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# Empathy Toward Patients with Mental Illness among Nursing Students Before and After Completing Clinical Posting in a Psychiatric Hospital at Jammu

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*(Received: 16 June 2025*

*Revised: 20 July 2025*

*Accepted: 29 August 2025)*

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## KEYWORDS

Empathy,  
Cognitive,  
Affective,  
Psychiatry,  
Nursing.

## ABSTRACT:

Empathy is the ability to take on another's perspective, to understand, feel and possibly share and respond to their experience. Empathy is one of the essential skills, which staff working at psychiatry must develop. It is the attitude that gives the nurse an ability to perceive and understand meanings and relevance of patients' feelings and thoughts, and to communicate appropriately. Present study evaluated Empathy among Nursing students toward patients with mental illness before and after completing clinical posting in a psychiatric hospital at GMC Jammu. It was "Cross-sectional Prospective Study" and 50 Nursing students attending Psychiatry Hospital for clinical posting and who gave consent for study were enrolled (after proper Ethical clearance). Students taken up for the study were assessed (at the start and end of training) by Perth Empathy Scale. Results showed that working with psychiatric patients resulted in marked increase in ability of Nursing students to better understand their emotions and resulted in increase in affective empathy after experience in psychiatry. Results showed that empathy is a skill or behavior which can be learned/developed by proper educational experience. Empathy is often considered as a skill which can be influenced by proper education and clinical practice.

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## Introduction

Empathy can be defined as the ability to take on another's perspective, to understand, feel and possibly share and respond to their experience.<sup>[1,2]</sup> The word empathy is derived from the Ancient Greek word *empathia*, meaning "physical affection or passion."<sup>[3]</sup> Empathy includes a broad range of phenomena, including soft feelings for other people and having a desire to help them, experiencing emotions that match another person's emotions; discerning what another person is thinking or feeling.<sup>[4]</sup>

There are two major components of Empathy, Affective empathy, also called emotional empathy,<sup>[5]</sup> and Cognitive Empathy. Affective empathy is the ability to communicate with an appropriate emotion to another's mental states.<sup>[6]</sup> Cognitive empathy refers to the ability of a person to understand another's perspective.<sup>[7,8,9]</sup> Cognitive and Affective empathy are known to be independent from each other, person empathizing strongly and emotionally may not necessarily be good in understanding another's perspective.<sup>[10]</sup> Concept of empathy has always been a subject of interest in nursing research. Empathy is an



emotional response to the perceived emotional experience of others.<sup>[11]</sup> Empathy is one of the essential skills, which staff working at psychiatry must develop. It is the attitude that gives the nurse an ability to perceive and understand meanings and relevance of patients' feelings and thoughts, and to communicate appropriately.<sup>[12,13]</sup>

Communication and interaction process between nurses and patients is basically a helping relationship and empathy is a basic component in this process, which can increase its impact and effectiveness.<sup>[14,15]</sup> An empathetic relationship facilitate may results in reduced patient's distress, anxiety and depression, and increased likelihood of identifying patient's needs.<sup>[16,17]</sup> Study aims to estimate Empathy toward Patients with Mental Illness among Nursing Students before and after completing clinical posting in a Psychiatric hospital at Jammu and to understand whether interaction with mentally ill patients have an impact on empathy towards them in nursing students.

Aim of study is to evaluate Empathy among Nursing students toward patients with mental Illness before and after completing clinical posting in a psychiatric hospital at GMC Jammu

### **Materials and Methods**

Cross-sectional Prospective Study. After taking ethical clearance from appropriate authority, 50 Nursing students attending Psychiatry Hospital for clinical posting and who gave consent for study were enrolled from the November 2023 to April 2024. Students taken up for the study were assessed (at start and completion of training) by Perth Empathy Scale and specially designed performa for the study. Result obtained were analysed using appropriate statistical methods.

Such students were excluded from the study, who:

- were on Psychotropics drugs.
- suffer from Psychiatric illness.
- do not give consent for the study.

Purpose of study was explained to all participants and written informed consent was taken from them.

### **Results**

**Table (i) - Distribution of subjects studied**

Parameters		Frequency	Percent
Age (years)	<20	6	12.0
	20-22	26	52.0
	23-25	12	24.0
	26 and above	6	12.0
	Total	50	100.0
Gender	Male	8	16.0
	Female	42	84.0
	Total	50	100.0
Residence	Rural	34	68.0
	Urban	16	32.0
	Total	50	100.0
Education	12 <sup>th</sup>	37	74.0
	Diploma	13	26.0
	Total	50	100.0
Family type	Joint	19	38.0
	Nuclear	31	62.0
	Total	50	100.0
Marital status	Un-married	50	100.0
Family History of psychiatric illness	No family history	50	100.0

**Table (ii) - Age and gender-wise distribution of subjects studied**

Parameters	Gender		Total		
	Male	female			
AGE	<20	Count	0	6	6
		% within SEX	0.0%	14.3%	12.0%
	20-22	Count	6	20	26



	% with in SEX	75.0 %	47.6 %	52.0 %
23-25	Count	2	10	12
	% with in SEX	25.0 %	23.8 %	24.0 %
26 and above	Count	0	6	6
	% with in SEX	0.0%	14.3 %	12.0 %
Total	Count	8	42	50
	% with in SEX	100.0%	100.0%	100.0%

**Table (iii) - Comparison of pre test score and post test score**

Parameters	N	Mean	Std. Deviation	Paired Differences		t-value	p-value
				Mean	Std. Deviation		
PRE TEST SCORE (COGNITIVE)	50	37.4	6.818	-5.680	8.551	-4.697	<0.001
POST TEST (COGNITIVE)	50	34.2	8.081				
PRE TEST	50	26.7	7.378				

(AFFECTIVE)	82		-1.45	8.31	-0.27
POST TEST (AFFECTIVE)	50	28.05			
PRE TEST-TOTAL	50	57.86		-6.98	<0.001
POST TEST-TOTAL	50	64.4			

**Table (iv) - Correlation of different parameters with intervention**

Parameters	N	Correlation	Sig.
PRE TEST SCORE (COGNITIVE) & POST TEST (COGNITIVE)	50	0.351	.012
PRE TEST (AFFECTIVE) & POST TEST (AFFECTIVE)	50	0.397	.004
PRE TEST-TOTAL & POST TEST-TOTAL	50	0.791	<0.0001

Total 50 candidates took part in our study and out of them eight were males and forty-two females. Thirty-four participants were residing in rural area and sixteen in urban area. Thirty-seven students were having 12th as highest qualification and thirteen were in possession of nursing diploma. None of the participant were having any previous experience in psychiatry. Nineteen participants were living in joint family and thirty-one were living in nuclear family. None of the participant was married at the time of study and there was no family history of any psychiatric disorder.

Six females were below age 20 years, twenty females and six males were in age group (20-22) years, ten females and two males were in age group (23-25) years and six females were in the age group of 26 years and above.



## **Discussion**

Empathy is an epicenter of clinical interest in psychiatry, as patients with psychiatric disorders are more prone to face stigma. Total 50 participants took part in the study and none of the participant at the that time were having any experience in the field of psychiatry. There was a statistically significant comparison between pretest-cognitive scores and posttest-cognitive scores. this is in accordance with studies done by Bogiatzaki V et. al.<sup>[18]</sup> This implies that working with psychiatric patients resulted in marked increase in ability to better understand their emotions. There was no statistically significant relation while comparing between pre-test and post-test affective scores but mean value in post test affective was more than pretest affective empathy, signifying increase in affective empathy after experience in psychiatry, but not to the level of being statistically significant.

On correlation, a statistically significant association was seen between pre-test and post-test (cognitive, empathy and total) scores, which implies that empathy is a skill or behavior which can be learned/developed by proper educational experience.<sup>[19]</sup> This may explain increase in the level of empathy (both cognitive and affective) in nursing students after working with patients in psychiatric treatment facility. Empathy is often considered as a skill which can be influenced by proper education and clinical practice.<sup>[20]</sup>

## **Conclusion**

Present study concludes that nursing students having experience in a psychiatric health care facility can bring a substantial change and improve empathy toward patients with mental illness. On that basis, the main recommendations pertaining to this study include that Empathy toward the Mentally Ill Scale, as a valid instrument, can be used to provide feedback to both students and nursing instructors regarding students' level of empathy before and after the psychiatric nursing experience. This may help in increasing self-awareness and to develop empathy in students working in health care facilities. Future studies are required to examine changes in the level of empathy after exposure to nursing students for an extended period of time and also there is need to compare student's level of empathy with others (Doctors, para-medical staff, sanitary staff). Future research may be needed to study other contributing

factors affecting change in the level of empathy among nursing students.

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