

Compassionate communication levels of nursing students: Predictive role of empathic skills and nursing communication course

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Abstract

Purpose: This study aims to determine the compassionate communication levels of nursing students and the predictive roles of empathic skills and nursing communication courses.

Design and Methods: This descriptive study was conducted with 430 nursing students and data were analyzed using a descriptive information form, Compassionate Communication Scale (CCS), and Empathic Skill Scale (ESS).

Findings: A positive relationship was found between the students' ESS and CCS scores ($r = .23$, $p = 0.001$). Empathic skills ($\beta = 0.43$, $p = 0.001$), predicted compassionate communication ($\beta = 0.23$, $p = 0.001$), compassionate conversation ($\beta = 0.43$, $p = 0.001$), and compassionate touch ($\beta = 0.18$, $p = 0.001$).

Practice Implications: Skills of compassion and empathy positively affect each other; therefore, it is important to adopt strategies that strengthen the empathic skills of nursing students during academic education and to include empathy and compassion in the curriculum.

KEYWORDS

communication, course, empathy, nurse, predictive, student

1 | INTRODUCTION

Care, empathy, and compassion are vital components when it comes to the quality of health services and are essential nursing elements that all nurses and nursing students should have (Bloomfield & Pegram, 2015; Patel et al., 2019).

Communication is not just the transference of information between the patient and nurse. It includes ethical principles, personal and professional values, empathy skills, spiritual/religious dimensions, and a level of interest (Blake & Blake, 2019; Bullington et al., 2019). Empathy, the most basic component of communication skills, is a person's ability to handle events from the perspectives of others, to understand their feelings and thoughts in the right way, and transfer them correctly (Pazar et al., 2017). Empathy skill constitutes the affective domain of nursing (Bas-Sarmiento et al., 2017). Besides being an important component of the

patient–nurse relationship, empathy can strengthen the existing relationship, thus making the treatment more efficient (Eklund et al., 2019). When a nurse can transfer experiences of the patient verbally, they develop an empathic connection with the patient, which has a transformative and healing power (Kelley & Kelley, 2013). Good empathic skill in nurses has been associated with greater well-being and satisfaction of the patient, better patient adherence, reduced errors, complications, and duration of treatment (Ferri et al., 2019; Petrucci et al., 2016).

Compassionate care is defined as a set composed of four qualities: wisdom, humanism, love, and empathy; moral qualities that can be expressed through a kind of situational awareness in which degrees of one's vulnerability and suffering are perceived and accepted (Blomberg et al., 2016). As empathy (an ability to understand and accurately acknowledge the feelings of another) is required to encourage compassion (a deep awareness of the suffering of another coupled with the wish to relieve it)

are both necessary (Sinclair et al., 2016). Therefore, empathy and compassion are inextricably linked with each other in patient care, albeit in a different nature. Real empathy has been reported to include compassion and the experience of compassion (Sedaghati Kesbakhhi et al., 2017).

Displaying empathy and compassion effectively includes a conversation (no matter how long or short). The patient is encouraged to talk while empathy is developed to help them tell their stories or explain concerns, and here the nurse has an opportunity to connect with the patient. A nurse can do this most effectively not only by keeping silent and just listening (although this is sometimes an effective method) but also by actively demonstrating the ability to understand the emotions behind what the patient is expressing and to build a positive rapport with them (Kelley & Kelley, 2013).

Compassion and empathy play an important role in providing high-quality nursing care; they are very important for nurses and nursing students, both for their professional development and in the development of the nursing profession (Jing Su et al., 2020). The importance of providing nursing students not only with technical but also humane and relational skills has been understood for some time (Treglia, 2020).

In the literature, no study examining the relationship between nursing students' compassionate communication and empathic skill levels, and the predictive role of empathic skills and nursing communication course in compassionate communication was found. This study aims to determine the relationship between nursing students' compassionate communication and their empathic skill levels as well as the predictive role of empathic skills and nursing communication course on compassionate communication. The study seeks answers to the following questions:

1. Is there a relationship between nursing students' empathic skills and compassionate communication levels?
2. Do nursing students' empathic skill and compassionate communication levels differ with their descriptive characteristics (age, gender, attending the nursing communication course)?
3. Does empathic skill have a predictive effect on compassionate communication?
4. What are the variables that predict students' empathic skills?

2 | METHODS

2.1 | Study design

This descriptive and relational study aimed to determine the relationship between nursing students' compassionate communication and empathic skill levels and the predictive role of empathic skill and nursing communication courses on compassionate communication.

2.2 | Setting and participants

The population of the study consisted of 711 students studying in the Department of Nursing in the Faculty of Health Sciences in

two state universities in the 2020–2021 academic year. It was aimed that all the students should be included in the study, so no sampling method was applied. The study was completed with the 430 students who volunteered. The questionnaire and scale forms were sent to participating students through a link and the data were collected online.

2.3 | Measures

Data were collected using a descriptive information form for the participating students, the Compassionate Communication Scale (CCS) and the Empathic Skill Scale (ESS).

The Descriptive Information Form: This form consists of three questions about students' age, gender, and whether they attended the nursing communication course.

ESS: This scale was developed by Dökmen, 1988, to measure a person's ability to develop empathy. The ESS consists of two forms: A and B. Form A explains how to evaluate the scale. ESS-B form consists of six different psychological problems about daily life expressed in short paragraphs. Each problem has 12 different empathetic responses. (One of the reactions is irrelevant to the psychological problem described and was inserted to check the attention of the people included in the study). The participants were asked to choose four of the reactions they liked. The students who chose four and a total of 24 empathic responses for six problems in the scale were given the score corresponding to each response they chose by consulting the evaluation part of the scale (ESS-A). The possible maximum score in ESS is 219 and the minimum is 62. A high score for empathic skill means that empathic communication skill is high, and a low level means that empathic communication skill is low. The reliability coefficient of the scale was 0.91 (Dökmen, 1988). The Cronbach's α was found to be 0.83 in the present study.

CCS: This scale was developed by Salazar (2013) and the validity and reliability study of its Turkish version was conducted by İbrahimoğlu et al. (2021). The CCS is comprised of 23 items to which responses are given according to a five-point Likert-type scale (1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = very often). The scale has three subscales: compassionate conversation (items 1, 2, 3, 8, 9, 10, 15, 16, and 17), compassionate touch, (items 4, 5, 6, 7, 18, 19, and 20), and compassionate messaging (items 11, 12, 13, 14, 21, 22, and 23). The minimum and maximum scores are 23 and 115 points, respectively. High mean scores show high compassionate communication levels and low mean scores indicate low compassionate communication levels. The minimum–maximum scores that may be obtained from the subscales range from 9 to 45 for compassionate conversation, from 7 to 35 for compassionate touch, and from 7 to 35 for compassionate messaging. İbrahimoğlu et al. (2021) reported Cronbach's α for CCS was 0.80. Cronbach's α for CCS in this study was 0.89 and on each subdimensions, it was 0.82 for compassionate conversation, 0.83 for compassionate touch, and 0.82 for compassionate messaging.

2.4 | Statistical analysis

Conformity of the data to a normal distribution was examined using the Kolmogorov–Smirnow test. Normally distributed characteristics in two independent groups were compared using Student's *t* test, and the Mann–Whitney *U* test was used to compare nonnormally distributed characteristics in the groups. For the comparison of numerical data in more than two independent groups, one-way analysis of variance (ANOVA) and least significance difference test multiple comparison tests were used for characteristics with normal distribution; Kruskal–Wallis test and Dunn's multiple comparison test were used for nonnormally distributed characteristics. Cronbach's α coefficients were calculated to test validity and reliability. Pearson's correlation coefficients were calculated to examine the linear relationship between numerical variables. β Coefficients were estimated using univariate and multivariate linear regression models. The multicollinearity problem was examined using variance inflation factor (VIF) coefficients in the multivariate linear regression model. All analyses were performed using IBM SPSS for windows V 23.0. The statistical significance of the data was assessed at the level of $p < 0.05$.

2.5 | Ethical considerations

Ethical approval to perform the study was obtained from the State University Ethics Committee (approval number: 2021/0094) and permissions were obtained from the Faculty of Health Sciences. Before conducting this study, permission to use the scales was obtained from their original developers by e-mail. Students were informed about the purpose of the study, its content, and that the data would only be used for scientific purposes; the principle of voluntary was taken as the basis for participation. Identity information was not requested from the students.

3 | RESULTS

3.1 | Descriptive characteristics of the nursing students

The mean age of the participating students was 20.78 ± 2.22 years, 57.9% were female, 55.2% had not taken the nursing communication course (Table 1).

3.2 | The mean ESS and CCS scores of the nursing students

The students' mean total score of ESS was 145.97 ± 23.57 , the CCS was 88.98 ± 14.38 , the mean score of the affectionate conversation subscale was 38.52 ± 5.59 , the affectionate touching subscale was 26.92 ± 5.40 , and the compassionate messaging subscale mean score was 23.54 ± 6.76 (Table 2). The students' compassionate communication and empathic skill levels were at a medium level.

TABLE 1 Descriptive characteristics of the students

Characteristics		n (%)
Gender	Female	249 (57.9)
	Male	181 (42.1)
Having taken the nursing communication course	Yes	238 (55.2)
	No	192 (44.8)
Age	<19	122 (28.4)
	19–21	189 (44)
	>21	119 (27.6)
Age mean \pm sd		20.78 ± 2.22

3.3 | The relationship between ESS and CCS scores according to the descriptive characteristics of nursing students

There was no significant difference between the students' mean ESS and CCS scores based on the age variable ($p > 0.05$); female students' ESS scores were statistically significantly higher than those of male students ($p = 0.001$). Female students' compassionate conversation subscale scores were found to be statistically significantly higher than those of male students ($p = 0.001$). The mean ESS, CCS, and CCS subscales scores of the students who had taken the nursing communication course were statistically significantly higher than those who had not ($p < 0.05$) (Table 3).

3.4 | Correlation between the nursing students' ESS and CCS scores

No significant correlation was found between the scores of the nursing students' ESS and compassionate messaging subscale CCS ($p > 0.05$). A positive and statistically significant correlation was found between the ESS scores and CCS total, compassionate conversation, and compassionate touch subscale scores ($p = 0.001$) (Table 4).

3.5 | The predictive role of ESS scores on CSS scores

According to the regression analysis results, the general mathematical model related to the prediction of compassionate communication (dependent variable) by empathic skill (independent variable) is as follows:

The univariate linear regression model designed to estimate the CCS and its subscales compassionate conversation and compassionate touch scores with ESS scores was found to be a statistically significant model ($p < 0.001$). Based on univariate linear regression analyses, empathic skills ($\beta = 0.43$, $p = 0.001$), predicted compassionate communication ($\beta = 0.23$, $p = 0.001$), compassionate conversation ($\beta = 0.43$, $p = 0.001$), compassionate touch ($\beta = 0.18$, $p = 0.001$). In other words, increased scores in the ESS were associated with increased scores in the CCS scores (Table 5).

TABLE 2 The mean ESS and CCS scores of the students

	Median	Mean	sd	Min-max	Cronbach's α
ESS total score	143.00	145.97	23.57	92–215	0.735
CCS total score	90.00	88.98	14.38	23–115	0.891
Compassionate conversation	40.00	38.52	5.59	12–45	0.822
Compassionate touch	27.50	26.92	5.40	7–35	0.831
Compassionate messaging	24.00	23.54	6.76	7–35	0.828

Abbreviations: ESS, empathic skill scale; CCS, compassionate communication scale; ESS, empathic skill scale; sd, standard deviation ($n = 430$).

According to the result of the analysis, empathic skill explains about 5% of the compassionate communication scores ($R^2 = 0.05$). A 1 unit increase in ESS scores was found to cause a positive 0.14 unit-increase in CCS scores positive ($\beta = 0.23$, $p < 0.001$) (Table 5).

Empathic skill explains about 19% of the change in compassionate conversation ($R^2 = 0.19$). A 1 unit increase in ESS scores was found to cause a positive 0.10 unit-increase in compassionate conversation subscale scores positive ($\beta = 0.43$, $p < 0.001$) (Table 5).

Empathic skill explains about 19% of the change in compassionate touch subscale ($R^2 = 0.03$). A 1 unit increase in ESS scores caused a positive 0.04 unit-increase in compassionate touch subscale scores ($\beta = 0.18$, $p < 0.001$).

The model developed between empathic skill and compassion messaging was not significant; also ESS scores were found to have no significant coefficient ($\beta = -0.01$, $p > 0.05$).

When the nursing students' CSS scores were examined by age, gender, and having taken the nursing communication course, they explained about 10% of the change in empathic skill scores ($R^2 = 0.10$, $p < 0.001$). The multivariate linear regression model was found to be a statistically significant model ($F = 12.3$, $p < 0.001$). When the VIF coefficients were examined, there was no multicollinearity problem between the variables. Based on multiple linear regression analysis, age ($\beta = -0.09$, $p > 0.05$), gender ($\beta = -0.18$, $p < 0.001$), the status of having taken the communication course ($\beta = 0.10$, $p < 0.05$), and compassionate communication ($\beta = 0.19$, $p < 0.001$) predicted empathic skills in nursing students, and according to the model, it was determined that the nursing communication course contributed the most to the increase in ESS scores (Table 6).

4 | DISCUSSION

This study discussed the predictive role of the empathic skills and nursing communication course on the compassionate communication levels of nursing students. Students' compassionate communication and ESS total mean scores were found to be at a medium level. This finding is in accordance with national and international studies that identified nursing students as having moderate levels of compassionate communication and empathic skills (Bekmezci et al., 2015; Turan et al., 2019; Ibrahimoglu et al., 2021). This result suggests that nursing students have partially developed their compassion and empathy skills when they start

vocational education. However, it may also indicate that individuals with higher levels of affection and empathy are more interested in the nursing profession. The fact that the students' compassion and empathic skills, which form the basis of patient care, are at a medium level is important in terms of developing this level with further education. It is important to support and develop these characteristics in the education process. Considering the necessity of communication skills in the nursing profession, which is based on understanding and helping individuals, it also reveals the importance of creating the necessary opportunities for students to be able to put their skills into practice.

There was on significant difference between the mean scores of the scales; however, female students' ESS scores were higher than those of male students. This result is similar to the results of the studies that examined students' empathic skill levels based on their genders (Karaca et al., 2013; Petrucci et al., 2016; Üstündağ et al., 2018). Female students can have more intense emotional expressions than male students and this increases their empathic skill level. Similarly, the female students' mean compassionate conversation subscale scores were higher than those of the males. However, Mersin et al. (2020) did not find a significant difference between Compassionate Love Scale scores in terms of gender in the study they conducted with nurses. Results on the subject vary and studies on this subject are limited and more research is needed.

Although debates on whether humane values such as compassion and empathy can be taught to individuals who want to be in the nursing profession or whether they are congenital continue, there is evidence that empathy can be taught in studies conducted to measure the effectiveness of education in empathic skills among nurses and nursing students (Bas-Sarmiento et al., 2019; Cannity et al., 2021; Ding et al., 2020; Gholamzadeh et al., 2018; Kataoka et al., 2019; Li et al., 2019; Richardson et al., 2015; Yang et al., 2020). Kataoka et al. (2019) reported that students' empathic skill levels significantly increased after they had participated in a communication skills training program. Banerjee et al. (2017) noted that communication skills training programs given to oncology nurses had an important effect on nurses' adoption of empathic communication skills. Bry et al. (2016) found that communication skills training given to neonatal intensive care unit nurses improved their ability to respond empathetically to the emotions of patients' parents. Another quasi-experimental study investigating the effectiveness of empathy training of nursing students showed that education was effective in developing university students' empathy (Bas-Sarmiento et al., 2017).

TABLE 3 Comparison of ESS and CCS scores according to the descriptive characteristics of the students

	ESS (mean ± sd)	Compassionate conversation (mean ± sd)	Compassionate touch (mean ± sd)	Compassionate messaging (mean ± sd)	CCS total score (mean ± sd)
Gender					
Female	150.02 ± 24.10	89.95 ± 13.33	39.42 ± 4.76	27.03 ± 5.37	23.50 ± 6.71
Male	140.39 ± 21.67	87.64 ± 15.65	37.28 ± 6.37	26.76 ± 5.46	23.60 ± 6.85
Test	$t = 4.26$	$z = -3.284$	$z = -0.591$	$z = -0.113$	$t = 1.653$
<i>p</i>	0.001*	0.001*	0.555	0.910	0.099
Age					
<19	147.26 ± 24.53	39.02 ± 26.82	26.82 ± 5.38	23.41 ± 6.65	89.25 ± 13.72
19–21	147.71 ± 24.39	38.78 ± 5.35	27.06 ± 5.38	23.72 ± 6.97	89.57 ± 14.10
>21	141.87 ± 20.77	37.58 ± 6.26	26.78 ± 5.50	23.39 ± 6.59	87.75 ± 15.48
Test	$F = 2.523$	$KW = 3.380$	$KW = 0.292$	$KW = 0.579$	$F = 0.618$
<i>p</i>	0.081	0.185	0.864	0.749	0.540
Nursing communication course					
Yes	148.80 ± 23.54	39.65 ± 4.68	27.87 ± 4.72	24.46 ± 6.87	91.98 ± 13.28
No	142.42 ± 23.18	37.10 ± 6.28	25.72 ± 5.94	22.39 ± 6.46	85.21 ± 14.84
Test	$t = 2.813$	$z = -4.204$	$z = -3.717$	$z = -3.198$	$t = 4.983$
<i>p</i>	0.005*	0.001*	0.001*	0.001*	0.001*

Abbreviations: CCS, compassionate communication scale; ESS, empathic skill scale; KW, kruskal-wallis; M, median; sd, standard deviation.

* $p < 0.05$.

TABLE 4 Correlation between the nursing students' ESS and CCS scores

	ESS	
	<i>r</i>	<i>p</i>
ESS total score	0.232	0.001
Compassionate conversation	0.434	0.001
Compassionate touch	0.184	0.001
Compassionate messaging	-0.012	0.799

Abbreviations: ESS, Empathic Skill Scale; *r*, Pearson Correlation Coefficient (*n* = 430).

TABLE 5 Univariate linear regression model explaining the effect of ESS scores on CCS and its subscale scores

	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Constant	68.306	4.241		16.106	0.001
ESS	0.142	0.029	0.232	4.937	0.001

Dependent variable: CCS total $F = 24.4$, $p < 0.001$, $R^2 = 0.05$

	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Constant	23.505	1.528		15.387	0.001
ESS	0.103	0.010	0.434	9.956	0.001

Dependent variable: CCS compassionate conversation $F = 99.1$, $p < 0.001$, $R^2 = 0.19$

	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Constant	20.745	1.610		12.887	0.001
ESS	0.042	0.011	0.184	3.883	0.001

Dependent variable: CCS compassionate touch $F = 15.1$, $p < 0.001$, $R^2 = 0.03$

	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Constant	24.057	2.051		11.730	0.001
ESS	-0.004	.014	-0.012	-0.254	0.799

Dependent variable: CCS compassionate messaging $F = 0.065$, $p = 0.799$, $R^2 = 0.01$

Abbreviations: ESS, Empathic Skill Scale; CCS, Compassionate Communication Scale; SE, standard error.

TABLE 6 Multivariate linear regression model explaining the empathic skills of the nursing students

	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	VIF
(Constant)	147.763	12.910		11.446	<0.001	
Age	-0.953	0.492	-0.090	-1.938	0.053	1.021
Gender	-8.809	2.199	-0.185	-4.005	<0.001	1.008
Having taken the nursing communication course	4.935	2.261	0.104	2.183	0.030	1.080
Compassionate communication scale	0.312	0.078	0.191	4.013	<0.001	1.069

Note: $F = 12.3$; $p < 0.001$; $R^2 = 0.104$.

Abbreviations: *B*, unstandardized coefficients; SE, standard error; β , standardized coefficients; VIF, variance inflation factor.

A systematic review discussing the effectiveness of empathy training for undergraduate nursing students showed evidence suggesting that empathy and communication skills training improve nursing students' empathic skills (Levett-Jones et al., 2019). In the current study, it was remarkable that nursing communication education had a predictive role in students' empathic skill levels. As a result of the study, the empathic skill levels of the students who took the nursing communication course were higher than those who had not, and that taking communication course was the factor that contributed the most to the increase in students' empathic skill scores. This result supports the results of similar studies. In addition, the students who took the nursing communication course had higher compassionate communication scores than those who had not. Studies have reported that compassionate care training programs have positive effects on nurses and nursing students (Adam & Taylor, 2014; Coffey et al., 2019). Based on the results, it can be claimed that developing compassion and empathic skills of the students in the education process and preparing them for the profession will contribute to nursing students' use of effective communication skills.

A positive relationship was found between students' compassionate communication and empathic skills. In addition, the predictive role of empathic skill in compassionate communication was striking. Empathic skill scores explained about 5% of the change in compassionate communication scores, and a 1 unit increase in the scores would yield a positive 0.14 unit increase in compassionate communication scores. This result means that as the empathic skill of the individual increases, compassionate communication skills also increase. As no studies investigating the relationship between compassionate communication and empathic skill and the predictive role of empathic skill in compassionate communication were found in the literature, the study results could not be discussed in line with the literature. However, based on this result, it is important to develop empathic skills to communicate compassionately.

5 | RESEARCH LIMITATIONS

The study was conducted with only nursing students who were studying in the nursing departments of two public universities; therefore, the results could not be generalized to all nursing students.

6 | CONCLUSION

This study examined the empathic communication and empathic skill levels of nursing students and the relationship between these factors were evaluated as well as the predictive role of the empathic skills and nursing communication course on compassionate communication.

The results of the study showed that nursing students had a moderate level of compassionate communication and empathic skills, and that female students' empathic skills and compassionate communication scores were higher than boys. There was a positive relationship between compassionate communication and empathic skill levels, and empathic skill had a predictive role in compassionate communication. In addition, nursing communication education contributed the most to the increase in empathic skill scores. As empathic skill has a positive effect on the ability to communicate compassionately, it is important to include training programs to develop students' empathy skills in nursing education curricula.

7 | IMPLICATIONS FOR NURSING PRACTICE

Compassion and empathic communication are the basic components of the nursing profession and are the prerequisites for providing quality health care. Nurses and student nurses should be able to show compassion in their practice. Compassionate care is very important for the professional development of nurses and students as well as the development of the nursing profession. Empathy is a pivotal competence for nursing students to provide compassionate care and nurse academics should embed compassion and empathy into the curricula. It is clear that nurses should have the high-quality care and compassionate qualities required by patients, and nurse educators have the responsibility to encourage and maintain compassionate care that is always practical in terms of education. As the skills of compassion and empathy positively affect each other, it should be kept in mind that it is important to adopt strategies that will strengthen the empathic skills of nursing students during their academic education.

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CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

ETHICS STATEMENT

Before conducting the study, permissions to use the scales were obtained from their original developers via e-mail. Ethics committee approval was received from the Bartın University Ethics Committee (No: 2021/12). Written institutional permission was obtained from the faculty where the study was conducted. The students were informed about the content of the study and it was explained to them

that the data derived from the research would be used only for scientific purposes. Afterward, verbal and written consent was obtained from the students who agreed to participate in the study.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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REFERENCES

- Adam, D., & Taylor, R. (2014). Compassionate care: Empowering students through nurse education. *Nurse Education Today*, 34(9), 1242–1245. <https://doi.org/10.1016/j.nedt.2013.07.011>
- Banerjee, S. C., Manna, R., Coyle, N., Penn, S., Gallegos, T. E., Zaider, T., Krueger, C. A., Bialer, Bylund, P. A., Parker, C. L., & P. A. (2017). The implementation and evaluation of a communication skills training program for oncology nurses. *Translational Behavioral Medicine*, 7(3), 615–623. <https://doi.org/10.1007/s13142-017-0473-5>
- Bas-Sarmiento, P., Fernández-Gutiérrez, M., Baena-Baños, M., & Romero-Sánchez, J. M. (2017). Efficacy of empathy training in nursing students: A quasi-experimental study. *Nurse Education Today*, 59, 59–65. <https://doi.org/10.1016/j.nedt.2017.08.012>
- Bas-Sarmiento, P., Fernández-Gutiérrez, M., & Díaz-Rodríguez, M. (2019). iCARE Team. Teaching empathy to nursing students: A randomised controlled trial. *Nurse Education Today*, 80, 40–51. <https://doi.org/10.1016/j.nedt.2019.06.002>
- Bekmezci, H., Yurttaş, Ç. B., & Özkan, H. (2015). Determination of empathic tendency levels of students receiving education in the department of midwifery. *Journal of Health Science and Profession*, 2(1), 46–54.
- Blake, T., & Blake, T. (2019). Improving therapeutic communication in nursing through simulation exercise. *Teaching and Learning in Nursing*, 14(4), 260–264.
- Blomberg, K., Griffiths, P., Wengström, Y., May, C., & Bridges, J. (2016). Interventions for compassionate nursing care: A systematic review. *International Journal of Nursing Studies*, 62, 137–155.
- Bloomfield, J., & Pegram, A. (2015). Care, compassion and communication. *Nursing Standard*, 29(25), 45–50. <https://doi.org/10.7748/ns.29.25.45.e7653>
- Bry, K., Bry, M., Hentz, E., Karlsson, H. L., Kyllönen, H., Lundkvist, M., & Wigert, H. (2016). Communication skills training enhances nurses' ability to respond with empathy to parents' emotions in a neonatal intensive care unit. *Acta Paediatrica (Oslo, Norway: 1992)*, 105(4), 397–406. <https://doi.org/10.1111/apa.13295>
- Bullington, J., Söderlund, M., Bos Sparén, E., Kneck, Å., Omérov, P., & Cronqvist, A. (2019). Communication skills in nursing: A phenomenologically-based communication training approach. *Nurse Education in Practice*, 39, 136–141. <https://doi.org/10.1016/j.nepr.2019.08.011>
- Cannity, K. M., Banerjee, S. C., Hichenberg, S., Leon-Nastasi, A. D., Howell, F., Coyle, N., Zaider, T., & Parker, P. A. (2021). Acceptability and efficacy of a communication skills training for nursing students: Building empathy and discussing complex situations. *Nurse Education in Practice*, 50, 102928. <https://doi.org/10.1016/j.nepr.2020.102928>
- Coffey, A., Saab, M. M., Landers, M., Cornally, N., Hegarty, J., Drennan, J., Lunn, C., & Savage, E. (2019). The impact of compassionate care education on nurses: A mixed-method systematic review. *Journal of Advanced Nursing*, 75(11), 2340–2351. <https://doi.org/10.1111/jan.14088>

- Ding, X., Wang, L., Sun, J., Li, D. Y., Zheng, B. Y., He, S. W., Zhu, L. H., & Latour, J. M. (2020). Effectiveness of empathy clinical education for children's nursing students: A quasi-experimental study. *Nurse Education Today*, 85, 104260. <https://doi.org/10.1016/j.nedt.2019.104260>
- Dökmen, Ü. (1988). Empatinin yeni bir modele dayanılarak ölçülmesi ve psikodrama ile gerçekleştirilmesi. *Ankara Üniversitesi Eğitim Bilimleri Dergisi*, 2(1-2), 155-190.
- Eklund, J. H., Holmström, H. K., Lindqvist, A. O., Sundler, A. J., Hochwälder, J., & Hammar, L. M. (2019). Empathy levels among nursing students: A comparative cross-sectional study. *Nursing Open*, 6(3), 983-989.
- Ferri, P., Rovesti, S., Bonetti, L., Stifani, S., Panzera, N., & Di Lorenzo, R. (2019). Evaluation of empathy among undergraduate nursing students: A three-year longitudinal study. *Acta Bio-medica: Atenei Parmensis*, 90(11-S), 98-107. <https://doi.org/10.23750/abm.v90i11-S.8874>
- Gholamzadeh, S., Khastavaneh, M., Khademian, Z., & Ghadakpour, S. (2018). The effects of empathy skills training on nursing students' empathy and attitudes toward elderly people. *BMC Medical Education*, 18(1), 198. <https://doi.org/10.1186/s12909-018-1297-9>
- Ibrahimoglu, Ö., Mersin, S., & Çağlar, M. (2021). The Turkish adaptation of the compassionate communication scale: A validity and reliability study. *Perspectives in Psychiatric Care*, 57, 43-49. <https://doi.org/10.1111/ppc.12522>
- Karaca, A., Açıkgöz, S., & Akkuş, D. (2013). Eğitim ile empatik beceri ve empatik eğitim geliştirebiliriz? Bir sağlık yüksekokulu örneği. *Acıbadem Üniversitesi Sağlık Bilimleri Dergisi*, 4(3), 118-122.
- Kataoka, H., Iwase, T., Ogawa, H., Mahmood, S., Sato, M., DeSantis, J., Hojat, M., & Gonnella, J. S. (2019). Can communication skills training improve empathy? A six-year longitudinal study of medical students in Japan. *Medical Teacher*, 41(2), 195-200. <https://doi.org/10.1080/0142159X.2018.1460657>
- Kelley, K. J., & Kelley, M. F. (2013). Teaching empathy and other compassion-based communication skills. *Journal for Nurses in Professional Development*, 29(6), 321-324. <https://doi.org/10.1097/01.NND.0000436794.24434.90>
- Levett-Jones, T., Cant, R., & Lapkin, S. (2019). A systematic review of the effectiveness of empathy education for undergraduate nursing students. *Nurse Education Today*, 75, 80-94. <https://doi.org/10.1016/j.nedt.2019.01.006>
- Li, J., Li, X., Gu, L., Zhang, R., Zhao, R., Cai, Q., Lu, Y., Wang, H., Meng, Q., & Wei, H. (2019). Effects of simulation-based deliberate practice on nursing students' communication, empathy, and self-efficacy. *The Journal of Nursing Education*, 58(12), 681-689. <https://doi.org/10.3928/01484834-20191120-02>
- Mackintosh-Franklin, C. (2019). Does nurse education promote caring and compassionate practice? A discussion following documentary review of current and future undergraduate curricula. *Nurse Education in Practice*, 36, 121-124. <https://doi.org/10.1016/j.nepr.2019.03.013>
- Mersin, S., Ibrahimoglu, Ö., Çağlar, M., & Akyol, E. (2020). Compassionate love, burnout and professional commitment in nurses. *Journal of Nursing Management*, 28(1), 72-81. <https://doi.org/10.1111/jonm.12892>
- Patel, S., Pelletier-Bui, A., Smith, S., Roberts, M. B., Kilgannon, H., Trzeciak, T., & Roberts, B. W. (2009). Curricula for empathy and compassion training in medical education: A systematic review. *PLoS One*. Advance online publication, 14(8), e0221412. <https://doi.org/10.1371/journal.pone.0221412>
- Pazar, D., Demiralp, M., & Erer, I. (2017). The communication skills and the empathic tendency levels of nursing students: A cross-sectional study. *Contemporary Nurse*, 53(3), 368-377. <https://doi.org/10.1080/10376178.2017.1359101>
- Petrucci, C., La Cerra, C., Aloisio, F., Montanari, P., & Lancia, L. (2016). Empathy in health professional students: A comparative cross-sectional study. *Nurse Education Today*, 41, 1-5. <https://doi.org/10.1016/j.nedt.2016.03.022>
- Ramos Salazar, L. (2013). *Communicating with compassion: The exploratory factor analysis and primary validation process of the compassionate communication scale* [Doctoral dissertation]. Tempe, AZ: Arizona State University.
- Richardson, C., Percy, M., & Hughes, J. (2015). Nursing therapeutics: Teaching student nurses care, compassion and empathy. *Nurse Education Today*, 35(5), 1-5. <https://doi.org/10.1016/j.nedt.2015.01.016>
- Sedaghati Kesbakhi, M., Rohani, C., Mohtashami, J., & Nasiri, M. (2017). Empathy from the perspective of oncology nurses. *Journal of Compassionate Health Care*, 4, 7. <https://doi.org/10.1186/s40639-017-0036-0>
- Sinclair, S., Norris, J. M., McConnell, S. J., Chochinov, H. M., Hack, T. F., Hagen, N. A., McClement, S., & Bouchal, S. R. (2016). Compassion: A scoping review of the healthcare literature. *BMC Palliative Care*, 15, 6. <https://doi.org/10.1186/s12904-016-0080-0>
- Su, J. J., Masika, G. M., Paguio, J. T., & Redding, S. R. (2020). Defining compassionate nursing care. *Nursing Ethics*, 27(2), 480-493. <https://doi.org/10.1177/0969733019851546>
- Treglia, E. (2020). The empathic abilities in nursing students: A longitudinal study. *La Clinica Terapeutica*, 171(6), e549-e554. <https://doi.org/10.7417/CT.2020.2271>
- Turan, N., Kaya, H., Özsaban, A., Özdemir-Aydın, G., Özçelik, K., & ve Güneş, E. (2019). Investigation of the relationship between empathy and burnout levels of nursing students. *FNJN: Florence Nightingale Journal of Nursing*, 27(2), 119-132. <https://doi.org/10.26650/FNJN404701>
- Üstündağ, H., Bayar, N., Yılmaz, E., & Türel, G. (2018). Empathic tendency levels and problem solving skills of nursing students. *Journal of Health Science and Professions*, 5(2), 227-235.
- Yang, C., Zhu, Y. L., Xia, B. Y., Li, Y. W., & Zhang, J. (2020). The effect of structured empathy education on empathy competency of undergraduate nursing interns: A quasi-experimental study. *Nurse Education Today*, 85, 104296. <https://doi.org/10.1016/j.nedt.2019.104296>

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