Empathy toward Patients with Mental Illness among Baccalaureate Nursing Students: Impact of a Psychiatric Nursing and Mental Health Educational Experience

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Abstract
Empathy is an ability and skill that can be learned and developed through appropriate education and practice. While the importance of nurses' empathy is widely acknowledged, little is known about the impact of passing through the psychiatric nursing and mental health educational experience at the Faculty of Nursing, Alexandria University on students' level of empathy. This study aimed to assess the change in level of empathy toward patients with mental illness among baccalaureate nursing students before and after completing a psychiatric nursing and mental health educational experience. The study followed a cross-sectional exploratory research design. It was conducted on 204 students in the eighth semester of the academic year 2012-2013, who were enrolled in the course of psychiatric nursing and mental health. A Student's Socio-demographic Characteristics and Previous Experience with Mental Illness Questionnaire and Empathy toward the Mentally Ill Scale were used to collect data. The results indicated that all students significantly achieved high levels of empathy after the psychiatric nursing experience. It was concluded that passing through a psychiatric nursing and mental health educational experience can improve baccalaureate nursing students' empathy toward patients with mental illness. Recommendations included the need for further studies compare between students' levels empathy toward people with mental illness before and after completing various psychiatric nursing educational experiences at different faculties of nursing.

Keywords: Empathy; Mental illness; Nursing students; Psychiatric nursing educational experience.

1. Introduction

The concept of empathy has been a considerable subject of interest in nursing research. Empathy can be defined as a vicarious emotional response to the perceived emotional experience of others (Mehrabian & Epstein, 1972). It refers to the ability to understand the emotional make-up of other people and the skill in treating them according to their emotional reactions. This skill requires examination of one's own feelings and those of others in a circular reaction that results in recognizing, identifying and experiencing the feelings and needs of others (Ioannidou & Konstantikaki, 2008; Rouhani, 2008).

In this sense, empathy is one of the essential skills psychiatric nurses 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 and reflect that understanding back to them (Townsend, 2008; Videbeck, 2004; Williams & Stickley, 2010). Being able to put himself or herself in the patient's shoes does not mean that the nurse has had the same exact experiences as the patient, i.e., being sympathized. Nevertheless, by listening and sensing the importance of the situation to the patient, the nurse can imagine patient's feelings about the experience (Videbeck, 2004).

The value of empathy in therapeutic interpersonal relationships is agreed upon (Alligood, 2005; Townsend, 2008; Videbeck, 2004). Both the patient and the nurse give a "gift of self" when empathy occurs; the patient by feeling safe enough to share feelings, and the nurse by listening closely enough to understand (Kunyk, & Olson, 2001; Reynolds, Scott, & Jessiman, 1999; Townsend, 2008; Videbeck, 2004). Because the interaction process between nurses and patients is basically a helping relationship, empathy is an axiomatic component in this process which can increase its power and efficacy (Ozcan, Oflaz, & Cicek, 2010; Williams & Stickley, 2010). It is also a key communication skill that forms a part of patient-centered caring relationship. Such empathetic relationship enables nurses to create a climate of trust, understand the origin and purpose of patients' responses to health problems, and facilitate positive health outcomes which may include reduced patient's distress, anxiety and depression, and increased likelihood of identifying patient's needs (Videbeck, 2004; Yu & Kirk, 2009).

Being empathized with patients helps nurses also maintain sufficient objectivity, keep the communication patient-focused, and prevent emotional exhaustion and inappropriate emotional involvement on the part of the nurse (Townsend, 2008). On the other hand, it has been also shown that low empathy is likely to mean the failure to provide essential information, emotional support, and in some instances may contribute to increased distress,

anxiety and ineffective coping for those ought to be helped (Newton, 2013).

Likewise, patients tend to feel better about themselves as they realize that they are truly understood by an empathetic nurse (Reynolds et al., 1999; Townsend, 2008). Accurate empathetic perceptions on the part of the nurse can assist patients to identify feelings that may have been suppressed or denied. As these feelings surface and are explored, the patient learns aspects about self of which he or she may be unaware. This contributes to the process of personal development and the promotion of positive self-concept (Townsend, 2008).

Moreover, the concept of empathy has been viewed as a human trait, a professional state, a communication process and a learned phenomenon that can develop and grow through a caring relationship (Felt, 2011; Kunyk, & Olson, 2001; LaRocco, 2010; Varcarolis, 2013; Yu & Kirk, 2008). In this respect, two types of empathy were identified in nursing literature. The first type is "basic empathy" which is seen as a human trait, an attribute, and a universal human capacity. This type of empathy is involuntary and can not be taught. "Trained empathy", the second type, is a learned skill in relation to professional practice. This type of empathy has been accepted as an ability and skill that can be logically learned and intentionally directed through appropriate nursing education and practice (Alligood, 1992; Felt, 2011; Kunyk, & Olson, 2001; Ouzouni, & Nakakis, 2012). In this regard, previous studies have shown that this skill can be gradually developed and increased through students' education, vicarious experiences and exposure to patients with mental illness (Gateshill, Kucharska-Pietura, & Wattis, 2011; Ozcan et al., 2010; Williams & Stickley, 2010). With proper psychiatric nursing education, empathetic skills can prepare students and future nurses for delivering emotionally competent nursing practice, facilitating communication, and creating positive changes in clinical environments (Brunero et al., 2010; Duygulu, Hicdurmaz, & Akyar, 2011; Ouzouni, & Nakakis, 2012).

While the importance of nurses' empathy is widely acknowledged, little is known about the impact of a psychiatric nursing and mental health educational experience on empathy among students at Faculty of Nursing, Alexandria University. It was then anticipated that this study would highlight whether or not passing through this educational experience can improve students' level of empathy.

2. Aim of the Research:

This research aimed to assess the change in the level of empathy toward patients with mental illness among baccalaureate nursing students before and after completing a psychiatric nursing and mental health educational experience.

3. Research Question:

Is there a change in the level of empathy toward patients with mental illness among baccalaureate nursing students after completing a psychiatric nursing and mental health educational experience?

4. Methodology

4.1 Research Design:

A cross-sectional exploratory research design was followed in this study.

4.2 Setting:

The study was carried out at the Faculty of Nursing, Alexandria University, Egypt. The Faculty has nine different scientific nursing departments, among which is the psychiatric nursing and mental health department.

The Faculty of Nursing follows the credit hours system in which the curricula are distributed along eight semesters, in addition to an internship year. One of the main courses taught by the psychiatric nursing and mental health department is that of "psychiatric nursing and mental health", which is carried out in the seventh or eighth semester (depending on students' registration). The duration of this educational experience is 15 weeks. Clinical training is given 9 hours/week for 6 weeks and the theoretical contents are taught 3 hours/week for 15 weeks.

4.3 Subjects:

The subjects of the study included students in the eighth semester of the academic year 2013–2014 who were enrolled in the course of psychiatric nursing and mental health. Their total number amounted to 213 students. However, nine students were excluded from the study as five of them were repeaters of the course and the remaining four students did not complete the course because of their absenteeism. Therefore, study subjects came to be 204 students.

4.4 Data Collection Tools:

Two tools were utilized to collect data for this research:

- • Tool 1: Student's Socio-demographic Characteristics and Previous Experience with Mental Illness Questionnaire: This tool was developed by the researcher based on relevant literature to elicit data related to student's code number, sex, age, residence, and previous exposure to academic psychiatric experience, work and/or coming in contact with patients having mental illness.

- • Tool 2: Empathy toward the Mentally Ill Scale: This is a revised version of the Emotional Empathic Tendency Scale (EETS) which was originally designed by Mehrabian and Epstein (1972). The original scale consisted of 33 items that measure participants' empathetic response in interpersonal situations. EETS was later modified by Turner (2007) to include only the questions which are specifically related to people with mental illness. Empathy toward the Mentally Ill Scale consists of 16 items rated on a 5-point Likert scale ranging from 1 to 5 to assess students' levels of empathy toward patients with mental illness. The scale yields a total score ranging from 16 to 80, with a score from 16 to 48 suggesting low level of empathy and a score more than 48 suggesting high level of empathy. The Empathy toward the Mentally Ill Scale was reported to be valid and reliable, with Cronbach's alpha = 0.71 (Turner, 2007).

4.5 Method of Data Collection:
- - Official permissions to conduct the study were obtained from the responsible authorities of the Faculty of Nursing, Alexandria University, Egypt.
- - Tool (1) was developed and tool (2) was translated into Arabic language.
- - Study tools were examined for content validity by a jury composed of five experts in the field of psychiatric nursing and proved to be valid.
- - A pilot study was carried out before embarking on the actual study in order to ascertain the clarity and applicability of the study tools, and to identify obstacles that may be faced during data collection. It was conducted on 20 students from the third semester of the academic year 2013–2014. Results of this pilot study revealed that tools were clear and applicable.
- - Reliability of tool (2) was tested using Cronbach's alpha coefficient test after being applied on 20 students from the third semester. The tool proved to be reliable (Cronbach's alpha=0.801).
- - The actual study started at the beginning of the eighth semester, immediately before the beginning of the psychiatric and mental health educational experience. Immediately before the psychiatric and mental health educational experience (before the first lecture of the course), students were approached on a group basis in their classroom and were invited to participate in the study.
- - Study tools were distributed to students and explanations were given on how to answer them. This was done under the supervision of the researcher.
- - By the end of the psychiatric nursing and mental health educational experience, the same process was repeated for tool (2).

4.6 Ethical considerations:
Throughout the study phases:
- - Students' informed consent for voluntary participation in the study was obtained after explanation of its aim.
- - The right to refuse to participate or to withdraw from the study was emphasized after reassuring students that their responses would have no impact on their grades.
- - Data confidentiality was maintained and assured.
- - The students' privacy was always respected.

4.7 Statistical Analysis:
- - After data were collected, they were coded and transferred into specially designed formats suitable for computer feeding.
- - Following data entry, checking and verification processes were carried out. Frequency analysis, cross-tabulation and manual revision were all used to detect any errors.
- - The Statistical Package for Social Sciences (SPSS) program, version 20.0 was utilized for both data presentation and statistical analysis of the results.
- - The following statistical measures were used:
  - A. Descriptive measures included: frequency, percentage, minimum, maximum, arithmetic mean, and standard deviation.
  - B. Statistical tests included:
    - ▪ Chi square test was used to test the association between variables in qualitative data.
    - ▪ Mean change percent was used to calculate percentages of changes in students' mean score of empathy after the psychiatric nursing experience.

- ▪ Comparison between two independent populations was done using independent Student t-test.
- Levels of significance selected for this study were p equal to or less than 0.05 and 0.01.

5. Results

Table (1) describes students' socio-demographic characteristics and previous experience with psychiatric studies, work and patients. The results indicated that 61.8% of students were females. Students' age ranged between 20 and 24 years, with a mean age of 21.36±1.02 years. More than three quarters of them (77.0%) were living in rural areas.

It was observed that most of studied students neither had previous exposure to academic experience nor worked in a psychiatric field (82.4% and 86.8% respectively). Periods of experience for those who had a previous academic psychiatric study and those who worked in a psychiatric field were 1.0-4.0 months and one week-12.0 months respectively.

As for having a previous personal contact/experience with patients having mental illness, more than one third (35.3%) of students had such contact/experience with patients who were homeless (56.9%), first, second or third degree relative (30.6%), friend or colleague (25.0%), and/or neighbor (16.7%).

Table (1): Students' socio-demographic characteristics and previous experience with psychiatric studies, work and patients

Student's Socio-demographic characteristics and experience with psychiatric studies, work and patients	(n= 204)	
	No.	%
Sex		
Male	78	38.2
Female	126	61.8
Age (in years)		
20 < 22	136	66.7
22 ≥ 24	68	33.3
Min. - Max.	*20.0-24.0*	
Mean ± SD	*21.36±1.02*	
Residence		
Urban	47	23.0
Rural	157	77.0
Having a previous academic psychiatric study		
No	168	82.4
Yes	36	17.6
Period of previous academic psychiatric study (in months)	**(n=36)**	
1 < 2	16	44.4
2 ≥ 4	20	55.6
Min. - Max.	*1.0-4.0 months*	
Mean ± SD	*1.61±0.64*	
Previous work in a psychiatric field		
No	177	86.8
Yes	27	13.2
Period of work in a psychiatric field (in months)	**(n=27)**	
One week < 6 months	14	51.9
6 ≥12 months	13	48.1
Min. - Max.	*One week-12.0 months*	
Mean ± SD	*8.03±1.50*	
Previous personal contact/experience with patients having mental illness		
No	132	64.7
Yes	**72**	**35.3**
Type of contact with this patient[#]:	*(n=72)[#]*	
Homeless patient	*41*	*56.9[◊]*
First, second or third degree relative	*22*	*30.6[◊]*
Friend or colleague	*18*	*25.0[◊]*
Neighbor	*12*	*16.7[◊]*

#: Frequencies are not mutually exclusive.

Table (2) presents levels, mean scores and mean change percent of empathy toward the mentally ill among students before and after the psychiatric nursing and mental health experience. It was noticed that before the

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educational experience about four fifths (79.9%) of students in the eighth semester had high level of empathy. After completing this experience, this percentage increased to the degree that all students achieved high level of

empathy, with an evident statistically significant difference (χ_1^2 =45.580, p<0.001).

The table shows also that after the psychiatric nursing experience the mean score of empathy toward the mentally ill increased from 52.47±5.84 to 62.64±5.77. This mean score was significantly improved by a percentage of 20.53%±14.90, (t=21.743, p<0.001).

Table (2): Levels, mean scores and mean change percent of Empathy toward the Mentally Ill among students before and after the psychiatric nursing educational experience

Level of empathy	Empathy toward the Mentally Ill								Test of significance χ_1^2 (P)
	Before (n=204)				After (n=204)				
	High		Low		High		Low		
	No.	%	No.	%	No.	%	No.	%	
	163	79.9	41	20.1	204	100.0	0	0.0	***45.580* (p<0.001)**
	Mean ± SD				Mean ± SD				Mean Change% ± SD
	52.47±5.84				62.64±5.77				20.53%±14.90
t-test (p)	***21.743* (<0.001)**								

χ_1^2 : Chi square test   t: Student t-test   *: Statistically significant at p ≤ 0.001.

Table (3) illustrates the degree of change in students' level of empathy after completing the psychiatric nursing experience as measured by Empathy toward the Mentally Ill Scale. It is worth mentioning here that any move on the scale in the positive direction was considered as an improvement in the students' level of empathy and vice versa. It was found that after this experience the majority (95.6%) of students showed improvement in their level of empathy, whereas 1.0% and 3.4% of them did not show change or worsened respectively.

Table (3): Degree of change in students' level of empathy after the psychiatric nursing educational experience

Degree of change in level of empathy (n=204)					
Improved		No Change		Worsened	
No.	%	No.	%	No.	%
195	95.6	2	1.0	7	3.4

Table (4) shows that there were no statistically significant relationships between all students' socio-demographic characteristics and previous experience with psychiatric studies, work and patients, and the mean change percent of the Empathy toward the Mentally Ill (p>0.05).

However, it was noticed that after finishing the experience students who were males, aged 20 to less than 22 years, living in urban areas, had a previous academic psychiatric study for a period of 2 to 4 months, previously worked in a psychiatric field for a period of 6 to 12 months and those who had previous personal contacts with patients having mental illness had the highest mean change percent of empathy (22.22±16.36, 20.82±15.13, 23.01±18.71, 20.86±14.46, 20.92±17.90, 21.63±14.19, 23.42±16.25, and 22.60±16.03 respectively).

Table (4): The relationship between students' socio-demographic characteristics and previous experience with psychiatric studies, work and patients, and their mean change percent of empathy after the psychiatric nursing experience

Student's Socio-demographic characteristics and experience with psychiatric studies, work and patients	Mean Change%±SD of empathy (n=204)	Test of significance t (p)
Sex Male Female	22.22 ± 16.36 19.48 ± 13.89	1.279 (0.202)
Age (in years) 20 < 22 22 ≥ 24	20.82 ± 15.13 18.16 ± 12.90	0.789 (0.431)
Residence Urban Rural	23.01 ± 18.71 19.78 ± 13.54	1.100 (0.276)
Having a previous academic psychiatric study No **Yes**	18.9 ± 16.94 20.86 ± 14.46	0.715 (0.238)
Period of previous academic psychiatric study (in months) 1 < 2 2 ≥ 4	16.59 ± 15.88 20.92 ± 17.90	0.757 (0.454)
Previous work in a psychiatric field No Yes	20.36 ± 15.04 21.63 ± 14.19	0.412 (0.681)
Period of work in a psychiatric field (in months) One week < 6 months 6 ≥12 months	22.81 ± 15.64 23.42 ± 16.25	0.923 (0.099)
Previous personal contact/experience with patients having mental illness No Yes	19.40 ± 14.19 22.60 ± 16.03	1.473 (0.142)

t: Student t-test

6. Discussion

Although some believe that empathy is an innate charisma that can be shaped by one's personality and interpersonal style (Alligood & May, 2000; Williams & Stickley, 2010), others assert that it is a skill which can be influenced by appropriate education and practice (Cutcliffe & Cassedy, 1999; Markström et al., 2009; Ouzouni, & Nakakis, 2012). Some studies that have been conducted on both nursing students and qualified nurses show that empathy is a skill that can be learned through proper experiential education (Dawood, 2010; Mahmoud, 2013; Mete, 2007). This may explain the findings of the present study which showed that all students achieved high levels of empathy following the completion of theoretical and clinical contents of the psychiatric nursing experience. Based on the findings obtained it can be said that this educational experience made a positive contribution in developing and increasing levels of empathy of students. Such results contributed to the suggestion that empathy is a teachable communication skill. Central to this suggestion, it was suggested that psychiatric nursing education can give students at least a basic confidence in their ability to empathize with patients who struggle with mental health problems (Melrose & Shapiro, 1999).

Contradicting the results of the current study, it was assumed that empathy is a personality trait and for this reason the potential for developing empathy in terms of a learned skill is limited (Williams & Stickley, 2010). In the support of this assumption, the findings of prior studies found that students' levels of empathy did not change or were more likely to decrease after psychiatric education and training (Nunes, Williams, Sa, & Stevenson, 2011; Ozcan et al., 2010; Turner, 2007). For instance, Ward et al. (2012) found a more pronounced decline in empathy among nursing students exposed to clinical encounters and real patients.

On the other side, the results of the current study continued to support the view of previous studies which regard the role of teaching and clinical training in generating empathy among students (Cutcliffe & Cassedy, 1999;

Gateshill et al., 2011; Morrison, 2011; Ozcan et al., 2010). Undoubtedly, the content and length of education, educators' background, and teaching techniques used all play roles in the effectiveness of educational experience (Ancel, 2006). It was argued that education is effective when conducted for a reasonable period and using several teaching methods (Bonvicini et al., 2009; Cutcliffe & Cassedy, 1999; Sheehan, Perrin, Potter, Kazanowski, & Bennett, 2013). This is relatively similar to what was applied in the present study, where the length of the theoretical contents of this psychiatric nursing experience is fifteen weeks using teaching methods consisted mainly of lectures, discussion and group interactions. These teaching methods have been reported to enhance empathy (Elizur & Rosenheim, 1982; Morrison, 2011; Turner, 2007). In addition, students are trained clinically for six weeks; nine hour/week at El-Maamoura Hospital for Psychiatric Medicine. The clinical experience at the Department of Psychiatric Nursing and Mental Health is arranged to maximize the learning of students. It is carried out on a small group basis (10-12 students/group) using various teaching methods such as role play, interpersonal process recording and various other clinical assignments.

In this context, it was hypothesized that developing empathy does not limit itself to theoretical teaching nor solely to actual clinical experience with patients. Rather, the development of empathy is dependent on the students' increased awareness of themselves. Thus, in order to facilitate empathy for others, nurse students need to recognize and understand their own emotions and experiences that result in different emotional responses toward patients. It is, therefore, not sufficient for students to learn about others without gaining an awareness of their own emotional state. The student who understands his/her own feelings is better adept at recognizing the feelings of others (Elizur & Rosenheim, 1982; Ouzouni, & Nakakis, 2012). This hypothesis is supported by the fact that the experience of psychiatric nursing is emphasizing the importance of using self-understanding as a therapeutic tool while building therapeutic relationships with the most sensitive patients; those with mental illnesses. During their supervised clinical training, psychiatric nursing students can start fostering empathy by being encouraged to become aware of others' feelings and to see situations from alternative points of view. In order to develop empathy, students are encouraged to utilize self-reflection, role-playing exercises, interpersonal process recording and exchanging personal experiences with colleagues and with the experienced instructors. While empathy is incorporated into clinical teaching, it is also taught in a way that it is evaluated by the clinical instructors.

Instructors at the psychiatric nursing and mental health department also allow students to demonstrate the engendered empathetic communication skills with patients under professional supervision. The clinical instructor may act as a role model while showing acceptance and emotional understanding to patients and demonstrating higher levels of empathy within a caring professional nurse-patient relationship. In this respect, a previous study found that students who reported that their clinical instructors approached patients with emotional understanding displayed more empathetic ability. This confirms the value of the role model of a skilled clinical instructor who could guide nursing students and train them in empathetic approach by example (Ouzouni, & Nakakis, 2012). Moreover, the clinical instructor has a responsibility for accepting and understanding students' feelings and reactions. This can encourage students to expand their internal frame of reference and become in touch with their innate capacities for acceptance and empathy (Williams & Stickley, 2010). This explanation may be one of the main reasons for the significant difference between students mean scores of empathy before and after completing the experience of psychiatric nursing and mental health.

However, one can not deny that about four fifths of the studied students in the eighth semester who passed through the previous semesters had high levels of empathy prior to studying the course of psychiatric nursing. It is well known that at the Faculty of Nursing, Alexandria University, nursing education programs entail courses and clinical training facilities that emphasize the emotional aspects of providing nursing care. It seems that the inclusion of the concept of empathy within the nursing courses across all semesters as well as in their clinical training add to students' built in empathetic abilities. Furthermore, studying courses, such as the course of communication skills and human relations, early in the baccalaureate nursing program that are later integrated in the psychiatric nursing course, all are expected to enhance the empathic communication skills during students' clinical practice.

On the same line, the results of the present study revealed that students who obtained previous academic psychiatric studies had higher mean change percent of their level of empathy after this experience than those who did not attain previous academic psychiatric studies. Perhaps those students who have learned empathetic skills were more likely to use therapeutic communication skills in the context of this helping nurse-patient relationship to recognize patients' feelings, understand their needs, and develop more accepting attitudes toward those with mental illness. In this context, Çınar et al. (2007) proposed that the level of clinical exposure where the nurse–patient relationship plays a significant part in care could impact the nursing student's level of empathy. Additionally, it was argued that empathetic responses can be influenced by the level of communication skills that have been learnt.

Likewise, the improved students' levels of empathy after passing the experience of psychiatric nursing in the current research could also be partly attributed to the previous experience with persons having mental illness and

then the period of direct clinical contact which could work as an opportunity for greater level of empathy. This explanation appears to be in accordance with the results of the present study knowing that more than one third of students of the current research had previous personal contact/experience with a homeless patient, first, second or third degree relative, friend or colleague, and/or neighbor with mental illness. These students had also higher mean change percent of their level of empathy as compared to students without previous contact/experience. In the same direction, Markström et al. (2009) proposed that previous personal experiences from meeting persons with mental illness can work as a favorable starting point in the formation of attitudes and developing empathy. Additionally, Morrison (2011) found that the majority of nursing students who had direct interactions with patients empathized with and developed more positive attitudes toward them.

It is also of interest that the present study did not find any statistically significant relationship between all students' socio-demographic characteristics and previous experience with psychiatric studies, work and patients, and the mean change percent of empathy. To the contrary, some researches argued that subjects' characteristics (such as sex and age) can affect their levels of empathy (Alligood& May, 2000; Çakmak, & Demirbaş, 2014; Ouzouni, & Nakakis, 2012; Nunes et al., 2011). For example, it was proposed that empathic responses can be influenced by sex (Alligood& May, 2000). Researchers found that females were found to be significantly more empathetic than males (Çakmak, & Demirbaş, 2014; Ouzouni, & Nakakis, 2012; Williams et al., 2014). Another research reported that females seem to be more aware of their emotions, more skillful at directing, handling and understanding their own and others' emotions, act more interpersonally better, and show more empathy than males do (Schutte, 2001). On the other hand, the findings of the present study indicate that male nursing students displayed greater mean change percent of empathy after the experience of psychiatric nursing compared with female students. It appears that after this educational experience male students were more skillful to acquire the empathy as a communication skill than female students. In the same direction, Mahmoud (2013) reported that by the end of the last (eighth) semester male students at the Faculty of Nursing, Alexandria University had slightly increased mean score of empathy than female students.

7. Conclusion and Recommendations

Based on the results of this study, it could be concluded that passing through a psychiatric nursing and mental health educational experience (theoretical and clinical) can bring a positive change and improve baccalaureate nursing students' empathy toward patients with mental illness. On that base, 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. Such information would increase students' self-awareness and guide instructors on how to develop students' empathy. Longitudinal studies are required to examine changes in students' level of empathy throughout the eight semesters to detect which educational experiences are more influential on their empathetic skills. Further studies are also needed to compare between students' levels of empathy toward people with mental illness before and after various experiences of psychiatric nursing at different faculties of nursing, Future researches may be needed to study what other factors probably contributed to the change in students' level of empathy, and to explore the relationship between students' levels of empathy and other variables, such as patient's satisfaction in the context of therapeutic student nurse-patient relationship, and students' clinical performance.

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