



EFFECTIVENESS OF EMPATHY BUILDING PROGRAMME ON THE LEVEL OF EMPATHY IN B.SC. NURSING I YEAR STUDENTS

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ABSTRACT

Context: Observing patient's behavior in healthcare services plays a vital role in improving and regulating the relationship between nurses and patients and is essential in the management of healthcare systems. One of the crucial factors in bedside behavior is the empathy that has been shown to improve patient satisfaction. In health care settings, empathy is the central aspect of nurse patient relationship. Nursing students are expected to show empathy to patients and family members while delivering compassionate care. Developing an effective building module related to empathy and communication learning for nursing students might enhance their communication skills and improve their professional identity. **Aims:** To compare the level of empathy before and after the empathy building module in I year B.Sc. Nursing students. **Settings and Design:** PD. Hinduja Hospital & MRC, College of Nursing, One-group pretest-posttest design. A structured questionnaire was created through Google form consisting of 2 sections. Section A was the Jefferson Scale of Empathy & Section B was Scenario based empathy assessment. Pre-test was conducted on Day 1 to know the level of empathy in subjects followed by Empathy building. A set of four empathy modules namely Self -Awareness and awareness of others, Regulation of Behavior, Affective Responding, Integration of analytical and empathetic communication and 1 session on empathy games were developed to foster empathy skills in students. Empathy building module was delivered over a period of 1 week (7days) for 8hours held in the classroom setting as a preparation for first clinical experience as a novice nurse. Post-test was taken after 7 days of completion of empathy building module post-test was taken to know the effectiveness of the empathy building programme. **Results:** The result showed a significant difference in the post interventional level and pre interventional level of empathy ($t_{28}=2.947$, $p=0.006$) in Jefferson Scale of Empathy. With regard to Pre & Post-intervention Level of Empathy based on Scenario based questionnaire, ($t_{28}=3.380$, $p=0.002$), hence it can be inferred that the empathy building module was effective in improving the empathy level of I year B.Sc. Nursing Students. In this study the Student Nurses level of empathy has increased after the administration of Empathy Building Module. Our study leads to further research pathways regarding the empathy level follow-up maintained in other years.

KEYWORDS : Empathy; Nursing students; Empathy Building Programme

INTRODUCTION

Observing patient's behaviour in healthcare services plays a vital role in improving and regulating the relationship between nurses and patients and is essential in the management of healthcare systems. One of the crucial factors in bedside behaviour is the empathy that has been shown to improve patient satisfaction.¹

The English word "empathy" came into being only about a century ago as a translation for the German psychological term *Einfühlung*, literally meaning "feeling-in."² According to Hodges and Myers in the Encyclopaedia of Social Psychology, "Empathy is often defined as understanding another person's experience by imagining oneself in that other person's situation.

In health care settings, empathy is the central aspect of nurse patient relationship. A focus group study conducted showed that empathy makes patients more relaxed, motivated and willing to cooperate. The patients in the study also revealed that a lack of empathy in health providers leaves them frustrated and unwilling to return to the healthcare facility.³

Nursing students are expected to show empathy to patients and family members while delivering compassionate care. Empathy is a skill that can be learned via theory and

simulation building. Developing an effective building module related to empathy and communication learning for nursing students might enhance their communication skills and improve their professional identity. Thus, this study was taken up to assess the effectiveness of the empathy module on the levels of empathy among nursing students.

OBJECTIVE

1. To compare the level of empathy before and after the empathy building module in I year B.Sc. Nursing students

SUBJECTS AND METHODS:

A one-group pretest-posttest design was adopted to conduct the study on 29 B.Sc. Nursing First year students. An informed consent was obtained from the subjects and permission from higher authorities were taken. A structured questionnaire was created through Google form. It consisted of 2 sections. Section A was the Jefferson Scale of Empathy which consisted of 20 Likert-type items with a Five-point scale ranging from "strongly agree" to "strongly disagree". Ten of the 20 items on the scale are negatively worded, thereby reversing the scoring. The sum score for the 20 items was 100, with higher scores reflecting more empathy. Section B was Scenario based empathy assessment, which consisted of 6 scenarios and total 13 items. Each correct answer was scored as 1 and the sum score of 13 items was 13. Pre-test was conducted on

Day 1 to know the level of empathy in subjects followed by Empathy building. (Fig. 1)

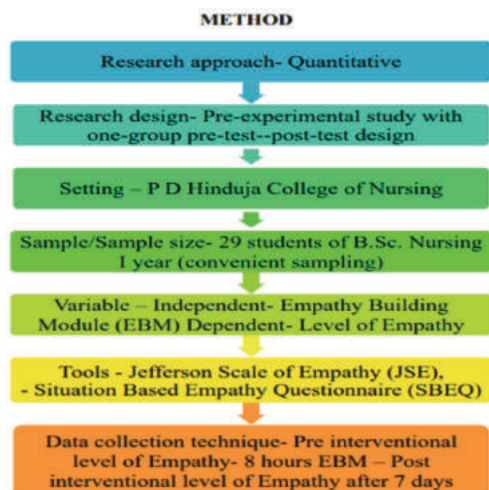


Figure 1 Methodology

Empathy building module was delivered over a period of 1 week (7days) for 8hours held in the classroom setting as a preparation for first clinical experience as a novice nurse.

The module covered following components:

Module 1 - Self -Awareness and awareness of others- emphasized on meaning of empathy, types of empathy and importance of empathy in Nursing

Module 2 - Regulation of Behaviour was designed to allow students to understand emotion regulation strategies, importance of emotional regulation, effective coping mechanism and empathy skill that a nurse has to develop. Activities like roleplaying & storytelling was conducted focussing on body language and importance of maintaining an Eye Contact and understanding each other's feeling while sharing their previous experience.

Module 3- Affective Responding both therapeutic as well as non-therapeutic was designed to develop a set of tangible skills that can be applied to better navigate in responding to patient's condition incorporating aspects of affective responding by giving attention, paraphrasing & reflecting the feeling. Activities like movie-based learning, Peer sharing activity & responding where one of the Peer was asked to share the saddest moment of life & the other peer was asked responding on the basis of aspects of affective responding was conducted.

Module 4- Integration of analytical and empathetic communication was designed to allow students to understand the use of Empathetic Communication in dealing with different situation through Analytical & Empathetic Mode.

A session on **Empathy games** was also kept at the end on 4th module in which students were divided into different groups and various games related to empathy were played.

After 7 days of completion of empathy building module post-test was taken to know the effectiveness of the empathy building programme.

RESULTS:

With regard to Pre & Post-intervention Level of Empathy based on Jefferson scale of Empathy, the mean pretest score of level of empathy among B.Sc. Nursing I year students calculated 82.17. While the mean post-test score of level of empathy among B.Sc. Nursing I year students calculated 84.93. (Fig.2)

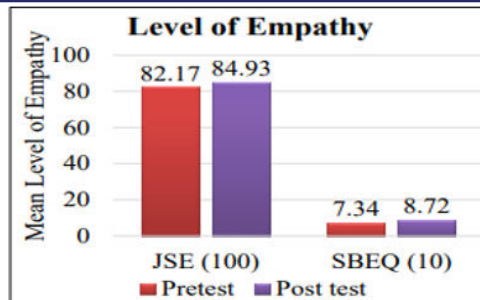


Figure 2 Mean level of Empathy

In pre intervention level of Empathy based on Jefferson scale of Empathy, 4 students scored moderate empathy level and 25 students scored high level of empathy, while in Post interventional level of Empathy based on Jefferson scale of Empathy, only 1 students scored moderate empathy level and 28 students scored high level of empathy. Thus there was significant difference in the post interventional level and pre interventional level of empathy ($t_{28}=2.947$, $p=0.006$) (Table 1)

Table 1. Post Interventional Level and Pre Interventional Level of Empathy based on Jefferson scale of Empathy

Paired Samples Test									
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	Pre_J	-2.758	5.040	.93	-4.67	-.841	2.9	28	.006
	Post_J	62	23	595	582	42	47		

$t(28)=2.048$, $p < 0.05$

With regard to Level of Empathy based on Scenario based questionnaire, 3 students scored low empathy, 17 students scored moderate and 9 students scored high level of empathy in pre intervention, while in post intervention, 11 students scored moderate level and 18 students scored high level of empathy. With regard to Pre & Post-intervention Level of Empathy based on Scenario based questionnaire, ($t_{28}=3.380$, $p=0.002$), hence null hypotheses was rejected and it can be inferred that the empathy building module was effective in improving the empathy level of I year B.Sc. Nursing Students. (Table 2)

Table 2. Post Interventional Level and Pre Interventional Level of Empathy based on Scenario based questionnaire

		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	Pre_Scen	-1.3	2.142	.3978	-2.159	-.52979	3.3	28	.002
	Post_scn	448	69	9	86		80		

$t(28)=2.048$, $p < 0.05$

DISCUSSION:

The results of the current study showed that the Empathy Building Module was effective in enhancing the level of empathy in nursing students. The Empathy scores showed statistically significant difference between pre and post intervention, measured by both scales [JSE ($t_{28}=2.947$, $p=0.006$) and SBEQ ($t_{28}=3.380$, $p=0.002$)]. Hence it can be inferred that the Empathy Building Module was effective in enhancing the level of empathy in Nursing students. A similar study was conducted by Piyush Raj, Dr. Rajasudhakar in Arunachal Pradesh, India to assess the effectiveness of

Structured Teaching Programme on Knowledge Regarding Empathetic Ability among B.S.C Nursing III Year Students in Selected College of Nursing at Bharatpur. The independent variable was STP on knowledge regarding empathetic ability and the dependent variable was knowledge regarding empathetic ability among B.Sc. (N) III year students. The comparison of the knowledge level and the effectiveness of structured teaching programme were obtained by calculating the mean of pre test and post test with 't' test. The mean pre test knowledge on empathetic ability was 15.22 with SD ± 2.225 while it was 23.84 with SD ± 2.014 . The paired t test value shows significance at level of Significance Level of $p < 0.0$.

Another study conducted by Sakineh Gholamzadeh, Maryam Khastavaneh, Zahra Khademian and Soraya Ghadakpour in Yasuj, Iran in 2014 had similar findings Empathy skills training improved the nursing students' empathy and attitudes towards elderly people. In addition a study conducted by Lee, Ching Yu, Pei-Ling Hsieh, Ching Li, Chao also concluded that situated teaching improves empathy learning of the students in a BSN program.

The Empathy Building Module was effective in enhancing the level of empathy in Nursing students and it may be incorporated into the Nursing Curriculum. The study was limited to one nursing college and a single class, hence sample size was small and a comparison group was not possible. We recommend that future research with same intervention will focus on larger sample size, across different levels of education, in multiple centres.

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