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Research Article

"Effect Of Communication Training Rubric On Empathic Communication Skills Of Nurses At A Tertiary Care Hospital: A Randomized Controlled Trial".

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Abstract

Background: Establishing empathy entails placing oneself in the shoes of another individual, accurately comprehending their emotions and thoughts, and reciprocating that comprehension. Effective communication requires empathy, which signifies to the other person that his or her emotions are recognized and comprehended.

Aim: This study aimed at assessing the effectiveness of communication training rubric in improving the empathic communication skills of nurses.

Methodology: A randomized control trial design was used. In order to avoid contamination 24 medical and surgical wards were randomized to experimental and control group resulting in 400 nurses as participants (experimental group=200, control group=200). Pretest and follow up at three points were done after administration of communication training rubric to nurses in experimental group. Data was collected using a self-structured Scale for Empathic Communication Skills (SECS) from both the groups.

Results: 291 participants out of 400 had completed the trial. After the intervention, all measurements conducted on experimental groups at various locations yielded better results. The post-test scores were statistically significantly higher than the pre-test scores as well as from the post test scores of control group at 0.05 level of significance. The results were maintained in the follow-up.

Conclusion: Training in empathic communication was found to be effective and it can be used as a tool to teach empathic communication skills to nurses during continuing nursing education Programme in order to improve the patient's satisfaction with the nursing care.

Keywords: Empathy, Healthcare communication, Empathic communication, Communication Training.

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Introduction

Empathy, in the field of emotional studies, is typically defined as the capacity to comprehend and participate in the feelings of another, as well as the ability to imagine the thoughts and emotions of another human.[1]Empathy is an essential aspect of our existence. Firstly, it possesses the capacity to cultivate more robust relationships with the individuals we interact with. By

exerting effort to understand others, we concurrently achieve the outcome of making them feel acknowledged and understood. Research indicates a positive association between the presence of a robust social support network and an elevation in an individual's degree of happiness. Empathy is crucial in building a more fulfilling existence due to its ability to enhance interpersonal relationships.[2]With the healthcare profession experiencing major changes and advancements, it is important to recognize and accept the new difficulties that arise in assessing and displaying empathy, which is now recognized as a crucial indicator that should not be overlooked. Patients have claimed that when choosing a physician, empathy and compassion are equally important as training and experience. Furthermore, patients have expressed their willingness to change physicians if they perceive a lack of compassion from their existing physician. The reputation of a hospital in terms of patient treatment may be equally significant as other official rankings when deciding where to get healthcare. Due to the growing significance of patient satisfaction in assessing medical care, most hospitals are now prioritizing the patient's experience.[3,4]

Nursing necessitates meticulous observation to assess the physical, emotional, and psychological needs of patients and aid them in attaining the utmost level of achievable independence. Effective and efficient communication is essential for delivering high-quality patient care and improving the delivery of healthcare services. The primary aim of the nurse-patient interaction is to develop a deeper comprehension of the patient's ideas, feelings, problems, needs, and ambitions, which is achieved through empathy. Therefore, possessing empathetic competence is a crucial element in the nurse-patient connection in order to provide high-quality care.[5] To fully understand the patient, it is crucial to develop effective communication as the first step in the path to recovery.[6] The importance of effective communication between nurses and patients in enhancing the quality of patient care is widely recognized. Moreover, effective communication has the capacity to improve patients' feelings of independence and satisfaction, while also protecting them from the adverse health consequences that may result from inadequate communication, such as improper medication administration.[7]

Unfortunately, research has demonstrated that professionals working in helping professions do not possess the capacity to demonstrate empathy for their clients.[8] Maryam and Camelia (2020) reported a significant decline in levels of empathy in fourth year students compared to first year students.[9] A Meta-analysis which examined changes in empathy level of Chinese nurses from 2009 to 2018 showed a decline in empathy among nurses over time.[10]It has been documented in a number of studies and extensively discussed in the literature that there is a low amount of empathy offered in professional relationships. It has been discovered that nurses exhibit a low level of empathy, despite the fact that empathy is essential to the objectives of clinical nursing and the accomplishment of positive results for patients.[8]

There has been a lack of substantial endeavor to improve the empathetic communication skills of nurses in India. Previous research suggests that it is beneficial to offer communication training to nurses in order to enhance their empathic skills. However, as far as authors are aware, none of these trainings have been carried out in an Indian environment.[6,11-19] Because it is difficult to conduct lengthy teaching sessions on empathic communication skills for nurses in India, where there is a severe shortage of nurses and the ratio of nurses to patients is very low. Researchers have decided to evaluate the effectiveness of a video teaching Programme to improve the empathic communication skills of nurses.

Materials and Methods

Study Design

A randomized controlled trial was conducted to assess the effectiveness of communication training rubric on sustained empathic communication skills of nurses. This trial is registered with Clinical Trials Registry-India (CTRI Reg. No: CTRI/2019/12/022235).

Study Setting and Population

The study was conducted among nurses working at a tertiary care hospital AIIMS, Rishikesh Uttarakhand. This trial was documented according to the CONSORT statement checklist **(figure 1).** A total of approximately 2000 nurses were working at the time of recruitment of the subjects. Nurses working at non-COVID wards were selected for the study.

Recruitment of Subjects

Total Enumerative sampling technique was used to enroll nurses. To avoid contamination all non Covid wards were taken as sampling unit which were randomized into experimental and control group using computer generated block randomization.

Sample size

Sample size was calculated using mean and standard deviation of previous similar study[20] and was calculated to be 141. As data was collected at three points after the intervention. So, attrition rate was expected to be 25% and intervention was administered to a group of subjects at one time and not individually. So, the study was conducted on 400 subjects who were further divided into:Experimental (n=200) and Control group (n=200).

Intervention

A video based training programme which covers skills required by the nurses to be empathetic in their communication developed by Rawat et. al[21]. This video is divided in three section: first section depicts patient's suffering in real hospital settings which sensitize the target audience towards empathy, second section depicts the seven practical skills required by nurses to be empathetic (Empathetic listening, Using non-judgemental approach, Acknowledge the emotions, validation of emotions, use of empathetic language,

understand and express the differences in individuals and avoid labels), third section depicts the role plays to use empathic communication skills with standardized patient.

Data Collection Tools

Data was collected using self structured tools in two sections. First section consists of 16 items pertaining to socio-demographic profile of nurses and second section consists of 21-items 4-point likert scale Likert scale scored from never=1 to always=4. The highest possible score is 84 with the lowest being 21. Content validity of tools was done by experts in Nursing and Medical field. The tools were submitted to 09 experts along with criteria checklist. Suggestions of the experts were inculcated in the tool and CVI of the tool was calculated to be 0.83. To measure the consistency and accuracy of the tools, reliability of tools were calculated after conducting test and retest among 20 participants and was calculated as r=0.92 and cronbach's alpha was also calculated after conducting pilot study among 20 participants which came out to be 0.72.

Ethical considerations

Ethical approval for the study was taken from Institute Ethics Committee (IEC No. 313/IEC/2018). Written Inform Consent: Written inform consent was taken from the subjects who were willing to take part after explaining about the research study and reassure them about confidentiality and no risk of being harm.

Randomization and Treatment Allocation

To ensure equal allocation of the subjects to the intervention and to exclude the systemic bias, block randomization (block size of 4) technique was used. In this the total number of wards included in the study and interventions was entered with the help of online software for block randomization (sealed envelope.com), which created a random list of intervention allocation. Allocation concealment of the intervention was done with the help of predetermined sequence of intervention i.e. even before the enrolment of the subjects the sequence of intervention administration was created and enclosed in the opaque envelops. These envelops consists of paper allotment slips including serial number, group number and intervention allocation according to the block, written over them. As in this study to avoid contamination whole ward is taken as one unit and the envelop was opened in front of the incharge and intervention allocation group was revealed subsequently. Ward was taken as sampling unit and there were 24 Wards present at the time of data collection. 12 Wards were allocated to experimental group and 12 wards to control group. As the data collection was done during COVID-19 So, a total of 480 nursing officer were present in 24 wards. After the explanation to of research study only 400 consented to participate in the study. 200 nurses from 12 wards were allocated to Experimental group and 200 from rest of the 12 wards were allocated to control group.

Administration of the Intervention

After recruitment all the participants were assessed with Socio-demographic sheet and Empathic communication skill scale followed by intervention was to nurses in experimental group. Both experimental and control group were assessed for empathic communication skills at 1 month, 2month and 6 month after the intervention. Data collection was done during April 2023 to October 2023.

Statistical Analysis

Data was analyzed SPSS-20 standard version for Windows. Chi square test/Fisher's test is performed to examine the difference in the baseline frequency distribution of demographic variables between experimental and control group (to ensure the groups are comparable). KS test is used to check the normalcy of the data. Data was found to be non-normal in distribution. So, non-parametric tests were applied to test the formulated hypothesis. Mann Whitney U test was computed to compare pretest empathic communication skills score of nurses in experimental and control group. Freidman's Two-way ANOVA by ranks was computed to compare pretest and posttest empathic communication skills score and empathy scores of nurses in experimental group. Dunn Bonferroni post hoc test pairwise comparison for pretest and posttest empathic communication skills score and empathy level of nurses in experimental group. Freidman's Two-way ANOVA by ranks was computed to compare pretest and posttest empathic communication skills score of nursing officers in control group. Mann Whitney U test was computed to compare posttest empathic communication skills score and empathy score of nurses between experimental and control Group.

Results

Baseline Data

There were 200 participants in experimental group and 200 in control group. Chi square and fisher's exact test is used to compare the demographic variables between the groups (Table 1). This finding suggests that the groups are comparable in terms of their baseline characteristics, as there are no significant differences in the distribution of these variables between the two groups.

Table 1 Chi-square and Fisher Exact test Computed to Compare Distribution of demographic variables of Nurses between Experimental and Control Group N=400

Variables		Groups				Chi square/Fisher's exact statistic (p value)
		Experimental group		Control group		
		n	%	n	%	
Age	upto 30	175	87.5	178	89	0.217 (0.641)
	>30	25	12.5	22	11	
Gender	Male	102	51	104	52	0.040 (0.841)
	Female	98	49	96	48	
Marital status	Single	92	46	110	55	3.3998 (0.089) Fisher's exact
	Married	108	53.50	90	45	
Number of children	0	169	84.50	140	78.21	2.567 (0.277)
	1	24	12	29	16.2	
	2	7	3.5	10	5.59	
Religion	Hindu	190	95	189	94.5	0.687 (1.000) *Fisher's exact*
	Christian	8	4	8	4	
	Muslim	2	0.5	3	0.5	
Type of family	Nuclear	111	55.5	92	46	3.764 (0.174) *Fisher's exact*
	Joint	87	43.5	106	53	
	Extended	2	1	2	1	
Staying with	Alone	77	38.5	88	44	2.134 (0.544) *Fisher's exact*
	Family	97	48.5	88	44	
	Friends	25	12.5	24	12	
	Relative	1	0.5	0	0	
Educational qualification	GNM	28	14.07	20	10	2.125 (0.547)
	B.Sc. Nursing	152	75.88	160	80	
	Post basic B.Sc Nursing	16	8.04	14	7	
	M.Sc. Nsg.	4	2.01	6	3	
Area of experience	Teaching	1	0.5	3	1.5	2.058 (0.578) Fisher's exact
	Clinical	167	83.92	170	85	
	Both	30	15.08	27	13.5	
	Others	1	0.5	1	0.5	
Years of experience	1-3 years	116	58	110	55	1.604 (0.661) *Fisher's exact*
	4-6 years	62	31	71	35.5	
	7-9 years	21	10.5	17	8.5	
	>9 years	1	0.5	2	1	
Ward posted in	General ward	71	35.5	72	36	0.011 (0.917)
	Superspeciality Ward	129	64.5	128	64	
Nursing career as a choice	Yes	176	88	173	86	1.049 (0.765) *Fisher's exact*
	No	24	12	27	13	
Employment status	Permanent	140	70	150	75	1.254 (0.263)
	Temporary	60	30	50	25	
Previous training	Yes	53	26.77	65	32.5	1.567 (0.211)
	No	145	73.23	135	67.5	
Type of training Institute	Government	84	40.51	111	55.5	9.083 (0.010*) Fisher's exact
	Private	112	57.44	85	42.5	
	Missionary	4	2.05	4	2	

***p<0.005**

Interim Analysis

Table 2. Mann Whitney U test Computed to Compare Pretest Empathic Communication Skills score of Nurses in Experimental and Control group. N=400

Variable	Group	Mean rank	Median	Q1	Q2	IQR	U statistic	p value
Empathic communication skills	Experimental (n=200)	209.7	51	48	53	5	18160.5	0.11
	Control (n=200)	191.3	50	48	53	5		

As shown in table 2, the empathic communication skills score is summarized as median and IQR as data violates the normality assumption. It is observed that there is no statistical significant difference in the average baseline value empathic communication skills score between experimental and control group (U=18160.5, p=0.11).

Table 3 Freidman's Two-way ANOVA by ranks Computed to Compare Pretest and Posttest Empathic Communication Skills Score of Nurses in Experimental Group

N=147

Variable	Point of Assessment	Mean rank	Median	Q1	Q2	IQR	Chi square statistic	p value
Empathic communication skills	Pre-test	1.12	50	48	53	5	280.97	0.00*
	Post-test at 1 month	3.51	62	58	63	5		
	Post-test at 2 months	2.94	59	56	61	5		
	Post-test at 6 months	2.43	57	55	60	5		

***p<0.05 (Freidman's Two-way ANOVA by ranks)**

Table 3 shows the comparison of scores at pretest and three points after intervention. The empathic communication skills scores at four points were compared using Freidman's Two-way ANOVA by ranks which showed that there was a statistically significant difference in mean ranks when compared between pretest and posttest at 1 month, at 2 months and at 6 months {X^2 (df=3, N=147)= 280.97, p<0.05}.

Dunn-Bonferroni post hoc tests were carried out and a statistically significant differences were found in mean ranks between pretest and Posttest at 1 month (p=0.00), pretest and posttest at 2 months (p=0.00), pretest and posttest at 6 months (p=0.00). Hence, the results indicate that the training Programme was effective in increasing the empathic communication skills of nurses in experimental group (Table 4)

Table 4 Pairwise Comparison for Pretest and Posttest Empathic Communication Skills score of Nurses in Experimental Group

N=147

Variable	Time Points	Test statistic	p value
Empathic Communication Skills	Pre and Post 1 (at 1 month)	15.834	0.00*
	Pre and Post 2 (at 2 months)	12.084	0.00*
	Pre and Post 3 (at 6 months)	8.76	0.00*

***p<0.05**

Table 5 Freidman's Two-way ANOVA by ranks Computed to Compare Pretest and Posttest Empathic Communication Skills Score of Nurses in Control Group

N=144

Variable	Point of Assessment	Mean rank	Median	Q1	Q3	IQR	Chi square statistic	p value
Empathic communication skills	Pre-test	2.10	50	48	54	6	80.75	0.00*
	Post-test at 1 month	3.20	56	54	58.75	4.75		
	Post-test at 2 months	2.68	52	46	62.75	16.75		
	Post-test at 6 months	2.02	50	46	56	10		

***p<0.05**

The comparison of empathic communication skills scores at four points in control group showed that there was a statistically significant difference in mean ranks when compared between pretest and posttest at 1 month, at 2 months and at 6 months {X^2 (df=3, N=144)= 80.75, p<0.05}. The significant increase in the scores was observed at three points after the intervention (Table 5).

Table 6 Mann Whitney U test Computed to Compare Posttest Empathic Communication Skills score of Nurses between Experimental and Control Group.

N=291

Variable	Time points	Experimental Group n= 147 Mean rank	Control Group n= 144 Mean rank	U statistic	p value
Empathic communication skills	at 1 month	189.72	101.36	4156.5	0.00*
	at 2 months	175.02	116.37	6317.5	0.00*
	at 6 months	182.37	108.87	5237	0.00*

***p<0.05**

Mann Whitney U test was used to compare empathic communication skill scores of experimental and control group at different point after intervention and a statistical significant difference was found between experimental and control group at 1 month (p= 0.00), at 2 months (p= 0.00) and at 6 months (p=0.00) as indicated by computed U statistic value of 4156.5, 6317.5 and 5237 respectively. Nurses underwent training showed a significant higher mean ranks at 1 month, 2 months and 6 months of intervention than that in control group, which indicates that the training was successful in improving the expressed empathic communication skills of nurses.

Discussion

As nurses are fundamental to enhancing the quality of care, their work significantly contributes to the achievement of organizational objectives. Furthermore, accountability and the provision of high-quality patient care are critical in accomplishing the mission of the healthcare system. Prior to providing high-quality care, nurses must possess the ability to communicate effectively with patients; empathy serves as the cornerstone of effective communication and is a fundamental component of proficient communication abilities.[22] Empathy, as a communicative skill that can be taught, encounters numerous challenges in its implementation, both within and beyond the classroom. These issues are associated with healthcare system communication priorities, the disconnect between theory and practice, and educational curricula.[12] Current study has examined the effectiveness of a communication training rubric to improve empathic communication skills of nurses.

Present study investigates the efficacy of a training Programme on empathic communication skills administered to nurses in experimental group. There was a significant increase in the mean ranks of empathic communication skills scores between pretest, and posttest at 1 month, 2 months and 6 months{X^2 (df=3, N=147)= 280.97, p<0.05} after administration of training programme. Mean rank of empathic communication skills score at pretest was 1.12, which increased to 3.51 at post-test at one month and then decreased to 2.94 at post-test (at 2 months) and it further got decreased to 2.43 at 6 months. This decrease in mean ranks at 2nd and 3rd point after training might be because of the time lapsed and no readministration of the training Programme. Although, the nurses in the control group did not receive any intervention yet a significant difference was found in the scores at three points after the intervention. It could be because same self-reported questionnaire was used at four time points and the possibility that participants have studied about empathy on their own after administration of pretest. Also, there was a significant difference in mean ranks of empathic communication skills score between experimental and control group at all the three points of assessment after the administration of intervention.

Similar findings were reported by Maghsud AM et.al[22] in study to assess the effectiveness of empathy training to nurses working in ICU of Karman Shahid Bahonar Hospital in Iran in 2017. It was reported that there was a significant increase in scores of empathic skills in experimental group. Osman F.E. S[11] also reported that a statistical significant increase in post intervention mean score of nurses knowledge about empathy and empathic behavior in study group which indicated that there was improvement in the knowledge and behavior after intervention in study group. Also it is reported in the same study that nurses in control group experienced low level of empathic behavior compared to study group which experience high levels of empathic behavior immediately after the intervention and after 3 months of intervention. Similarly in a study done by Kahriman I et al[12], it was observed that a significant increase in empathic skills scores was there in the experimental group after the intervention and also the posttest scores of both the groups differ significantly.

Strength of the study

The present study has examined a new intervention which is a video based teaching on empathic communication skills for nurses and is found to be effective which could be used as a new approach to teach the concept. The effectiveness of implementing empathy skills among nurses can be enhanced as a result of the acquisitional nature of these skills, leading to an overall improvement in the quality of nursing care. Furthermore the study has used a large sample size which adds to the credibility of the findings.

Limitation of the Study

Present study has used self-reported questionnaire which could give rise to response bias on part of subjects.

Recommendations

Studies evaluating empathy training Programme using observation of communication practices of nurses can be undertaken in future as present study data is limited to self-reported questionnaires.

Conclusion

Study has reported that video based training is an effective method to improve the empathic communication skills of nurses, indicating that it could be used to train nurses during induction Programme and on regular intervals as a part of continuing nursing education programs.

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