

A Study on Empathy Ability, Communication Efficacy and Self-Directed Learning Ability of Nursing College Students: Before and After Education in Clinical Practice

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ABSTRACT

Background/Objectives: This study was attempted to provide the basic data for developing the effective teaching and learning strategies by identifying the difference in the empathy, communication efficacy and self-directed learning ability of nursing students according to subject education experience status which is experienced during clinical practice.

Method/Statistical Analysis: The subjects of this study were the third graders of nursing students attending the nursing department of a university in D city. The period of data collection was from Oct 1 to Oct 30, 2017. With the collected data, using SPSS/Win Program.

Findings: As a result, the scores of empathy, communication efficacy and self-directed learning ability were higher in the group which had subject education experience than that which had none. It is thought that as a method to improve the empathy, communication efficacy and self-directed learning ability of nursing students, it is necessary to have an experience with which they can identify the problems of the subjects through the direct interaction with them during clinical practice, and conduct the education necessary to them.

Improvements/Applications: It is necessary to develop and organize the programs so that nursing students can apply the contents which they learned to nursing practice effectively and constantly.

Keywords: *Empathy Ability, Communication Efficacy, Self-directed Learning Ability, Nursing Students, Education Experience, Clinical Practice*

Introduction

Nurses should give a trust to the subjects and caregivers by respecting and sympathizing with them as well as have the expertise and skills of nursing^[1]. In addition, nurses should have competencies in communication, conflict management, and professional attitudes as well as theoretical knowledge and good nursing skills in nursing and family dynamics^[2]. Among them, empathy is an important factor which has an effect on forming, maintaining and developing the emotional ties with a therapist who can consider in the patients'

side and see the world from their point of view. The empathy, a positive emotion, is the ability to understand the world which the other person understands, and the true value of empathy is not only an understanding of the patients' physical needs but also a psychological reaction to them, which is very important to the nurses who should care them in the special circumstances. And the nurses should constantly develop and utilize their internal resources^[3]. Furthermore, nurses should constantly have a therapeutic communication with the patients from hospitalization to discharge, and play a role of consulting and educating patients and caregivers as well as assess the patients' health in the clinical spot. Individual beliefs and conviction that one has the ability to communicate more successfully make a facilitating therapeutic relationship established in the process of consultation with the patient, influence the patients' positive change and lead the successful therapeutic process, so that a nurse becomes able to get rewards

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for nursing. Especially, there are study results that as the communication efficacy of the nurses gets high, the empathy does high as well, so that the effective and therapeutic communication becomes possible^[4]. That is, it is considered that the communication experienced during clinical practice is a good opportunity to improve the communication efficacy as a nurse who should constantly have a therapeutic communication with the patients from hospitalization to discharge.

Self-directed learning ability means an ability that a learner leads and manages the planning, execution, and evaluation process of learning for himself or through interaction with learning collaborators in a learning situation, and evaluates the process and results of his own learning by setting the learning goals and by deciding the progress speed. This self-directed learning is especially necessary for nursing education curriculum which emphasizes clinical practice education as well as for school education, and the continuous learning is demanded in the clinical practice fields because of the characteristics of work even after nursing students graduate from undergraduate course^[5]. That's because the nurses who are well trained for self-directed learning know and assess their current level of knowledge and skills, and by acquiring the information they need, they can have a problem-solving ability to solve the problems for themselves and enlarge themselves^[6]. Therefore, it can be said that the self-initiative cultivation on learning is requested so that students can smoothly solve the problems with experienced nursing practice and communication in a very complicated nursing situation, and can grow constantly and professionally^[7].

Today, as a medical environment has changed into a complex type which requires decision making ability, critical thinking and professional skills in order to solve the problems and decide at once in the clinical spots, it is necessary to establish a new role for nursing as a profession^[8]. The reason why this role establishment is required is that nursing is a profession based on nurse practice. As a nursing profession is a special knowledge body which can be obtained through theory and clinical practice education, the nursing students must be educated so that they can create a nursing profession as a living nursing knowledge body by integrating and applying the knowledge, technology and attitude which they get to learn in a lecture room in clinical spots^[9]. In order to accomplish the purpose of nursing education like this, the experience and ability of nursing students should be maximized.

Therefore, this study was attempted to provide the basic data for developing the effective teaching and learning strategies by identifying the difference in the empathy, communication efficacy and self-directed learning ability of nursing students according to subject education experience status which is experienced during clinical practice.

Materials and Method

Design of Study: This study is a descriptive survey study for identifying the difference in the empathy, communication efficacy and self-directed learning ability of nursing students according to subject education experience status during clinical practice.

Subjects of Study: The subjects of this study were the third graders of nursing students attending the nursing department of a university in D city.

Study Tools

Empathy Measuring Tool: The tool which Park SeongHee(1997) adapted with Interpersonal Reaction Index which Davis(1980) constructed was used. This tool consists of two sub-factors, cognitive empathy and emotional one, with 28 questions in total, and the response of each question does 5- point Likert scale of 'not at all'(1 point) to 'very agree'(5 points), where the higher the score, the higher the empathy.

Communication Efficacy: In order to measure the communication self-efficacy of subjects, based on a total of 37 questions of Counseling Self-Estimate Inventory(COSE), the counsellor self-evaluation questionnaire, which Larson, et al.(1992) developed and Hong Soo Hyun(2001) adapted for psychotherapists, the communication efficacy scale which Park HyangJin(2013) retranslated into Korean was used. It is a 5-point Likert-type scale, where the higher the score, the higher the communication efficacy. The Cronbach's α value in this study was .78.

Self-directed Learning Ability: For self-directed learning ability, self-directed learning ability measuring tool for university students/adults among the lifetime ability measuring ones developed by Korean Educational Development Institute(KEDI)(Lee Seok Jae, et al., 2003) was used. This tool is composed of 3 ability elements and 8 sub-factors. It is meant that the higher the score, the higher self-directed learning ability. As for

the reliability of a tool, Cronbach's α value was .93 when it was developed, and that in this study was .92.

Method of Data Collection: The period of data collection was from Oct 1 to Oct 30, 2017. As for data collection method, after a researcher visited the subjects and explained the purpose and method of the study to them, a questionnaire was distributed to them who agreed to participate in the study, and the survey was conducted after explaining precautions and how to respond. After the purpose of study, privacy security, and that the survey would not be used for the purpose other than the study according to study ethics were explained to the subjects before collecting data, those who agreed on that took part in the survey.

How to Analyze Data: With the collected data, using SPSS/Win Program, the general characteristics of the subjects were analyzed with real number and percentage, the level of empathy, communication efficacy, and self-directed learning ability according to education experience during clinical practice were done with mean and standard deviation, and the difference according to the general characteristics were done with T-test, and ANOVA.

Results and Discussion

General Characteristics of Subjects: The general characteristics of the subjects are like [Table 1]. In the group which had no education experience during clinical practice, the average age was 21.48 years, 44(88%) were females, for the question of major satisfaction, those who answered "normal" were 20(40%), and those who answered "satisfied" were 20(40%), for that of the department selection motive, those who answered "high employment rate" were 18(76%), and for that of direct nursing performance experience status during practice, those who answered "yes" were 44(88%), which was highest.

In the group which had education experience during clinical practice, the average age was 22.0 years, 44(88%) were females, for the question of major satisfaction, those who answered "normal" were 14(28%), and those who did "satisfied" were 18(36%), for that of department selection motive, those who did "high employment rate" were 24(48%), for the period of clinical practice, those who worked for 3 months to under 6 months were 36(72%), and for that of direct nursing performance experience status during practice, those who answered "yes" were 48(96%), which was highest.

Table 1: General Characteristics of Subjects N = 100

Variables	Categories	Education Experience(No) Group	Education Experience(Yes) Group
		No(%)	No(%)
Age		21.48(.918)	22.0(1.500)
Sex	Male	6(12.0)	6(12.0)
	Female	44(88.0)	44(88.0)
Major Satisfaction	Very dissatisfied	2(4.0)	-
	dissatisfied	8(16.0)	8(16.0)
	Mean	20(40.0)	14(28.0)
	Satisfied	20(40.0)	18(36.0)
	Very Satisfied	-	10(20.0)
Department Selection Motive	Grade	6(12.0)	6(12.0)
	Aptitude and Hobby	12(24.0)	12(24.0)
	High Employment Rate	18(36.0)	24(48.0)
	Recommendation	10(20.0)	6(12.0)
	Others	4(8.0)	2(4.0)
Clinical Practice Period	Under 3 months	2(4.0)	2(4.0)
	3 months to under 6 months	38(76.0)	36(72.0)
	More than 6 months	10(20.0)	12(24.0)
Clinical Practice Organization	Advanced General Hospital	50(100.0)	48(96.0)
	General Hospital	-	2(4.0)

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Direct Nursing Performance Experience Status	Yes	44(88.0)	48(96.0)
	No	6(12.0)	2(4.0)
Direct Nursing Performance Type which is considered necessary	Nursing Skills	34(68.0)	36(72.0)
	Education	8(16.0)	4(8.0)
	Nursing Assessment	8(16.0)	6(12.0)
	Nursing Record	-	4(8.0)
	Others	-	-

Relationship between Empathy, Communication Efficacy and Self-directed Learning Ability: Examining the correlation between the variables, it was revealed that empathy had a net correlation with communication efficacy($r=.025, p<.001$), and communication efficacy had a net one with self-directed learning ability($r=.283, p<.05$ [Table 2].

Table 2: Relationship between Empathy, Communication Efficacy and Self-directed Learning Ability

Variables	Empathy	Communication Efficacy	Self-directed Learning Ability
Empathy	1		
Communication Efficacy	.525***	1	
Self-directed Learning Ability	.153	.283*	1
* $p<.05$, ** $p<.01$, *** $p<.001$			

Difference in Empathy, Communication Efficacy and Self-directed Learning Ability According to the Subject Education Experience Status Experienced During Clinical Practice: As a result of examining the difference in empathy, communication efficacy and self-directed learning ability according to the subject education experience experienced during clinical practice, it is like [Table 3]. In the group which had no subject education experience during clinical practice, it was revealed that empathy was average rating 3.59 out of 5, communication efficacy was average rating 3.18 out of 5, and self-directed learning ability was average rating 3.36 out of 5. In the group which had subject education experience during clinical practice, it was indicated that empathy was average rating 3.75 out of 5, communication efficacy was average rating 3.32 out of 5, and self-directed learning ability was average rating 3.50 out of 5. As a result, the scores of empathy, communication efficacy and self-directed learning ability were higher in the group which had subject education experience than that which had none.

Table 3: Difference in the Level of Empathy, Communication Efficacy, and Self-directed Learning Ability by Groups

Variables	Categories	No Having Education Experience Group	Having Education Experience Group	t(p)
		Mean ± SD	Mean ± SD	
Empathy Ability		3.59 ± 0.39	3.75 ± 0.35	-1.574(.122)
Communication Efficacy		3.18 ± 0.22	3.32 ± 0.46	-1.286(.205)
Self-directed learning ability		3.36 ± 0.33	3.50 ± 0.40	-1.382(.173)
	Diagnosing Learning Desire	3.26 ± 0.39	3.28 ± 0.56	-.117(.907)
	Setting Learning Objectives	3.32 ± 0.67	3.77 ± 0.77	-2.194(.033)
	Grasping the Resources for Learning	3.46 ± 0.55	3.64 ± 0.75	-.985(.330)

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	Basic Self-management Ability	3.39 ± 0.55	3.61 ± 0.41	-1.576(.122)
	Selection of Learning Strategies	3.56 ± 0.44	3.65 ± 0.63	-.571(.598)
	Persistence of Learning Execution	3.27 ± 0.45	3.19 ± 0.61	.531(.122)
	Effort attributes for results	3.30 ± 0.48	3.30 ± 0.36	.000(1.000)
	Self-reflection	3.41 ± 0.51	3.80 ± 0.63	-2.404(.020)

Therefore, this study was attempted to provide the basic data for developing the effective teaching and learning strategies by identifying the difference in the empathy, communication efficacy and self-directed learning ability of nursing students according to subject education experience status which is experienced during clinical practice. The major results are as follows.

First, empathy score was higher in the group which had subject education experience during clinical practice than that which had none. As there are no prior studies which have examined empathy according to subject education experience status during clinical practice, it is difficult to compare with them directly. However, it is thought that this result came because they considered from the perspective of the subjects in the process of grasping and assessing the needs of the subjects in order to make education materials.

As empathy is a process that one not only feels the emotion and experience which the other person feels from his point of view but also expresses them positively, it can be said that empathy is nurses' ability that they can see the world in patients' place and from patients' point of view. This empathy is a factor which has an important influence on forming, maintaining and developing the emotional ties with the subjects, and the empathic attitude which respects the others personally, getting out of self-centered thinking and experiences their emotion in their behalf is a required ability to nurses as well. As the empathy score of nursing students who had subject education experience experienced during clinical practice was high in the result of this study, it could be identified that the education experience through interaction with the subjects during clinical practice is a teaching and learning method that can improve the empathy of nursing students.

Second, the group which had subject education experience during clinical practice showed communication efficacy score higher than that which had none.

Although it is difficult to compare with prior studies directly as there were none which have examined the communication efficacy according to subject education experience status during clinical practice, it is thought that this is a result of interaction in the process of forming trust relationship with subjects and caregivers for making parent education material during clinical practice period and of educating the caregivers of subjects. Communication efficacy refers to a belief that a counselor can effectively consult a client, and a self-confidence that he can help the client using the skills which he has. In the study of Jo Yin Yeong^[10], as a result of examining the needs of the communication education, it was indicated that nursing students preferred the performance - based communication education. In addition, the role play was the most effective educational strategy for communication, which indicates that it is important to do a role directly in the education for improving communication based on the results of the prior studies and this one. As it was indicated that the communication experienced through a learning contract can improve the communication efficacy of nursing students, make them communicate with the patients effectively, and promote the therapeutic relationship, it could be identified through this study that clinical practice education which has subject education experience is a teaching and learning method which can improve the communication efficacy.

Third, the group with subject education experience during clinical practice had a higher self-directed learning ability score than that without it. Though as there are no prior studies which have examined the self-directed learning ability according to subject education experience status during clinical practice, it is difficult to compare with them directly, in the prior study^[11] which examined the change in self-initiative, it is reported that a learning contract had a positive influence, such as the improvement of self-directed learning ability and understanding. In

addition, it was said that the nurses who are well trained for self-directed learning can know and assess their current level of knowledge and performance, and that by acquiring information necessary to them, they can solve the problems for themselves, and enlarge themselves^[6].

This self-directed learning can improve the professional nursing skills of students in the first clinical practice education through the education which enhances the self-confidence of students and improves the independent learning ability of them. In the result of this study, it is considered that as the group having subject education experience had a high score of the self-directed learning ability, the clinical practice of nursing students utilizing the self-directed learning contract enhances self-initiative in the practice as a motive through contract and the proper application period is a teaching and learning strategy suitable for clinical practice education.

Conclusion

Given those results, it is thought that as a method to improve the empathy, communication efficacy and self-directed learning ability of nursing students, it is necessary to have an experience with which they can identify the problems of the subjects through the direct interaction with them during clinical practice, and conduct the education necessary to them. Especially, it is necessary to develop and organize the programs so that nursing students can apply the contents which they learned to nursing practice effectively and constantly. Therefore, various educational activities should be conducted in order to enhance these learning outcomes in nursing education course. Furthermore, it is considered that it is necessary to develop the systematic and effective clinical practice education programs which reflect the learning needs related with the clinical practice of nursing students and the training needs of the clinical field.

Ethical Clearance: Not required

Source of Funding: Self

Conflict of Interest: Nil

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