,0.765	0.213,0.647	**7.963,0.008***	0.301,0.587

Marital status				
▪ Single	96.64±18.222	92.00±12.892	84.33±18.041	160.67±3.141
▪ Married	94.43±14.367	93.79±11.733	91.12±10.374	163.91±8.013
▪ Widowed	90.00±0.002	98.00±0.001	98.00±0.001	176.00±0.002
t , P	0.132,0.877	0.161,0.852	1.077,0.351	1.828,0.175
Educational level				
▪ Secondary school of nursing	88.50±12.534	88.17±7.627	89.93±13.520	165.73±8.181
▪ Associate degree of nursing	96.46±13.223	93.79±11.571	90.73±11.222	161.95±7.194
▪ Bachelor	94.17±25.031	96.83±16.005	88.67±8.622	166.67±8.145
t, P	0.680,0.513	0.853,0.434	0.048,0.953	1.333,0.276
Income				
▪ Not enough	96.30±16.342	96.30±16.342	87.82±10.074	164.45±7.639
▪ Enough	90.80±10.465	90.80±10.465	93.28±13.150	162.83±7.898
t , P	0.988,0.327	0.211,0.648	2.211,0.145	0.433,0.515

* Significant at P < 0.05

Table 1 presents socio-demographic characteristics of the studied nurses. As for gender, 62.5% were males for control group, compared to 30% for study group. The mean age for control group was 27.80±4.450, compared to 30.18±8.098 for the study group. More than half (65.0%) of nurses in the control group were residents at urban area, compared to 42.5 % in the study group. The highest percentage of nurses was married either in control and study group, (70% and 82.5% respectively). Concerning educational level, 70% of nurses in control group compared to 55% in study group had associate degree of nursing. 75% and 55% for control and study group respectively reported "didn't have enough income".

Table 2 shows job characteristics of studied nurses. Most of the nurses (85.0%) are staff nurse either in control and study group. Regarding years of experience in general and psychiatric nursing, more than half of the study subjects in both control and study group were having experience from one to less than ten years (62.5% and 60% respectively). As for communication training courses, 45% in both control and study group were having less than 3 training courses. Those who attended training courses since less than one year constituted 45% of the control group, compared to 27.5% for the study group.

Table 3 demonstrates a comparison between level of knowledge about empathy of study & control groups during pre and after program. There was statistical significant increase in the level of knowledge of nurses in the study group than control group (P=0.00). At pretest, 82.5% of nurses in the study group compared to 67.5% were having average level of knowledge about empathy. Nurses' level of knowledge was increased to high level in study group at posttest, while nurses in control group still experiencing the same average level as pre test.

Table 4 reveals a comparison between both control and study groups according to the empathic behavior pre & after 3 months. It shows statistical significant increase in the post intervention nurses' empathic skill in the study group than control group (P=0.00). Before program, about half of nurses in control group and 60% in study group were experiencing very low level of empathic behavior. After program with 3 month, majority (87.5%) of nurses in the study group were experiencing high level compared to low level of empathic skill in control group (52.5%).

Table 5 illustrates comparison between mean score of level of knowledge about empathy and empathic skill of control and study groups pre and post 3months. It shows statistical significant increases in the post intervention mean score of nurses 'knowledge about empathy and empathic skills in study group than control group (P=0.00). Indicate improvement in nurses' knowledge and skills after intervention in study group.

Table 6 shows mean differences of empathic knowledge of study & control groups during pre and post of the study by socio-demographic characteristics. It shows a statistical significant difference between mean score of empathic knowledge and age in years in control group pre and post test (P = 0.008 and P=0.015 respectively), While the mean of knowledge increase with increasing age. Regarding educational level, it was found that there was a statistical significant difference between all three levels of education and level of knowledge in study group before program only (P = 0.033), where the mean of empathic knowledge was more among nurses with bachelor degree than other degrees.

Table 7 clarifies mean differences of empathic behavior of study &control groups during pre and post of the study by socio-demographic characteristics. It shows that a statistical significant difference was found between mean of empathic skill and age in years in the study group after program (P = 0.034), While the mean of nurses 'empathic skill increase with increasing age. Regarding residence, it was found that there was a statistical significant difference between residence and level of empathic behavior in study group before program (P = 0.008), where the mean of empathic behavior was more among nurses whom live in urban area than those in rural area.

III. Discussion

Empathy is the basis on which a therapeutic effective relationship, understanding and communication can be built. Empathy has further been described as the process of understanding a person's subjective experience by vicariously sharing that experience while maintaining an observant stance. Although some believe that empathy is an innate charisma that can be shaped by one's personality, others assert that it is a skill which can be influenced by appropriate education and practice [26].

Empathy was one essence of quality nursing care. Certain studies assured that empathy is a skill that can be learned through conducting empathy training program on qualified nurses and showed that the program makes a positive change in both empathic knowledge and behavior of nurses [26-28]. So the aim of this study was to explore the effectiveness of empathy-based training program on empathic communication skills for the nurses.

Empathy - based training program in this study monitors two dimensions namely knowledge about empathy and empathic skill of the nurses. Concerning the level of knowledge about empathy, more than half of nurses in either study and control group showed an average level before implementing training program. Such result can be relatively understood in the light of the fact that hospital conducted each week educational courses about communication skills for nurses, and more than half of studied nurses in the current study were in a young age group, recently graduated and still have the recent information about communication. Also nurses of study group had high percentage level of knowledge at 3 months after the training program and this may be due to the knowledge and training given to them in the program. While a study done by **Dawood L (2010***)* who found that both study and control groups showed low level of knowledge about empathy before implementing training program [27].

The present study illustrate that the majority of nurses in study group had high level of empathic skill after 3 months of implementing the training program. This was evident with presence of a statistical significant improvement in study group when comparing itself on the pre and after intervention assessment with control group. Such a result is supported by research evidences which indicate that nurses are able and willing to learn and understand information that are expected to improve their empathetic skills with their patients through training program[26-28].

Regarding the dimension of empathetic skill, of the training program, both study and control group showed very low level of empathic skill before intervention. It is important here to say that the knowledge they had about empathy from previous communication courses may be not enough to teach them about the skills of empathy. But the level of empathic skill was high after 3 months of the training program, this may be due practical sessions which allow nurses to effectively practice empathic communication skill over a period of time via given a simulated clinical situations. Similarly, a study done by **Kahriman I et al (2016)** revealed that the empathy training program, by using didactic, role-play, and drama techniques, was effective in enhancing the level of empathic skill of nurses in experimental group than control group [29]. In this line, **Mousa's study (2015)** showed that all nursing students achieved high level of empathic skills following the completion of theoretical contents of the psychiatric nursing experience [28]. This finding was contradicting with **Williams J & Stickley T (2010)** who stated that empathy is a personality trait that cannot be easily taught [8]. And also On the other side, also the results of the current study contradicted with study of **Nunes P et al (2011)** which found that nurses' levels of empathy did not change or were more likely to decrease after psychiatric education [30].

The present study found that the high mean score for level of knowledge about empathy was among nurses with bachelor degree in study group. This can be explained as the nurses with bachelor degree have a course named psychiatric and mental health nursing in which communication skills is one of its content. Also the current study found that the high mean score for level of empathic skill was among nurses with bachelor degree in study group. This may be due to the effect of the training program. This was in the harmony with **Buyuk E et al (2015)** & **Tiryaki H al. (2012)** who stated that the university graduate nurses had higher level of empathetic skills when compared to the associate degree and high school graduates [31,32]. In contrast, **Ergin D et al (2009)** stated that the education level of the nurses did not affect the empathetic skills [33]. Unfortunately, this average level of knowledge, which nurses had, hasn't positive effect on their empathic skill which was low before intervention, so this average level of knowledge has no effect on their empathetic skill.

Study group nurses had higher mean score of empathic skill at age forty to less than fifty, as there was a positive significant deference between them at 3 months after applying the training program. This may be due to nurses had high age and high knowledge or may be due to the practical session of the training program. In contrast with **Buyuk E et al (2015)** who were determined that the empathetic point average of the nurses between 20-25 years old was higher than the older ones but it was also seen that this difference was not statistically significant [31]. Also this is in contrast with **Williams B et al (2014)** who stated that students in the age range of 26–30 years and 31–35 years recorded higher empathy scores than their younger colleagues aged, 21 years and 21–25 years [34].

IV. Conclusion& Recommendations

Conclusion

In the light of the findings of this study, it was concluded that passing through empathic communication training program experience (theoretical and clinical) brought a positive change and improve nurses' empathy skills toward patients with mental illness. It reveals that the level of knowledge about empathy and empathic skills of nurses in the study group increased after program than their level before program and also when compared with control group, where there was no change in the level of both knowledge and empathic skills. So the one can concluded that it is possible to increase nurse's empathic ability through empathic training program.

Recommendations

1- Recommendations for nursing staff:-

- The developed program should be implemented continuously on all nursing staff to confirm its positive effects and for further improvement.
- Teaching empathic communication skills should be reflected by modeling empathy in nursing education as the students should see courtesy and kindness in the approach of teachers.

2- Recommendations for hospital administration :-
- Hospital should organize a fund for training certain staff to trainer for other nursing staff to train them on how to apply empathic communication skill to improve their empathic communication skills and their interaction with patients.
- The hospital tries to help by involving experienced nurses with new graduates in a mentoring program that all the nurses feel is important in helping the younger nurses make it through in the beginning.

3- Further studies on:-
- Factors impeding an empathic approach which include lack of time, lack of support from unsympathetic colleagues, personality style, unmet personal needs, unresolved personal problems, weariness, anxiety, burnout, and perception of empathy as an authoritarian attitude or as informing patients.

References

[1]   Videbeck, S L. Psychiatric – Mental Health Nursing, 6th ed, Philadelphia: Lippincott Williams &Wilkins Company, 2014:80-2.
[2]   Kneisl, C R., & Trigoboff E. Pearson New International Edition: Contemporary Psychiatric – Mental Health Nursing, 3rd ed, United States of America, Pearson Company, 2014:183-85.
[3]   Haansson J. Exploring the phenomenon of empathy. Journal of Social Psychology, 2003; 120(8): p3.
[4]   Stuart, G. W., & Laraia, M. T. Principles and Practices of Psychiatric Nursing, 8th ed, St. Louis: Mosby, 2005:122.
[5]   Fontaine, K L. Mental Health Nursing, 6th ed, Pearson: Printice Hall, Canda, 2009:124.
[6]   Mohr W K. Psychiatric- Mental Health Nursing, Therapeutic relationship 7th ed, Pheladelphia:Lipincott Company,2015:14-22.
[7]   Blasi, Z. D., Harkness, E., Ernst, E., Georgiou, A., & Kleijnen, J. Influence of Context Effects on Health Outcomes: A systematic Review. Lancet Journal, 2001; 29(4): 357,757 –62.
[8]   Williams, J. & Stickley, T. Empathy and nurse education. Nurse Education Today Journal, 2010; 30(7): 752-55.
[9]   Brunero, S., Lamont, S. & Coates, M. A. Review of Empathy Education in Nursing. Nursing Inquiry, 2010:17, 64-73.
[10]   Ozcan, C. T., Oflaz, F. F., & Sutcu Cicek, H. H. Empathy: the effects of undergraduate nursing education in Turkey, International Nursing Review Journal, 2012; 57 (4): 493-99. 11.Boyd M A. Psychiatric Nursing Contemporary practice, 5th ed, Philadelphia: Lippincott Williams &Wilkins Company, 2012: 112.
[11]   Moore, R. J. & Hellenbeck, J .Narrative empathy and how dealing with stories helps: creating a space for empathy in culturally diverse care settings. Journal of Pain and Symptom Management, 2010; 40(3), 471-476.
[12]   13.Stanley P. & Hurst, M. Narrative Palliative Care: A Method for Building Empathy. Journal of Social Work in End-of-Life & Palliative Care, 2011; 7(39):39-55.
[13]   Yu J, Kirk M. Measuring of Empathy in Nursing Research: A systematic Review. Journal of Advanced Nursing, 2008; 64(5):440-54.
[14]   Boumans N, Berkhout A, Landeweerd A. Effects of resident-oriented care on quality of care, well-being and satisfaction with care, Scand Journal of Caring Science,2005; 19(3):240–50.
[15]   Ward J., Cody J., Schaal M., Hojat M. The Empathy Enigma: An empirical study of decline in empathy among undergraduate nursing students. Journal of Professional Nursing, 2012;28(1):34-40.
[16]   William J.,& Brian S. Do nurses and other professional helpers normally display much empathy?, Journal of Advanced Nursing, 2010, 3(1): 226–234.

[17]   Hojat M, Mangione S, Nasca TJ, Cohen MJM, Gonnell JS, Erdmann JB, et al. The Jefferson Scale of Physician Empathy: development and preliminary psychometric data. Educational Psychological Measures Journal. 2004; 61:349-65.

[18]   Hojat M, Gonnella JS, Mangione S, Nasca TJ, Veloski JJ, Erdmann JB et al. Empathy in Medical Students as related to Academic Performance, Clinical competence, and Gender. Medical Education Journal, 2002; 36(6):522-27.

[19]   Dökmen Ü. Measurement of empathy with psychodrama therapy based on a new model. A. Ü. Eitim Bilimleri Dergisi .1988; 21(1-2): 155-90.

[20]   Townsend, M. C. Psychiatric Mental Health Nursing, 5th ed, Philadelphia: F.A. Davis, 2006:17-19.

[21]   Fortinash KM., & Worret PH. Psychiatric Mental Health Nursing, 4th ed, St. Louis: Mosby, 2008:67-9.

[22]   Sealy, P. The Power of Empathy. Canadian Nurse Journal, 2011; 107(8): 30-3.

[23]   Naomi E. Does Patient Satisfaction Contribute To Nursing Care Quality? Jornal of Nursing Administration, 2005; 36(3):126-30.

[24]   Arnold, E.C., & Boggs, K.U. Interpersonal Relationships: Professional Communication Skills for Nurses, 10th Ed, St. Louis: Elsevier Saunders, 2013:32, 33, 38.

[25]   Mahmoud, H. (2013). Emotional intelligence among baccalaureate students at the Faculty of Nursing, Alexandria University: a cross-sectional study. Master Thesis, Faculty of Nursing, Alexandria University, Egypt.

[26]   .Dawood, L. (2010). Developing empathic skills in nurses working in El-Maamoura Hospital for Psychiatric Medicine: Effect of a training program. Doctoral Thesis, Faculty of Nursing, Alexandria University, Egypt.

[27]   Mousa M. A. Empathy toward Patients with Mental Illness among Baccalaureate Nursing Students: Impact of a Psychiatric Nursing and Mental Health, Journal of Education and Practice, 2015;6(24) :98-105.

[28]   Kahriman I, Nural N, Arslan N, Topbas M, et al. The Effect of Empathy Training on the Empathic Skills of Nurses, Iran Red Crescent Med Journal. 2016; 18(6): 1-10

[29]   Nunes, P., Williams, S., Sa, B., & Stevenson, K. A study of empathy decline in students from five health disciplines during their first year of training. International Journal of Medical Education,2011; 2, 12-17.

[30]   Buyuk E, Rızalar Z, Güdek E, & Güney S. Evaluation of Empathetic Skills of Nurses Working in Oncology Units in Samsun, Turkey, International Journal of Caring Sciences 2015; 8(1): 131-32.

[31]   .Tiryaki Şen, H., Taşkın Yılmaz, F., Pekşen Ünüvar, Ö., & Demirkaya F. Emphatic Skill Levels of Primary Health Care Workers. Journal of Pshychiatrıc Nursing, 2012;3(1): 6-12.

[32]   Ergin, D., Celasin Şen, N., Akış, Ş., Altan, Ö., Bakırlıoğlu, Ö. & Bozkurt, S. In Internal Medicine Working Nurses Burnout and Emphatic Skill Levels and Factors Affecting Them. Fırat University Medical Journal of Health Sciences, 2009; 4 (11): 49- 64.

[33]   Williams B, Brown T,   Boyle M, McKenna L , Palermo C, Etherington J. Levels of empathy in undergraduate emergency health, nursing, and midwifery students: a longitudinal study. Advances in Medical Education and Practice 2014:5 299–306