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

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Abstract: **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 explore the effect of empathy-based training program on psychiatric nurses' empathic communication skills nurses. 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 of the nurses working at the hospital which were 80 nurses and divided randomly into two study and control group (40 nurses for each group).** *Tools:* **Three tools were used namely, "socio-demographic and Job characteristics Structured Interview Schedule", "Jefferson Scale of Empathy (JSE)", and "Empathic Communication Skill Scale-(ECSS)".** *Results:* **Results of this study showed a statistical significant difference when comparing control with study group at post test with three months regarding to both level of knowledge about empathy and empathic behavior (P=0.00 for both levels).** *Conclusion:* **Passing through empathic communication training program experience brings a positive change and improve nurses' empathic skills in the study group than control group.** *Recommendation:* **Implementing continuous empathic training program is needed to all nurses to maximize nurses' empathic skills.**

Keywords: **Empathy, psychiatric nursing, communication skills.**

1. INTRODUCTION

There are many qualities that support therapeutic nursing practice. Regardless of the pattern of behavior that may characterize a clients' illness, certain general principles apply to the care of all who show behavior disorders [1]. One of these principles is empathy, as it is the heart of caring. Also understanding client, needs, feelings, and their situation is the basic nursing tasks and empathy is the basis for this understanding. The ability to be empathic is defined as placing oneself within the experience of another without losing one's own sense of identity [2].

Empathy is a cyclic model involving the following stages; understanding and recognizing the other person's (empathee's) emotions, communicating this understanding to the empathee and recognizing that this has been understood. So empathy is the foundation of understanding patient's needs, concerns and emotions, and this is fundamental to nursing practice [3]. To recognize patient's needs and emotions and convey that to the patients require having more communication skills. Empathetic skill, which helps people understand the other person's thoughts and feelings, is considered as an important part of general communication skills. In this sense, the empathetic skill has a very important place in the quality of the communication process [4, 5].

Empathy is a term that reflects a complex multidimensional concept that has moral, cognitive, emotive, and behavioral components. The cognitive component shows the ability to identify and understand others' perspectives and thoughts[6]. The emotive component reflects the ability to experience and share in others' psychological states or intrinsic feelings, and the moral aspect relates to an internal altruistic drive that motivates the practice of empathy. The behavioral component shows the ability to communicate empathetic understanding and concerns. Empathetic skills are one of the basic skills in nursing and all nurses are required to have these skills effectively [7, 8].

In the era of high technology and managed health care, the dehumanizing quality of standardized practice discounts the role of empathy. So the theme of empathy in nurse-patient relations needs to be revisited and brought to the attention of hospital health professionals [9]. While nursing are meaning to provide helping relationships, nurses do not tend to show much empathy to clients. Certain studies have shown that healthcare professionals including nurses often ignore patients' direct and indirect emotional expressions and miss opportunities to express empathy [10, 11]. Other studies also reported that there is low level of empathy among the helping professions, including nursing, indicating that many professional helpers are not as helpful as they ought to be [12, 13].

The relevance of empathy to clinical nursing and the potential consequences of low empathy for clients are considered. Low level of empathy is likely to mean the failure to provide essential information, emotional support, and care and in some instances may contribute to increased distress, anxiety and ineffective coping for those ought to be helped [9,14]. However, the importance of showing high level of empathy in the nursing context has been confirmed[15].

Empathy enables health care professionals and patients to work together. Empathy is critical to establishing a supportive, trusting relationship between a nurse and a patient [16]. Nurse's empathy and open attitude towards psychiatric patients give them a feeling of safety, a belief in nurse's abilities and moreover decreases the emotional distance in the nurse–patient interaction. Empathetic responses allow clients to feel respected, understood, and validated. Whilst being empathetic is a personal trait, empathy is also a tangible skill [17, 18].

The concept of empathy has been viewed as a human trait, a professional state, and learned phenomenon that can develop and grow through a caring relationship. In this regard, two types of empathy were identified in nursing literature. The first type is "basic empathy" which is seen as a human trait, an attribute, and a universal human capacity. This type of empathy is involuntary and can not be taught. "Trained empathy", the second type, is a learned skill in relation to professional practice. This type of empathy has been accepted as an ability and skill that can be logically learned and intentionally directed through appropriate nursing education and practice[19-21]. Researchers have studied a variety of techniques for teaching empathy, including verbal instruction, role-playing, written patient session transcripts, and communication skills training [22,23].

While the importance of nurses' empathy is widely acknowledged, little is known about the impact of empathetic communication training program on empathy among psychiatric nurses at Tanta Mental Health Hospital. It was then anticipated that this study would highlight whether or not passing through this educational and training experience can improve nurses' level of empathy.

Aim of the study:

The aim of this study was:-

To explore the effect of empathy-based training program on psychiatric nurses' empathic communication skills

Research Hypothesis:

Empathy-based training program bring a positive change and improve nurses' empathetic skills in the study group than control group.

2. SUBJECTS AND METHOD

Research design:

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

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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.

Subjects:

The target population of the present study composed of 80 who constituted all nurses whose 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):- *Structured Interview Schedule related to Socio-demographic and job characteristics*

It was developed by the researcher after review of the literature and it included items such as: age, sex, residence, educational level, marital status, income, job categories, years of experience…..etc.

Tool (II):- Jefferson Scale of Empathy (JSE) Nursing Student Version R

This scale was developed by *Hojat et al* [24, 25]. 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. A total score ranged from 20 to 60.

Tool (III):- Empathetic Communication Skill Scale (ECSS)

The Empathetic Communication Skill Scale (ECSS) was developed by *Dökmen* (1988) [26] 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) which indicated how the person was expressing such a problem were. The participants were asked to choose four responses which they like best. The participants choose totally 24 empathic responses, four 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 to219.

Method:

▪ Permission for data collection was obtained the director of Tanta Mental Health after explaining the aim of the study.

▪ Tool (I) was developed by the researcher after review of literatures. Tool II & Tool III 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.

▪ Reliability for tools (II and III) 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 II and **P=0.731** for tool III).

▪ **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 researcher distributed all tool on all nurses to be filled it as a pre test.

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 [19-28]. It was revised by the supervisors to ascertain its content and appropriateness and applicability. Accordingly, the required modifications and corrections were carried out.

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 II & tool III) were reapplied on all nurses who were regularly involved in the study group. *As for the control group*, the study tools (tool II & tool III) were reapplied on all nurses involved in this group within three months interval after the pre- test assessment.

5. 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. 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.

3. 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						
▪ Male	25	**62.5**	12	30.0	**8.498**	**0.004***
▪ Female	15	37.5	28	**70.0**		
Age in years						
▪ 20-	31	**77.5**	25	**62.5**		
▪ 30-	9	22.5	12	30.0		
▪ 40-	0	0.0	1	2.5	4.071	0.254
▪ >50	0	0.0	2	5.0		
Range	(22-40)		(23-52)			
Mean ± SD	27.80±4.450		30.18±8.098			
Residence						
▪ Rural	14	35.0	23	**57.5**	**4.073**	**0.044***
▪ Urban	26	**65.0**	17	42.5		
Marital status						
▪ single	11	27.5	6	15.0		
▪ Married	28	**70.0**	33	**82.5**	1.888	0.391
▪ widowed	1	2.5	1	2.5		
Educational level						
▪ Secondary school of nursing	6	15.0	15	37.5		
▪ Associate degree of nursing	28	**70.0**	22	**55.0**	5.577	0.062
▪ Bachelor	6	15.0	3	7.5		
Income						
▪ Not enough	30	**75.0**	22	**55.0**	3.516	0.061
▪ Enough	10	25.0	18	45.0		

* Significant at P < 0.05

Table (1) illustrates 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: Job characteristics of studied nurses

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

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): Level of knowledge about empathy of studied nurses throughout periods of study

Total level of knowledge about empathy	Studied nurses (n=80)				χ^2 P								χ^2 P
	Control group (n=40)					Study group (n=40)							
	Pre		Post 3 months			Pre		Immediate		Post 3 months			
	N	%	N	%		N	%	N	%	N	%		
▪ **Low**	8	20.0	7	17.5	0.158	0	0.0	0	0.0	0	0.0		**71.71**
▪ **Average**	27	67.5	27	67.5	0.924	33	82.5	2	5.0	3	7.5		**0.00***
▪ **High**	5	12.5	6	15.0		7	17.5	38	95.0	37	92.5		

* Significant at P < 0.05

Table (3) represents level of knowledge about empathy of studied nurses throughout periods of study. Both control and study group had an average level of knowledge before program (67.5% and 82.5% respectively). While this level became high immediately and three months after program in the study group (92.5% & 95% respectively) compared to control group which still have the same average level at post test (67.5%). There were a statistical significant differences among three levels in the study group in all times (pre, immediately, and post 3 months) at P=0.00.

Table (4): Level of empathic behavior of the studied nurses throughout periods of study.

Total level of empathic behavior	The studied nurses (n=80)											
	Control group (n=40)				χ^2 P	Study group (n=40)						χ^2 P
	Pre		Post 3 months			Pre		Immediate		Post 3 months		
	N	%	N	%		N	%	N	%	N	%	
▪ Very low	19	47.5	18	45.0		24	60.0	0	0.0	0	0.0	
▪ Low	20	50.0	21	52.5	0.051 0.975	16	40.0	0	0.0	0	0.0	218.46 0.00*
▪ Medium	1	2.5	1	2.5		0	0.0	0	0.0	5	12.5	
▪ High	0	0.0	0	0.0		0	0.0	4	10.0	35	87.5	
▪ Very high	0	0.0	0	0.0		0	0.0	36	90.0	0	0.0	

* Significant at P < 0.05

Table (4) represents level of empathic behavior of studied nurses throughout periods of study. Before program, 50.0% of nurses in control experienced low level of empathic behavior compared to 60.0% of study group experienced very low level. While the level in the study group became very high immediately after program (90%) then became high level three months after program (87.5%) compared to control group which still experience the same low level of empathic behavior at post test (52%). There were a statistical significant differences in the study group in relation to their levels at P=0.00.

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

Time of program	Range Mean ± SD					
	Level of empathic behavior			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***
Post 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 5 illustrates comparison between mean score of level of knowledge about empathy and empathic behavior 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 behavior in study group than control group (P=0.00). Indicating improvement in nurses' knowledge and behavior after intervention in study group.

Table 6: Relationship between the level of knowledge about empathy and empathic behavior of studied groups post 3 months of training program.

Level of empathic behavior		Level of knowledge about empathy								χ^2	P
		Low		Average		High		Total			
		N	%	N	%	N	%	N	%		
Control group (n=40)	Very low	1	14.3	15	55.6	2	33.3	**18**	**45.0**	**9.796**	**0.044***
	Low	6	85.7	12	44.4	3	50.0	**21**	**52.5**		
	Medium	0	0.0	0	0.0	1	16.7	**1**	**2.5**		
	High	0	0.0	0	0.0	0	0.0	0	0.0		
	Very high	0	0.0	0	0.0	0	0.0	0	0.0		
Total		**7**	**100**	**27**	**100**	**6**	**100**	**40**	**100**		
Study group (n=40)	Very low	0	0.0	0	0.0	0	0.0	0	0.0	**8.70**	**0.003***
	Low	0	0.0	0	0.0	0	0.0	0	0.0		
	Medium	0	0.0	2	66.7	3	8.1	**5**	**12.5**		
	High	0	0.0	1	33.3	34	91.9	**35**	**87.5**		
	Very high	0	0.0	0	0.0	0	0.0	0	0.0		
Total		**0**	**0.0**	**0**	**100**	**37**	**100**	**40**	**100**		

* Significant at P < 0.05

Table 6 reveals relationship between level of knowledge about empathy and empathic behavior of studied groups post 3 months. A statistical significant relation was found between level of knowledge about empathy and level of empathic behavior after program with 3 months in the study group (P=0.003). When comparing control group with study group after program with 3 months, it was found that 85.7% in control group have low level of knowledge about empathy and empathic behavior, while 91.9% in study group had high level of empathic knowledge and empathic behavior. Indicating improvement of nurses 'knowledge and empathic behavior of study group after program.

4. 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[27].

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 [27-29]. So the aim of this study was to explore the effectiveness of empathy-based training program on empathic communication skills for the nurses at Tanta Psychiatric and Mental Health hospital.

The empathy - based training program in this study monitors two dimensions namely knowledge about empathy and empathic behavior 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 for nurses and one of these courses was about communication skills. On the other hand looking for job characteristics of the study subjects, on can see, the majority of the studied nurses had previous educational courses about communication. This may be due to, the majority of the studied nurses had previous educational courses about communication, 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. While a study done by **Dawood, (2010)** at El-Maamoura Hospital for Psychiatric Medicine at Alexandria found that both study and control groups showed low level of knowledge about empathy before implementing training program [28].

However the present study found that the high mean score for level of knowledge about empathy was among nurses with bachelor degree. 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. This was in the harmony with ***Buyuk et al (2015)*** & ***Tiryaki et 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[30,31]. In contrast, ***Ergin et al (2009)*** stated that the education level of the nurses did not affect the empathetic skills[32]. Unfortunately, this average level of knowledge, which nurses had, hasn't positive effect on their empathic behavior which was low before intervention, so this average level of knowledge has no effect on their empathetic behavior.

Regarding the second target dimension of the training program in the present study, namely the *empathetic behavior*, both study and control group showed very low or low level of empathic behavior 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. This rationale supported by the result of this study which showed a statistical positive significant correlation between level of knowledge about empathy and number of previous communication courses, while there was negative statistical significance correlation between previous communication courses and the empathic behavior of the nurses. In the same direction, ***Bry et al. (2016)*** proposed that previous training courses in communication techniques can significantly improve nurses' ability to respond empathically to patients' expressions of emotions [33]. Unlikely, ***Kahriman et al (2016)*** revealed that empathy was not found to be influenced by nurses' clinical variable such as having previous communication courses [5]. Also ***Ançel G (2006)*** found that nurses whom had received previous communication education through books or courses were not found to have higher levels of empathy [34].

Another rationale for this result may be that the majority of studied nurses were having either associate nursing degree or secondary school of nursing degree and needless to say that the psychiatric nursing courses in these programs in general are relatively concise and ignore training about empathy skills because of its allotted time and content. This stated decrement of their empathic behavior due to lack of both knowledge and training about empathy before graduation.

Other assumptions from the studied nurses' perspectives for such deficiency in their empathic behavior were that; communication courses they had, didn't focused on empathy specifically and this program was the first training course for them about empathic skills alone, their negative belief about importance of empathy in treating patient, fear of feeling of burnout, job dissatisfaction, and false belief to become sick like patient as they believe that this illness is infectious.

Additionally, it has been observed that the nursing practices in psychiatric hospital were focused on the medical care only and carried out in the form of routine duties or practices, instead of individualized care that is based on a problem-solving approach in accordance with patient needs. Nurses keep their patients at a distance, communication between the two is mechanical, there is a lack of meaningful interaction, and nurses serve the hospital rather than their patients. Such observation may explain such deficiency in empathic behavior of nurses. This result contradicted with ***Dawood, (2010)*** who stated that both study and control groups showed an initial relatively average level of empathic behavior before implementing training program[28.]

Based on the results of the current study, level of knowledge about empathy and empathic behavior of nurses has a positive effect on enhancing empathic skills after intervention. This was evident with presence of a statistical significant improvement in study group when comparing itself on the pre intervention assessment as well as when comparing control group with the study group after intervention. 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[27-29].

Increasing in the level of knowledge about empathy after the training program for the study group may be due to the effectiveness of theoretical sessions of the program and the researcher also observed that the nurses during session were very interested and had the desire to know everything about empathy as they mentioned that this will help them in their personal or professional life. 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 [29]. This finding was contradicting ***Williams & Stickley (2010)*** who stated that empathy is a personality trait that cannot be easily taught [35].

The effect of training program on the empathic behavior was remarkable in the results of this study, 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. In addition to the homework that was given to nurses, as post simulation activity enhanced

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nurses' empathic behavior. As such homework increases their motivation to improve their empathic behavior which leads to personal and professional growth. At the same time during practical sessions, the researcher used the role playing as a teaching method in showing empathic response to the clinical situations and such method help the nurses to know how they convey the appropriate response in empathetic manner. Similarly, a study done by *Kahriman 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 behavior of nurses in experimental group than control group [5]. On the other side, the results of the current study contradicted with *Nunes et al (2011)* which found that nurses' levels of empathy did not change or were more likely to decrease after psychiatric education [36].

For measuring the empathetic behavior after three months, it was noticed that decline in it from very high level to high level. This may be due to that the fact that empathetic behavior decline with time especially at the hospital where there was no training for this skill. This was supported by Evans et al. (1998) as he observed that trained empathetic responses were not long lasting; one year after graduation the trained empathy levels dropped significantly [37].

Regarding relationship between the nurses' gained knowledge about empathy and their empathic behavior after applying program, the present study showed that significant relation between them in study. This indicates the positive effect of the training program and willingness of nurses to understand any information that improves their empathic skills and delivering of high quality of care to mentally ill clients. Such result was support the efficacy of the training program which was systematic and understandable. Similarly, the literature' view that empathic behavior can be developed through displaying firstly an increased understanding of knowledge abut empathy and theoretical content of the program[34,38].

Increasing the post test scores of nurses' empathic skills among the study group indicates that the training program played a role in enhancing these skills. Several studies have found that such training programs prove to be effective when carried out in small groups and accompanied by various methods [5]. Similarly, the present study was carried out on small group and using collective number of methods. In the literature, it is without doubt that longer training would be more useful [38,39]. Also the current results revealed that empathic communication skills were developed in intervention group as a result of long period of empathy training program.

5. 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. This was assured by the results of the present study. It reveals that the level of knowledge about empathy and empathic behavior 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 behavior. 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.

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