Creative drama implementation to develop communication and empathy skills in Psychiatric Nursing education: Randomized Controlled Trial

Günseli Uzunhasanoğlu, Birgül Özkan

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Abstract

Background: One of the important problems in psychiatric nursing education is that students may experience fear and anxiety while working with psychiatric patients due to their prejudices. These fears and anxieties cause negative situations such as difficulties in providing care to individuals with mental illness, difficulty in conducting psychiatric assessments and interviews, and inability to initiate therapeutic communication with patients. It is quite possible to claim that classical education methods are not sufficient to reduce anxiety and prejudices and strengthen communication and empathy in mental health and psychiatric nursing. Therefore, new education methods are needed in the field. that will increase communication and empathy skills. Studies show that dramatic education methods for health professionals can help eliminate such deficiencies.

Objective: This study was conducted to determine the effectiveness of a training program, which is designed with the creative drama method based on Travelbee's "human-to-human relationship" theory for use in teaching mental health and psychiatric nursing courses, in reducing students' anxiety and improving their empathy and communication skills.

Methods: This study is a controlled experimental study with mixed method conducted in 26 nursing students. Socio-demographic data form, Empathic Skill Scale -B Form (ESS-B), Communication Skills Rating Scale (CSRS), State and Trait anxiety inventories (STAI I- STAI-II) were used for data collection; the scales were implemented to the experimental and control groups at the beginning of the training and 1 month after the end of the training.

Results: There was no significant difference between the experimental and control groups with respect to the scale scores before the training. There was a significant difference both within the experimental group (143.8 ± 20.3-192.3 ± 14.5) and between the experimental and control groups (154.6 ± 28.1-192.3 ± 14.5) regarding the ESS-B score (p <0.005). An analysis of the qualitative findings of the study revealed that the students were able to empathize with individuals with psychiatric diseases and their families (18.2%), communicate with them (10.1%), determine their needs (14.9%), and eventually develop a desire to help them (5.8%).

Conclusions: It was determined that the training program significantly increased the ESS-B scores but had no effect on the CSRS and STAI I-STAI-II scales scores. The training program implemented increased the students' knowledge and skill levels, and was found to be effective in increasing the students' skills of emphatizing with the psychiatry patients and their relatives, initiating and maintaining communication, and reducing prejudices and anxiety. Clinical Trial: The Number of Clinical Trials (NCT), which indicates the registration number for randomized controlled trials, was received (Identifier: NCT05166941)

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Key Words: Psychiatric Nursing, Communication, Empathy, Creative Drama, Travelbee

Introductıon

Psychiatric nursing training was included in the standard basic nursing curriculum due to the need for psychiatric nursing care, and has been continued for approximately 70 years [1]. Psychiatric nursing briefly includes interventions aimed at behavioral changes through proven psychiatric nursing interventions. The main elements defining psychiatric nursing practice can be defined as training, disease process, drug management, improving coping mechanisms, and building complex relationship [2]. Improving all these skills is possible through a good, high-quality psychiatric nursing training.

Psychiatric nursing training was designed to provide nursing students with various skills such as psychiatric evaluation and interview, providing care to the individual with mentall illness, providing training to the patient and his/her family, therapeutic communication and interpersonal relationships, therapeutic nursing interventions, and being aware of one's own feelings and thoughts in clinical practice in addition to theoretical psychiatric knowledge [3, 4]

However, many studies have stated that students may experience difficulty in demonstrating these skills in clinical practice. Students' fear and anxiety when working with psychiatric patients due to various reasons, such as students' negative prejudices towards psychiatric patients, inability to establish communication or determine where to start with them, and inability to respond to their manipulative behavior, are shown as the main obstacles in psychiatric nursing training. [5] [4]. These obstacles may negatiely affect students' thought processes, their skills of establishing therapeutic relationships, and the therapeutic use of self due to their anxiety [6].

It is well possible to assert that classical training methods are not sufficient to reduce anxiety and prejudices and strengthen communication and empathy in mental health and psychiatric nursing. Thus, there is a need for novel training methods in the field, which would improve in-depth learning and increase communication empathy skills [7]. Recently, innovative training models such as simulation implementations have been implemented in the field of nursing training. However, studies

in the literature have shown that more systematic and creative approaches are needed in the training of empathy and communications skills [8].

Former studies suggest that dramatic training methods for healthcare professionals may help eliminate such deficiencies [8]. Creative drama, one of the dramatic training methods, is a student-centered learning method that requires an active and dynamic interaction between students [9, 10]. In creative drama, participants works with a series of structured improvisational games that enable collaborative discovery and idea development [9, 11]. Many studies have shown that creative drama is effective in the fields of courage, social skills, team work, creativity, self reflection, presentation skills, critical thinking skills, problem solving skills, empathy, in-depth learning, and expanding students' life experiences and knowledge [12]. There are also studies which indicate that creative drama can be used for nursing training and mental health and psychiatric nursing training[13, 14] [15, 16]. In this study, creative drama was used to improve empathy and communication skills of nursing students who experience difficulties in these tasks. According to the psychodynamic, behavioral, and person- centered approaches, emptahy is a basic concept in nursing discipline because it facilitates the development of a therapeutic relationship between a healthcare provider and a patients [17, 18]. Joyce Travelbee, a nursing theorist and a psychiatric nurse, states in her theory called "Human-to-Human Relationship" that the relationship established between a patient and a nurse deepens after the first encounter to consist of a five-stage process in which empathy, sympathy, and friendly relations are realized [19-21].

According to Travelbee, the best way to develop empathy is to experience the things a patients goes through [21]. As every human being, nurses may sometimes experience the "sick person" experience. However, it is extremely rare that nurses providing care in the mental health area experience the psychiatric diseases and suffer major psychiatric disorders. Thus, nurses may not experience what a psychiatry patient or the family members providing care for an individual with a psychiatric disorder have experienced. This may complicate the skill of nurses of empathizing with patients in the field of

mental health and psychiatry. Students taking mental health and psychiatric nursing courses, as nurses of the future, are particularly much more inexperienced in this regard [19-21].

While Joyce Travelbee's theory emphasizes the therapeutic relationship existing between a nurse and a patient, it attaches importance upon a care that involves empathy and sympathy [22-24]. Another concept that was emphasized by Travelbee is the therapeutic use of self. The therapeutic use of self involves the abilities to become aware of one's own feelings, have an insight of one's own inner world, have an insight of others' behaviors, and interpret one's own feelings and behaviors with others' feelings and behaviors [22-24].

The aim of the present study was to determine the effect of the training program developed with the creative drama method based on Travelbee's "human-to-human" theory on reducing students' anxiety and improving their empathy and communication skills in teaching and practice of mental health and psychiatric nursing course.

The unique aspect of the present study is that it combined the dramatic method with a nursing theory and studied the theory with a student in the patient role instead of a sick individual. Integrating the theory with creative drama techniques for active use in clinical practice of nursing may provide convenience in terms of applicability. Students who are candidates for the nursing profession, in particular, can be trained based on this theory, and the theory can be taught and integrated into programs in the following years in terms of its effectiveness and usability.

Problem and Subproblems

- Students experience anxiety during mental health and psychiatric nursing training practices

- In mental health and psychiatric nursing training practices, students experience difficulty in

establishing therapeutic communication with patients having impaired mental health.

- In mental health and psychiatric nursing training practices, students experience difficulty in empathizing with patients having impaired mental health at the desired level.

- There is s need for novel training programs that are designed according to the nursing discipline and nursing theories in mental health and psychiatric nursing training practices.

Hhypotheses of the study

Hypothesis 1. There is a significant difference between the experimental student group who were implemented a creative drama method training program based on Travelbee's "human-to-human relationship" theory and the control student group with regard to the behaviors towards the communication skills, empathy skills and anxiety levels.

Materıals And Method

Type of the Study

This study was conducted with a mixed method consisting of a quantitative design in the form of a randomized controlled experimental study, and a qualitative design aimed to examine the students' views on the method.

Sample of the Study and its Characteristics

The study universe was composed of the 4th grade (n:81) students of the Health Sciences Faculty Nursing Division in a universtiy in Ankara/Türkiye. The sample size of the study was calculated using the G*Power 3.1.9.7 (Franz Faul, Universitat Kiel, Germany) statistical software package; It

was found that a minimum number of 26 (n1=13 (experimental), (n2=13 (control)) students was sufficient for a study power of 80% (Effect size d=1.15, α=0.05).

In the first phase of the study, a legal petition was submitted to the university student affairs and students residing in Ankara city center were determined (n=81). Each student on this list was e-mailed by the relevant institution, sending a study invitation letter and the study inclusion criteria. At the second phase, the experimental and control groups were formed randomly from the students determined according to the inclusion criteria (n=26). A computer program was used for randomization process (http://www.randomizer.org/form.htm).

The implementation of the study was carried out in the training hall of the Psychiatry and Behavioral Neuroscience İmplementation and Research Center (PDNAM) in Ankara, Turkey, between May and August 2021.

Study Inclusion criteria

These included residing in the city center of Ankara, volunteering to participate in the research, being a 4th year nursing student, having completed the theoretical part of the mental health and psychiatric nursing course, having no clinical experience in communicating with individuals with mental disease, having no first-degree relatives with mental disease, and having no mental, perceptional, and neurological problems.

Study Exclusion criteria

These included incomplete filling of research data collection forms, not completing creative drama training based on human-human relationship theory, and giving up on participating in the research. The CONSORT Flow Diagram of the study was designed on the basis of the diagram of the CONSORT study, a two-group randomized study recommended for controlled studies[25].
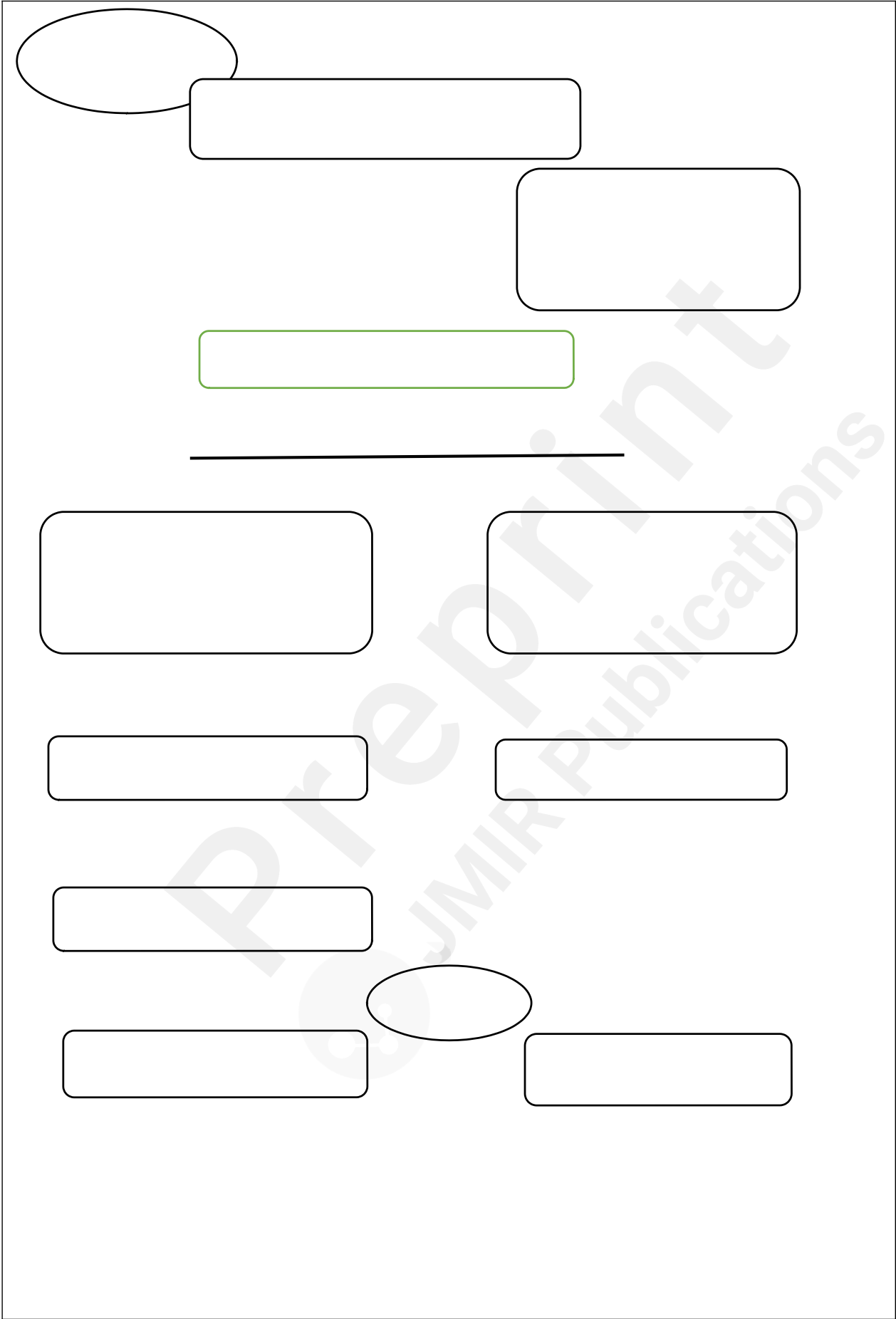
2.Follow-up

2. Lost to follow-up (

*SCL-90 score (n=3),

1. Follow-up

**Wanted to leave the study (n=4),

Assessed for eligibility (n=33)

Figure.1. CONSORT flow diagram.

Excluded
Not meeting criteria
(n=3*)
◆Other reasons (n=0)

Ethical aspect of the study

The "Ethics Committee Approval" of the study was obtained from the Ethics Committee of

Randomized (n=30)

the relevant university (12.08.2020-18. Research code: 2020-201). The Number of Clinical Trials

(NCT), which indicates the registration number for randomized controlled trials, was received

(Identifier: NCT05166941)

In order to apply the study, the researcher, who is the first author, completed the 200-hour Creative

Esperimental Group (n=15)   Contror Group (n=15)
◆Intervened (n=13)   Tested (n=13)
Drama Leadership/Instructor training (approved by the Ministry of National Education of the
Non-intervened (n=2 **)   Untested ((n=2) **

Republic of Turkey) and certified.

I. Lost to follow-up (n=0)   I. Lost to follow-up (n=0)

Data Collection Tools

Data collection was carried out using Socio-demographic data form, Empathic Skill Scale – B Form (ESS-

B), Communication Skills Rating Scale (CSRS), State and Trait anxiety inventories (STAI I- STAI-II); these

2. Lost to follow-up (n=0)

scales were administered to the experimental and control groups at the beginning of the training and 1 month

Analysis

after the end of the training. Additionally, qualitative data were collected only from the experimental group

Analyzed (n=13)   Analyzed (n=13)

using "Feedback Form Structured According to the Human-to-Human Relationship Theory" during the

training and in the focus group interview at the last session of the training.

Socio-demographic Data Collection Form

This form included a total of 8 questions about the personal characteristics, including age, sex, family structure, place of longest residence, income level, and academic grade point average.

Emphatic Skill Scale – B Form (ESS-B): It was designed by Dökmen (1988)[26] . The scale contains six problems and 72 empathic reactions, 12 empathic reactions for each problem. Additionally, six "irrelevant sentences" were included for each problem, which are scored "0" point and aim to measure the attention of the subjects. Scoring is done with the scores of the subjects that they get from the 4 sentences they choose for each problem. A high total score is indicative of a "high empathic skill" [26]. The Cronbach's alpha value of the scale is 0.91, which was found 0.82 by the present study.

Communication Skills Rating Scale (CSRS) Developed by Fidan Korkut, the scale was designed to understand how individuals rate their communication skills [27]. The scale is composed of 25 items, and is 5-likert type. The lowest possible score is 25 and the highest possible score is 125; a high score means that a person has good communication skills. The Cronbach alpha level of the scale is 0.80, which was found 0.86 in this study.

State and Trait Anxiety Inventory (STAI-I and STAI-II): It was developed by Spielberger et al. Its validity and reliability study in Turkish was performed by Öner and Le Compte (1985) [28]. It is a likert type scale that consists of two parts, namely State Anxiety and Trait Anxiety. The reversed statements in the State Anxiety Inventory are the items 1,2,5,8,10,11,15,16,19, and 20. The reversed statements in the Trait Anxiety Inventory are the items 21,26,27,30,33,36, and 39. A high score indicates a high anxiety level and vice versa. The scale has a Cronbach alpha level between 0.83 and 0.87 for the "Trait Anxiety Inventory" and between 0.94 and 0.96 for the "State Anxiety Inventory"[28]. In this study the corresponding figures were found to be 0.94 and 0.89, respectively.

Feedback form structured according to the human-to-human relationship theory

The form was created by the researcher and revised according to the opinions of eight experts in the field. In the feedback the students answered the following questions:

- What are the feelings felt while playing this role?

- What are the needs of someone played in this role?

- What did playing this role bring to me?

Semi-Structured Focus Group Interview Questionnaire Used in Qualitative Research

The form is composed of open-ended questions created by the researcher. These questions are as follows:

1.What is your opinion about the effect of the training that you received on your level of learning and knowledge?

2.What is your opinion about the effect of the training that you received on your level of implementation skill?

3.What is your opinion about the effect of the training that you received on your skill of communicating with individuals with mental disease?

4. What is your opinion about the effect of the training that you received on your skill of empathizing with individuals with mental disease?

5.What is your opinion about the effect of the training that you received on your Anxiety that you experience when you communicate with individuals with mental disease?

6. What are your suggestions on the training that you received?

The preparatory phase of the study

At this phase, the first task of the researcher was to form the educational program content and the main themes of creative drama plays in the light of the relevant literature [14, 24, 29-33]. The training program was sent to eight independent experts to receive their remarks and suggestions about the training content in terms of language, expression, understandability, coverage of the subject and whether it contained scientific errors. The necessary revisions were made in the training program in accordance with the recommendations of the experts, and the program was finalized.

Implementation phase of the study

The implementation phase of the training consists of 8 sessions performed two days a week and completed in 4 weeks. In the first session, theoretical basic training was given to the experimental and control groups. After the basic theoretical training, the students signed the informed consent forms and the scales were implemented. Beginning from the second session, the students participated in the plays and played various roles in accordance with the content of the training program. In these roles, the students fictionalized short plays to enact various states that a psychiatric patient may experience. The play groups were randomly created, different in each play. Since the plays involved no written scenario, the play groups were given 5-7 minutes to share the roles before the play and to form a brief content of the play. This guaranteed spontaneity. A total of 71 roles were played in 6 plays. These roles were Patient relative (10), Nursing student (11), patient (19), Nurse (15), Physician (4), Hallucination (5), Academic (2), Neighbor (4), and Janitor (1).

When they played a role, they expressed how they felt at the phases of original encounter, emerging identities, empathy, sympathy, and rapport in Travelbee's human-to-human theory. The students completed all theoretical training about psychiatric diseases before the practice, and played their

roles according to disease signs and symptoms. The students both achieved permanent learning by dramatizing their theoretical knowledge and experienced communicating with an individual with a psychiatric disorder in a safer setting than a psychiatry clinic. A focus interview was held with the experimental group in the last session, and the interview was recorded as a video. The final quantitative measurement was simultaneously administered to the experimental and control groups one month after the end of the training program.

Dependent and Independent Variables of the Study

The independent variables of the study were the students' sociodemographic properties; its dependent variables were the total scores collected by the students from the Emphatic Skill Scale- B (ESSS-B) form, Communication Skills Rating Scale (CRS), State (STAI I) and Trait Anxiety (STAI II) scales.

Study Limitations

The study period spanning 2021-2022 school year coincided with the lockdown measures were implemented. Therefore, the study included students residing in the Metropolitan Area of Ankara, Türkiye.

Statistical Methods

Data analysis was performed with IBM SPSS 25.0 (Armonk, NY: IBM Corp.) statistical software package. Mann-Whitney U and Chi-Square ($\chi2$) tests were used for comparisons between the groups; Wilcoxon Signed Rank Teta and Kruskal-Wallis tests were used for pre-training and post-training (Pre-T and Post-T) comparisons within the group. The level of statistical significance was set at $\alpha=0.05$.

The analysis of the qualitative data was performed with the help of the MAXQDA plus 10 qualitative research software in line with the phenomenological Analysis method. The answers that were given by the participants to the semi-structured open-ended questions were subjected to a thematic analysis. At the end of the analysis the themes were determined, those themes and the codes that belong to those themes were presented as number and percentage.

Results

Table 1. Comparison of the socio-demographic properties of the study groups (n=26).

Property	Property	Experimental group (n=13)	Control group (n=13)	P*
Sex	Female	13 (%100.0)	11 (%84.6)	0.480
	Male	0 (%0.0)	2 (%15.4)	
Family structure	Single	2 (%15.4)	1 (%7.7)	0.171
	Elementary	11 (%84.6)	9 (%69.2)	
	Large	0 (%0.0)	3 (%23.1)	
Place of residence	Urban	5 (%38.5)	6 (%46.2)	1.000
	Metropolitan	8 (%61.5)	7 (%53.8)	
Income status	Income equal to expenditure	10 (%76.9)	11 (%84.6)	1.000
	Income exceeds expenditure	3 (%23.1)	2 (%15.4)	

*: Chi-Square Test (Pearson – Yates – Fisher's Exact Test)

   *: n / %

The mean age of the participants was 22.3 ± 0.8 years. Twenty-four females and two males participated in the study. Seventy-six point nine percent of the participants belonged to an elementary family, and 57.7% had lived mostly on metropolitan areas. When Table 1. is examined, it

is seen that there is no significant difference between the groups with respect to socio-demographic

properties (P> 0.005).

Table 2: Comparisons of the students' inter-group and intra-group scale scores (n=26)

		EXPERIMENTAL GROUP (N=13)	CONTROL GROUP (N=13)	P*
ESS-B	Pre-T	143.8 ± 20.3	153.9 ± 26.0	0.293
		147.0 (131.0 – 152.5)	159.0 (137.5 – 173.0)	
	Post-T	192.3 ± 14.5	154.6 ± 28.1	0.000
		199.0 (182.5 – 202.5)	159.0 (139.0 – 174.5)	
P**		0.001	0.533	
CSRS	Pre-T	103.5 ± 8.8	104.1 ± 8.1	0.801
		105.0 (99.0 – 109.0)	102.0 (99.0 – 108.0)	
	Post-T	107.2 ± 7.9	103.8 ± 7.9	0.204
		105.0 (101.0 – 115.0)	102.0 (98.5 – 107.0)	
P**		0.196	0.380	
STAI - I	Pre-T	37.5 ± 3.2	39.8 ± 6.1	0.327
		37.0 (34.5 – 40.0)	39.0 (36.0 – 41.0)	
	Post-T	39.5 ± 3.4	39.7 ± 5.7	0.606
		40.0 (37.0 – 41.5)	39.0 (36.0 – 41.5)	
P**		0.070	0.414	
STAI - II	Pre-T	48.5 ± 3.9	49.0 ± 5.5	0.959
		49.0 (45.0 – 52.5)	49.0 (45.0 – 53.0)	
	Post-T	48.0 ± 5.2	50.5 ± 4.1	0.291
		48.0 (44.0 – 53.0)	51.0 (47.0 – 53.0)	
P**		0.529	0.073	

*: Mann-Whitney U test, **: Wilcoxon Signed Ranks Test, Pre-T: Pre-training, Post-T: post-training

When Table 2 is examined, there is no significant difference between the pre-training ESS-B

scale scores of the groups (p > 0.005). There was significant difference in terms of post-training

ESS-B scores both within the experimental group (143.8 ± 20.3 vs 192.3 ± 14.5) and between the

experimental and control groups (192.3 ± 14.5 vs 154.6 ± 28.1) (p <0.005). No significant difference

was found between the CSRS, STAI I, and STAI II scale scores of the experimental and control

groups (p > 0.005).

Findings obtained from the qualitative study

The students performed a feedback study regarding the roles they played at the end of each session during the training program. As a result of a descriptive analysis of the data collected from those feedback contributions, three main themes were determined.

- What are the feelings felt while in this role?
- What are the needs of someone in this role?
- What did playing this role bring to me?

Table. 3. Findings regarding students' emotional expressions in relation to the roles they played (n=173)

Emotion	f	%
Despair	30	17.4
Sadness	21	12.2
Anger	19	10.9
Fear	18	10.4
Incompetence	14	8.1
Happiness	13	7.6
Prejudice	12	6.9
Worthlessness	9	5.3
Strained	6	3.5
Guilt	6	3.5
Loneliness	5	2.8
Hopelessness	4	2.3
Confusion	4	2.3
Feeling aidless	4	2.3
Shame	3	1.7
Feeling distressed	3	1.7
Lack of confidence	2	1.1
Total	173	100

An analysis of the students' replies revealed that there were 173 emotional expressions. The most intense of them was determined to be the feeling of "Despair" (17.4%). The feeling of despair was mostly expressed in relation to a state of being in a quandary. The feeling of despair was followed by the feelings of sadness (12.2%), anger (10.9%), and fear (10.4%). The feeling of happiness had a rate of 7.6%.

Here are some of the students' expressions regarding the feelings:

K1- I found out that patients seeing themselves as insane bothered them, it made me angry and sad that someone ignored me, I felt intense pain, it deeply saddened me to think that my family was ashamed of me (schizophrenic patient role).

K7- I felt ashamed, sadness, anger, and despair because of my sick daughter (patient relative)

K7- I felt worthless because other roles did not dignify me (nursing student role)

K11- Patients are afraid of asking for help and feel helpless (Bipolar patient role)

K5- I felt happy because I helped (nurse role)

Table.4. Findings regarding the needs identified by the students in relation to the role they played (n=163)

Needs	f	%
Education	43	26.4
Communication	39	23.9
Being understood	30	18.4
Care	20	12.2
Experience	10	6.2
Trust	10	6.2
Respect	8	4.9
Self-esteem	3	1.8
Total	163	100

The students in their roles most commonly stated that education is needed (26.4%). Secondly, it was shown that patients especially need to communicate (23.9%), to express themselves and to be understood during the communication process (18.4%).

Here are some of the students' statements about needs:

K13-Someone in this role needs someone who would support him/her and make him/her feel like that person is there for him/her.

K5-The patient needs education and respect in his/her care.

K9- Someone in this role needs trust and understanding, he/she also needs help (bipolar patient role)

K8- I felt that nurses' shortcomings, particularly in communication, were very important.

K7- I thought it was necessary to receive training for crisis management.

Table.5. Findings regarding the gains in the role (n=188)

Gains	f	%
Recognizing the deficiencies	40	21.3
Ability to empathize	34	18.2
Ability to recognize the need	28	14.9
Gaining experience	22	11.7
Increased knowledge	20	10.6
Ability to communicate	19	10.1
Ability to approach consciously	14	7.4
Desire to help	11	5.8
Total	188	100

When Table 5 is examined, it is seen that the students most frequently became aware of their shortcomings (21.3%). In line with the objectives of this study, it is noteworthy that skills such as empathizing (18.2%), communication (10.1%), determining needs (14.9%), and willingness to help (5.8%) were regarded as achievements by the participants.

Here are some of the students' statements about their achievements:

K4-I never thought student nurses could be careless and insensitive. I noticed that students are more worried about grades.

K6- I realized that the societal prejudices against mental disorders are also present in my mind.

K6- I noticed that the siblings of individuals with mental disorders are also vulnerable to negligence.

K5 - I think that the things I have learned are more lasting and effective.

K1- I think that I have gained self-esteem when intervening patients.

K1- I could not understand how patients felt… Now I started to understand how they feel.

K1- I did not even fully know how to start communication with patients because each patient may give different reactions. Now I learned how to start communication with patients without fear.

K13- There used to be curiosity and fear in my mind before going to the mental health clinic. But now there is no fear or anxiety. Because I know how to behave there.

Discussion

It can be argued that the implemented training program significantly increased the empathic skill scale scores but had no effect on communication skills evaluation scale and the state and trait anxiety scores. In the light of these results, hypothesis 1 was rejected and hypothesis 2 was accepted.

Many studies in the literature have proved that nursing students' empathic skills can be improved by training[14, 34-36]. In a study by Öztürk (2021) where nursing students' empathy and communication skills were investigated, the effect of a 14-week training intervention implementation was studied in 70 nursing students. The students were found to have significantly higher empathy and communication scores after the intervention compared with the base scores prior to the training [37]. In a systematic review where 19 interventional studies on nursing students' communication skills, Gutiérrez-Puertas et al. (2020) demonstrated that the interventions used to train nursing

students about patient-centered communication were effective[38] . In our study we observed no significant difference in communication skills scale scores. As compared with the literature, both the experimental and control groups had significantly higher communication skills scores. The fact that the scale scores did not increase can be explained by the high scores.

Table 3 shows the emotional statements of the participants. Working in the field of psychiatry requires having a high emotional awareness and skills of using therapeutic communication techniques [39, 40]. Recent studies on social-neuroscience have stated that emotional awareness and sharing come immediately before empathy [41] .

In a study conducted by Tarım and Yılmaz (2018) it was revealed that health college students experienced helplessness when working with individuals with mental illness [42]. In a study by Çingöl and colleagues (2020) on nursing students it was found that sadness was the most common feeling that the nursing students   felt in individuals with mental problems [30].

Studies have shown that negative and unfavorable feelings are more commonly experienced in psychiatry clinics [42, 43].. Similar studies have revealed that nursing students feel unconfident and incompetent for providing care to psychiatric patients[44, 45]. Individuals with impaired mental health frequently feel neglected, unheard, avoided, ignored, and judged [46]. Studies have found that caregivers and family members feel alone, helpless, ashamed, blamed, and excluded just as patients do [47, 48] . Students expressed similar feelings in this study. The more students experience the feelings in the role they play, the better they can understand the message and the point of a person in that role [49].

Happiness was experienced the most when the students could help a patient or patient relative. In a study by Demir and Ercan (2018), it was found that nursing students who had a successful therapeutic relationship with patients had a more positive emotional feedback and professional confidence [50]. In some studies, it was revealed that the negative feelings of nursing students turned into more positive feelings after psychiatric nursing clinical practices [46].

When the students were asked what a person in the role they played needed the most, the participants most commonly gave the answer "education "(26.4%). Secondly, it has been shown that patients need communication (23.9%) in particular, as well as being able to express themselves and being understood during this communication process (18.4%). A review of the literature indicates that training programs which are implemented to healthcare providers, psychiatric patients, patient families, students, and the society in the field of mental health have favorable effects in many areas such as reducing stress, stigma, and prejudice, promoting coping skills and healthy behaviors, and preventing hospitalizations and recurrences [51-54]. In this context, our study was supported by the literature.

When the student statements are examined, it is evident that they developed awareness in many areas that they were not aware of before and they were able to identify their shortcomings (Table 5). Patients feeling sad about their illness and feeling worthless, guilty and helpless, nursing students' neglect of patients because of their concern of grades, prejudices against patients, and the statements such as academics care about students, nursing students are important for the system, nurses should be well informed and managers, patients can be understood, and patients' families experience difficulties as much as the patients explain some of these awarenesses.

At a focus group meeting held at the end of the training program, the students stated that the program taught by experiencing in a safe setting and their knowledge and skill levels increased. Thanks to the roles they performed, students were able to empathize, start and maintain communication, decrease their prejudices, and as a result, develop self-esteem. In the context of clinical skills there are three elements generally accepted as the components of empathy: to comprehend patients' experiences, concerns, and perspectives; a good and open communication and the will to help defined by a compassionate (beneficent) attitude aimed at caring a sick person [55, 56]. These concepts perfectly fit Travelbee's five-step human-to-human relationship theory. At the end of the training program the participants developed a willingness to help and, as a result of that help, a sense of happiness. In this

sense, the study became successful in practical use of Travelbee's human-to-human relationship theory, on which it was based, in the clinical field.

Conclusion And Recommendations

It can be said that the implemented training program significantly increased empathic skill scale scores but had no effect on the communication skills evaluation scale and state and trait anxiety scale scores. The implemented training program increased the students' knowledge and skill levels and was found to be effective at enabling the students to empathize with psychiatric patients and their relatives, start and maintain communication with them, reduce prejudice and anxiety, and as a result, develop self-esteem. Creative drama has been found successful in integrating Travelbee's theory of human-to-human relations into the field. In psychiatric nursing training, students' prejudices against the field should be reduced and awareness should be raised using innovative and practical methods in addition to standard training methods.

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Supplementary Files

CONSORT (or other) checklists

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