

Effectiveness of Communication Skills Training Program on Empathetic Skill and Communication Self Efficacy of Pediatric Oncology Nurses

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Abstract: Background: Effective communication usually reduces stress, anxiety, and uncertainty in patients and simultaneously influences the rate of patients' recovery, ability to comply with treatments, and psychosocial adjustment. The aim of this study was evaluating effectiveness of communication skills training program on empathetic skill and self efficacy of pediatric oncology nurses. **Study design.** This study was a quasi experimental research design. **Setting.** The study was conducted at inpatient departments of both hematology and oncology units of pediatric hospital affiliated to Ain shams university hospitals. **Subjects.** The study subjects consisted of forty one pediatric oncology nurses. **Data collection tools:** -Socio-demographic structured questionnaire, Communication Self efficacy questionnaire, Empathy and Communication Skills Performances Checklist. **Results:** the majority of nurses were females and more half of them didn't participate before in in-service training. There was a highly significant difference between pre and post test regarding communication skills, empathetic and communication self efficacy. The study **concluded that** there was a significant improvement in nurses' communication and empathetic skills after implementing communication skill training. The reached **recommendation** was future research to assess relationship between communication skills and professionalism among pediatric oncology nurses.

Keywords: Communication Skills Program – Empathetic Skill- Self Efficacy – Pediatric Oncology Nurses

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I. Introduction

Diagnosis of cancer in children is a life-altering event for them as well as their families. In working with patients affected by cancer, and their families, the medical and nursing teams within oncology are exposed to communication interactions with patients and their families in all phases of the cancer 'trajectory', as evidenced by **Tarquini, Brand, and Mack (2016)**.

In this respect, it can be said that communication skills refer to behaviors, which can help individuals express their feelings and needs well, and so achieve their interpersonal goals. (**Baer, & Weinstein 2013**). Skilled communication is essential for nurses in order to maintain effective and sensitive relationships with patients, families, and other members of the medical team, as mentioned by **Khodadadi et al (2013)**.

Effective communication is essential for cancer care and high quality care. It has been demonstrated that effective communication usually reduces stress, anxiety, and uncertainty in patients and simultaneously influences the rate of patients' recovery, ability to comply with treatments, and psychosocial adjustment. (**Bulotiene and Jagelaviciute 2015**). According to research study result in **Egypt** by **Mohsen, et al (2015)**, she founded that **68.2%** of oncology nurses do not take training on communication skills.

Empathy in nursing as defined by **Chowdhry (2010)**, is a human, professional, and caring trait in the process of communication with patients. Added to that, empathy is a process in which a person puts himself in another person's place, understands his thoughts and feelings correctly and conveys it to that person. Yet empathetic skills are one of the basic skills in nursing and all nurses are required to have these skills effectively. The nurses with empathetic skills can understand the patient and carry out a supportive therapeutic relation. (**Ozcan 2012**).

According to **McCarthy (2014)**. Nurses play a key role on the oncology health care team, accompany and support patients and their families, throughout their cancer treatment journey. Nurses spend more time with

patients than do other health care providers and have multiple opportunities to interact and communicate with them, and patients report being more comfortable communicating with nurses than their physicians.

Oncology department are unique areas where communication skills are chiefly important in working and communicating with cancer patients. These patients experience difficult phases and challenges during their illness. So, careful and effective communication skills are required to deliver the news of their illness, obtain approval from patients for different procedures and tests and, in general, to help them cope with what they are going in the course of treatment (van, Jansen and Spreeuwenberg, 2011). An appropriate way of measuring the change in communication skills after a training course could be by assessing the health care professionals' self-efficacy. (Norgaard 2011).

Sundling, Dulmen, and Eide (2016) illustrated that Communication self efficacy relates to personal attributes of mindfulness and empathy. Mindfulness informs all types of professionally relevant Knowledge, both formal knowledge and knowledge learned during practice and observation, including facts, personal experiences, processes and competence. Empathic communication encourages patient trust, mutual understanding, medication adherence, social support and self-efficacy

Significance of the study

Nurses can directly impact the care of children's and their families through the use of therapeutic communication. High-quality communication between patients and nurses can produce important patient care outcomes, enhanced illness accepting, more accurate symptom disclosure, better adherence to planned treatments, decreased anxiety and psychological distress, reduced feelings of loneliness, improved satisfaction with care, and an improved overall "cancer disease experience. In addition nurses who are able to approach their children empathetically can better appreciate their reactions to health problems, as well as the reason and foundation of these reactions. Communication is the basis of interactive relationships and affords opportunities to establish rapport, understand the child's experience, prepare individualized interventions and optimize health care resources. The current challenge in health care is to create an environment in which open and apparent communication is the rule rather than the exception.

Effective communication skills are essential to express the news of their illness, attain approval from patients for different measures and tests, and in general, to help them manage with what they are going through. Communication skills training program can improve the communication behavior in nurses to some extent. In addition, it is the best practice to promote the disclosure of important information; this includes the utilization of open directive questions, focusing on and illustrative emotional aspects, using empathic statements, summarizing and making skilled guesses. So that this study aiming to evaluate the effectiveness of communication skills training program on empathetic and communication skills of pediatric oncology nurses.

Aim of the study:

The aim of this study was evaluating effectiveness of communication skills training program on empathetic skills and communication self efficacy of pediatric oncology nurses.

The aim will be achieved through:

1. Assessing empathetic skill among pediatric oncology nurses.
2. Assessing communication self efficacy among pediatric oncology nurses.
3. Applying communication skills training program on pediatric oncology nurses.
4. Assessing the effectiveness of communication skills training on empathetic skills and communication self- efficacy of pediatric oncology nurses.

Research Question:

What is the effect of communication skills training program on empathetic skill and communication self efficacy of pediatric oncology nurses?

Research hypothesis:

Communication skills training program will affect positively on empathetic skill and communication self efficacy of pediatric oncology nurses.

Subjects and Methods:

The study were portrayed under four main designs; technical, operational, administrative, and statistical design, as the following:

I-Technical Design

A- Research design: A quasi experimental research study design. **With one group sampling, controlling themselves** so, the variables are the same within the group, and the homogeneity is acquired.

B-Setting: the study was conducted at inpatient departments of both hematology and oncology units of pediatric hospital affiliated to Ain shams university hospitals.

C-Sampling (sample size & type & inclusion criteria)

The subjects of the present study were convenient sample includes 41 nurses working in hematology and oncology units, and nurses were chosen according to certain **inclusion criteria:**

Age: From 20 – 45 years

Sex: Male & Female

Working nursing experience: At least one year

Working in oncology department: At least one year.

D- Tools of data collection

Data for this study were collected by using the following tools

1-Socio-demographic structured questionnaire: it included nurses' department, age, sex qualification, marital status , working shift ,years of experience and previous attendance of training courses regarding therapeutic communication skills

2-Communication Self efficacy questionnaire

The questionnaire developed and validated by **Parle, Maguire and Heaven (1970)**, for assessment of clinicians' self-efficacy in clinical communication before and after receiving communication skills training. The questionnaire divided into two subscales: **Self-efficacy Communication with Patients (8 questions)**, as initiate discussion with patients about their worries, encourage patients to talk about their feelings, end a discussion by summarizing problems and the arranged plan of action, pass on bad news to patients, deal with patients in an appropriate way with something they are in denial about, Interact with patients have a different understanding of the situation, and help patients face an uncertain situation.

Self- efficacy Communication with colleagues. (11 questions), as Tell colleagues if you experience they are speaking badly to a patient or family, Tell colleagues if you feel you are badly or unfairly treated by them, Tell colleagues if you experience that they treat another colleague badly, Tell colleagues if you consider that they do not solve their tasks competently, Give continuous professional feedback to your colleagues, Listen to colleagues who come to you to discuss professional problems, Approach colleagues if you sense that they are experiencing personal problems, Listen to colleagues who come to you to discuss their personal problems, Speak respectfully to colleagues - also in stressful situations, Speak respectfully about colleagues - also in stressful situations, and Accept professional disagreements with colleagues.

Scoring: Each item was rated on five point likert scale

1=" not certain at all"

2="rarely certain to me

3= "sometimes certain to me

4= "frequently certain to me

5=" Almost certain to me

Self Efficacy Communication with patient's items scores can range from 8: 40

Self Efficacy Communication with colleagues' items scores can range from 11: 55

Global score is computed as the sum of two subscales. The total score is range from 18: 95 .with a score 18 :< 47indicate low level of communication self efficacy. Score 47:95 indicate high level of communication self efficacy

3- The Jefferson Scale of Empathy

The scale was developed by the **Jefferson Medical College, (2001)** to assess medical students' attitudes toward empathic engagement in the context of patient care. The scale divided into three sub items, **Perspective talking,(10 items)**, as Nurses s' understanding of the emotional status of their patients, as well as that of their families, is an important component of the nurse -patient relationship, Nurses should try to understand what is going on in their patients' minds by paying attention to their non-verbal cues and body language, I believe that empathy is an important therapeutic factor in medical treatment, Empathy is a therapeutic skill without which the nurse 's success is limited, Patients value a nurse s understanding of their feelings which is therapeutic in its own right, Patients feel better when their nurses understand their feelings, Understanding body language is as important as verbal communication in the nurse -patient relationship, Nurses should try to stand in their patient's shoes when providing care to them, A nurses 's sense of humor contributes to a better clinical outcome, and nurses should try to think like their patients in order to provide better care. **Compassionate care (8 items)**, as Patients' illness can be cured only by medical treatment; therefore, nurses 'emotional ties with their patients do not have a significant influence in medical or surgical treatment, Attentiveness to patients' personal experience does not influence treatment outcomes, Attention to patients' emotions is not important in history taking, I believe that emotion has no place in the treatment of medical illness, Nurses should not allow themselves to be influenced by strong personal bonds between their patients and their family members, Nurses understanding of their patients' feelings and the feelings of their patients' families does not influence medical or surgical treatment, I do not enjoy reading non-medical literature or experiencing the arts, and Asking patients

about what is happening in their lives is not helpful in understanding their physical complaints. **and Standing in the patient's shoes (two items)**, as It is difficult for a nurse to view things from patients' perspectives, and Because people are different, it is difficult to see things from patients' perspectives. The scale consists of 20 items each answered on a seven-point Likert-type scale. Half of the items are positively worded (directly scored as follows: 1 = strongly disagree, 7 = strongly agree) and half are negatively worded (inversely scored as follows: 1 = strongly agree, 7 = strongly disagree).

Scoring: The possible total score ranges from 20 to 140. With a score from 20 to 70 suggesting low level of empathy and a score more than 70 suggesting high level of empathy and positive attitudes toward empathic patient care.

4- Communication Skills Performances Checklist:

It was developed by researchers and adopted from **Onkoloji (2008)** to assess the nurse's communication skills when working with pediatric oncology children and their families. It consisted of forty items **divided into seven sub items:**

History talking: (4 items), as Allows child /parent to complete opening statement, Avoid questions that they answer "Yes or "No", Avoid questions with the word "Why?", and Asks about life events/conditions that might affect child's health/treatment **General communication: (5 items)**, as Has a professional appearance, Attention to physical space conditions (light, sound), Greeting child \family warmly, Introduce her/his self to child /family, and Call child by his favorite name.

Verbal communication (15 items), as Talk with child slowly, Talk in one subject, Uses simple words, Grasp the child attention, Ask direct question, Demonstrates sensitivity to health beliefs and religious issues, Accept child and family argument, Don't interrupt the child or his families during conversation, Repeats important items in conversations, Avoid using medical terminology, Refrain from blaming and judging, Don't change subject, Restate what was understood from patients' words, Communicate what was understood from patients' words, and Uses visual and written reinforcements when needed. **Non verbal communication (7 items)**, as Bending down to the child's level, Clapping your child's hand to get her attention if she doesn't look up, Maintaining consistent eye contact and tone of voice, Speaking in a clear, firm tone, Don't do anything during conversation with child /family, Keep silence when the child or family to talk, and Head and face indicates listening.

Show "content reaction" of continuing reactions (4 items), Use expressions to show nurse listening to child /family (e.g. "yes, I am listening to you; continue; Determine child's/family feelings and tell them, Asking open ended questions, and Summaries child and family conversation.

Using influencing reaction" of leading reactions(2 items), as Share her ideas for approved child 's and family behaviors, and Share her ideas for non-approved patient's behaviors.

Use "self-disclosure" reactions (3 items), Tell what she feel about child and his family, Express feeling without judging child and family behavior, and Give own examples by linking child 's experiences.

Scoring:

Each item was rated on four point likert scale seldom =0 sometimes =1 often = 2 usually = 3. The total score is ranged from 20:120 and categorized as follows:

20: <80 = Communication skills that need more consistent attention (unsatisfactory)

80: 120 = Satisfactory communication skills

Reliability of the tools

Reliability was applied by the researcher for testing the internal Consistency of the tool, by administration of the same tools to the same subjects under similar conditions on one or more occasions. Answers from repeated testing were Compared (Test-re-test reliability).

The Alpha Chronbach test was used to measure the internal consistency of the tool (reliability of the used tool or instrument). These show high reliability scores for the following tools:

Checklists about communication skills = 0.966

Communication Self Efficacy tool = 0.813

A- II- Operational Design:

Consists of, the preparatory phase, pilot study, validity and reliability, ethical considerations, and field work.

B- Preparatory phase:

It includes a review of the literature and other available resources related to communication skills, empathy skills, and communication self efficacy which was done by the researchers, for the preparations of tools, and training program content, teaching media and evaluation tools.

-Pilot Study:

It was carried out with 10% of pediatric oncology nurses, who was later, included in the main sample study. So it was done to ensure clarity, applicability, relevance, feasibility of conduction of study tools and time

needed for each tool. Based on the findings of the pilot study, necessary modifications and clarifications of some questions were done to have more applicable tools for data collection. Some questions and items were omitted, added or rephrased and then the final forms were developed.

Validity:

- Questionnaire sheet was developed by the researchers to assess face and content validity of the suggested tools through experts, opinions, which were assessed through a group of experts.
- Two types of validity tests were used at this stage: face and content validity; face validity aimed at inspecting the items to determine whether the tools measure what is supposed to measure. Content validity was conducted to determine whether the tools cover the appropriate and necessary content as well as its relevance to the tools and the study aim.
- A jury expert group: it consists of five members; all of them were professors and assistant professors from psychiatric, medical surgical, pediatric and community health departments of Faculty of Nursing Ain Shams University.

Ethical Considerations:

The ethical research considerations in this study included the following:

- An official permit was obtained before conduction of the study.
- The aim of the study was explained to the subjects to obtain their cooperation. Oral consent was obtained from the oncology nurses to ensure willingness to engage in the study.
- The research maintains an anonymity and confidentiality of subject's data.
- Subjects were allowed to choose to participate or not and they were informed that they have the right to withdraw from the study at any time without giving any reason.

Field Work:

Field work included two phases' implementation and evaluation phase:

Implementation of Training Program:

The training program was prepared by researchers based on the review of current literature. It includes: importance of therapeutic and empathetic skills in interacting with cancer patients, expressing empathy and building relationship, dealing with uncertainty, anger, and giving bad news. Body language, principles for giving effective feedback and facilitating and blocking behaviors are as included.

Phases of Implement the Program:-

Assessment phase:

An official letter from the dean of the Faculty of Nursing-Ain Shams University directed department for radiation oncology and nuclear medicine affiliated to Ain shams university hospital in order to get permission to conduct this study and identify exact time for interviewing patients and nurses. In assessment phase collect data for all nurses through 4 tools prepared for the study.

Implementation Phase:

The communication training program was implemented separately for three nurses at morning and afternoon shift. Program session implemented three time weekly .Total sessions were 11 sessions within 6 months .Each session took about 25 to 30 minutes. The first session was carried out during the assessment phase. During the first session, the researchers explained the aim of the study, meeting time. This Session focused on building professional relationship with nurses it is aimed to identify and understand the training program and its objectives and exploration of positive and negative communication behavior.

2nd : to 4th session focused on principles of communication with Pediatric patients, establish empathetic relationship with patients ,Facilitating and blocking communication behavior .sessions 5th: 8th concerned with strategies for handling difficult communication situations such as Communication with angry behavior, uncertainty, patient can't stop crying, and giving bad news. Sessions 9th:11th focused on challenging interaction with family members, telling relatives that their child has a recurrence of Cancer and Implementation of training program covered a period of twelve months from October September 2016 to the end of August 2017.

Evaluation Phase:

After six months of implementing the training program

A post assessment included the observation checklists mentioned previously and used in the pre-assessment, which was done for all nurses. The researchers observed the nurse after the training program has been finished to know how the benefit of the program and their application of communication skills and what are the ways of obstacles to lack of implementation.

In July, after three months, a follow-up assessment was done using the observation checklists tools. The follow-up assessment takes two months regarding to communication skills – Empathetic Skills- Communication Self Efficacy) the nurse's practice was done in the department, and the researchers observed them in real situation to see how to apply the training program in the work field.

Statistical analysis

Statistical Package for the Social Sciences (SPSS) was used to conduct analyses. The following statistical measures were used: a) Descriptive measures including count, percentage, mean and standard deviation. b) T-test to compare two independent means. c) One way analysis of variance (ANOVA) test used to compare means of more than two groups. d) LSD test to study the direction of significant differences between categories of demographic variables and their impact on the areas of questionnaire. The level of significance selected for this study was p equal to or less than 0.05.

II. Study Results

Table (1) the table shows that 70.7% of nurses were females and 41% of nurses in age group 20- 25 year old. Concerning to years of experience in oncology ward the highest percent 61% have been working more than five years. As observed 63.4% have a day shift. Finally the table explained 58.5% of nurses did not participate in in-service training regarding communication or empathy.

Table (2) as observed from the table there was a significant difference between pre and post test in relation to quality of communication skills. The significant upgrading was observed in non verbal communication, show content reactions, use influencing reaction, and use self-disclosure.

Table (3) the table revealed that there was statistically significant difference between total qualities of communication skills.

$\chi^2 = .006$ p value = 0.000

Table (4) As noticed from the table the most observed improving in empathetic skills were Perspective taking and Compassionate care on post test. They represent equal percent 46.3%. There was a highly significant difference between pre and post test.

Table (5) the table displayed there was a highly significant difference between pre and post test regarding total score of empathetic skill $\chi^2 = 16.158$ at p value = 0.000

Table (6) as indicate from the table there was upgrading in self efficacy communication with colleagues at post test it represent 65.9%. There was a highly significant difference between pre and post test.

Table (7) the tables shows the table display there was a highly significant difference between pre and post test regarding total score of self efficacy communication $\chi^2 = 8.389$ at p value = 0.000

Study Tables

Table (1) Socio- demographic Characteristics of Pediatric Oncology Nurses. n=41

Socio- demographic characteristics	No	%
Sex		
Male	12	29.3
Female	29	70.7
Age		
20- > 30	17	41.5
30 -> 40	12	29.3
40 -45	12	29.3
Mean ±SD		27.68±5.26
Marital Status		
Single	5	12.2
Married	30	73.2
Divorced	6	14.6
Years of total nursing experience		
1-5 years	3	16.4
6-10 years	27	56.8
+ 10 years	11	26.8
Years of experience in oncology ward		
1 - < 3 years	4	9.7
3 years - < 5 years	12	29.3
+5 years	25	61
Qualification		
Diploma	23	56.1
Technical institute	7	17.1
Baccalaureate nurse	11	26.8
Work shift		
Day shift (morning and afternoon shift)	26	63.4

Night shift	15	36.6
in-service training about communication		
Yes	17	41.5
No	24	58.5

Table (2) Distribution of Pediatric Oncology Nurses' Communication Skills by their Pre & Posttest n=41

Communication Skills	Maximum score		Pre		Post test		X ²	P
History Talking	12	Satisfactory	17	41.5	22	53.7	.006	Sig
		Unsatisfactory	24	58.5	19	46.3		
General Communication	15	Satisfactory	11	26.8	25	61	.261	sig
		Unsatisfactory	30	73.2	16	39		
Verbal Communication	45	Satisfactory	22	53.7	30	73.2	.407	Sig
		Unsatisfactory	19	46.3	11	26.8		
Non Verbal Communication	21	Satisfactory	19	46.3	25	61	6.361	Hs
		Unsatisfactory	22	53.7	16	39		
Show "Content Reaction" of Continuing Reactions	12	Satisfactory	10	24.4	15	36.6	22.93	Hs
		Unsatisfactory	31	75.6	26	63.3		
Using "Influencing Reaction" of Leading Reactions	6	Satisfactory	9	22	14	34.1	22.239	Hs
		Unsatisfactory	3	78	27	65.9		
Use "Self-Disclosure" Reactions	9	Satisfactory	12	29.3	18	43.9	10.710	Hs
		Unsatisfactory	29	70.7	23	56.1		

Table (3) Distribution of Pediatric Oncology Nurses Regarding Total Score of Communication by their Pre & Posttest. n=41

Communication Skills	Pre test		Post test		X ²	P
	N0	%	N0	%		
Satisfactory	13	41.5	22	53.7	.006	Sig
Unsatisfactory	28	58.5	19	46.3		

Table (4) Distribution of Pediatric Oncology Nurses' Empathetic Skill by their Pre & Posttest. n=41

Empathetic Skill	Maximum score		Pre test		Post test		X ²	P
			N0	%	N0	%		
Perspective Taking	70	Satisfactory	15	36.6	19	46.3	21.006	Hs
		Unsatisfactory	26	63.4	22	53.7		
Compassionate Care	56	Satisfactory	14	34.1	19	46.3	24.61	Hs
		Unsatisfactory	27	65.9	22	53.7		
Standing in the Patient's Shoes	14	Satisfactory	9	22	12	29.3	27.87	Hs
		Unsatisfactory	32	78	29	70.7		

Tables (5) Level of Empathetic Skill among Pediatric Oncology Nurses' pre & Posttest. n=41

Level of Empathy	Pre				Post				X ²	P
	Unsatisfactory		Satisfactory		Unsatisfactory		Satisfactory			
	No	%	No	%	No	%	No	%		
	29	70.7	12	29.3	20	48.8	21	51.2	16.158	Hs

Table (6) Distribution of Pediatric Oncology Nurses' Communication Self Efficacy by their Pre & Posttest n=41

Communication Self Efficacy	Maximum score		Pre test		Post test		X ²	P
Communication Self Efficacy with patients	40	Satisfactory	15	36.6	23	56.1	18.512	Hs
		Unsatisfactory	26	63.4	18	43.9		
Communication Self Efficacy with colleagues	55	Satisfactory	21	51.2	27	65.9	22.32	Hs
		Unsatisfactory	20	48.8	14	34.1		

Table (7) Level of Communication Self Efficacy among Pediatric Oncology Nurses' pre & Posttest. n=41

Level	Pre				Post				X ²	P
	Unsatisfactory		Satisfactory		Unsatisfactory		Satisfactory			
Communication Self Efficacy	30	73.2	11	26.8	19	46.3	22	53.7	8.389	Hs

Discussion

Nurses play a major role in cancer care, because oncology nurses not only focuses on the biological and medical aspects of care, but also on the emotional aspects. Communication skills of nurses have been found to increase treatment adherence, as well as psychological functioning of cancer patients. Communication behavior of health professionals can be trained; increase communication skills have become an important part of the basic training program of nurses and also after graduation. The main purpose of communication skills training program (CSTP) courses in oncology is to increase empathy and clarity when conversing with patients and family members as well as to practice strategies on how to deal with difficult situations during consultations.

Socio-demographic Characteristics of Oncology Nurse

The present study explained that two third of nurses were married female in age group 20-25 years old. In relation to qualification the half of nurses half diploma degree and not participated in services education about communication. This result was similar to **Mashor et al.,(2013)**, who explore communication competency among cancer nurses in Peninsular Malaysia. They found that all nurse were female and majority of them had diploma in nursing .about work experience in oncology ward more half of nurses had been worked on oncology department more than five years and didn't participate in in-services training about communication with cancer patients. This result was agreement with **Khan et al., (2013)**, who assess the oncology nurses' existing level of knowledge, skills and attitude regarding chemotherapy administration . They found that nurses have been work in oncology department for 5- years and had received oncology course certification from the Army school of Nursing.

Concerning to working shift and participating in in-services training the finding explained high percent were worked in a day shift and didn't participate in in-services training regarding communication .this result was contradicting with **Norouzinia.,etal (2016)** who assess Communication Barriers Perceived by Nurses and Patients and they reported that the majority of nurses had a circulating shift and participated in in-services training .

Pediatric Oncology Nurses' Communication Skills

The result of current study illustrated that there was a significant improvement in nurse's communication skills after program implementation. This may be due to most of nurses had strong desired to help child as well training program promoted their self confidence to maintain professional relation. This result in the same line with **Khodadadi et al (2013)** who evaluated the impact of communication skills training on quality of care, self efficacy, job satisfaction and communication skills of nurses. They found significant difference in nurse's quality of communication skill after intervention.

This result was disagreement with **Curtis., (2014)**, who assess the effects of a communication skills intervention for internal medicine and nurse practitioner trainees on patient- and family-reported outcome. He found that intervention was not associated with significant changes in quality of communication.

Regarding to history talking and general communication there was significant different between pre and post test this may be related to nurses taught how to respond to difficult questions and how to communicate effectively with child and their families about treatment option as well as knowing the importance of the role of the nurse in difficult conversations with children and families. Moreover the nurses realize importance of maintained supportive environment for child with cancer disease so that work hard to establish trust relationship with child in order to overcame difficult situation with child and their families. This result in same line with **Stovall (2015)**, who measured Oncologists' communication skills performances during the simulated consultations and found that participants having significant improved skills in expressing emotional support, history taking, delivered information and maintaining supportive environment.

About verbal communication the result of present study showed that there was a significant difference between pre and post test. This may be related to many factors such as the frequent role play during program implementation, nurse's courses during study years and training learned them how to deal with situation and problems in certain events, revealed real experience during their work; additionally the nurses have been communicate with patient in rendering nursing care . This result was agreement with **Chinweuba ,et al (2013)** who investigated nurses' use of facilitating and blocking communication behaviors in cancer care and the associated personal and professional factors. They found that the facilitating communication behavior was interpersonal verbal communication such as Initiates verbal communication,(address patient using appropriate name , summarizing and explaining information).

This result was in disagreement with **Reyhani et al .,(2015)**, who investigated the effect of Training communication skills on children's nurses through role-playing. Found that no significant difference in verbal and non verbal communication after training.

In relation to non verbal communication there was a highly significant different between pre and post test this may be due to the nurses comprehend non verbal clues which enhance oncology child psychological status, frequent feedback during program sessions moreover nurses had compassion attitude of motherhood. this result was consistent with **Trepanier(2017)**, who examine the impact of a communication training intervention on nurses' perceptions of verbal and nonverbal skills, patient satisfaction with nurses' communication .the finding of his study showed that nonverbal subscale increased from a pretest mean score of 2.54 to a posttest mean score of 3.76 with a highly significant difference.

In relation to Show "content reaction" of continuing reactions and Using "influencing reaction" of leading reactions there was a highly significant difference between pre and post assessment this may be due to frequent explanation, shared discussion during implementation of training sessions moreover regular interacting with patient and families , the oncology nurses internalized principles of therapeutic communication. also the nurses were interested to offered psychological support for child, offering truth without destroying hope and managing difficult situation such as anger, and despair.

This result was in same line with **Siamian,et al (2014)**, who evaluated the interpersonal communication skills among the health care centers staff found that the highest score in Interpretation , clarification skill and feedback .

Also the result was similar with **Young(2014)**, who examine the effectiveness of a communication skills program for preclinical medical students. He found that there was significant different between pre and post intervention regarding summarizing, Discuss psycho-social issue, elicit patient's views of health problem, Explore influence of patient's problem/disease on his/her life and Explore patient's expectation or preference

Finally about self-disclosure" reactions the result explained that there was highly significant difference between pre and post intervention this may be due to training program promote communication self efficacy humanistic attitude of caring, additionally child health condition required justification of feeling.

Empathetic Skills among Oncology Nurses

The result of present study explained there was a highly significant difference between pre and post training program regarding to nurses empathetic skills especially regarding to perspective taking and compassionate care this may be due to different factors child have a cancer disease had particularly needs for psychological support so that the nurses engaged in active process to establish supportive communication environment, the nurses internalize communication principles, which enable them to understand child emotion through clarification, reflection and leading questions, work commitment in addition the nurse had a positive attitude toward cancer patients .

This result is accordance with **Alkan (2017)**, who evaluates the predictors of empathy skills and attitude towards cancer patients and association between nurses' empathy skills on attitudes towards patients with cancer. He found that nurses caring more cancer patients were associated with higher Jefferson scale score. Also the result was in the same line with **Pehrson, et al (2016)**, who reported on the development, implementation, and evaluation of a communication skills training program (CSTP) module for inpatient oncology nurses on how to respond empathically to patient. They found that Nurses' self-efficacy in responding empathically significantly increased pre- to post-training. Additionally, nurses showed empathy skill improvement. Finally, most of nurses reported feeling confident in using the skills they learned post-training and reported an increase in the use of specific empathic skills.

Level of Empathetic Skills among Nurses

The result of present study denoted there was a significant upgrade of satisfactory level of empathy this may be due to the nurses gained communication skills that enable them to clarifying child and family distress cues via verbal and non verbal communication. in addition training helped them to manage difficult situation such as giving bad news.

This result was in same line with **Nosek Gifford,and Kober (2014)**, who measured the impact of (Nonviolent Communication [NVC]) on empathy in nursing students. Results revealed an increase in empathy level at post training. This result was contradicting with **Kahriman,etal(2016)**, who revealed the effect of empathy training on the empathic skills of nurses. They found no statistical significant difference in empathy level after training

also the result was contradicting with **Pazar, Demiralp,and Erer,(2017)** , who assessed the communication skills and empathic tendency levels of female nursing students Turkish university. They found that there was no significant difference in terms of the empathic tendency levels.

Communication Self Efficacy among Nurses

The result of present study denoted that there was a highly significant difference between pre and post test regarding to nurses communication self efficacy with patients and colleagues. This may be due to various factors. Increase empathy and simplicity when communication with patients and family members, gained confidence in recognized and managed psychological status for child and their families, nurses have motivation to achieve competent nursing care .in addition the nurse work as liaison within patient and medical team in providing accurate information about patient condition and complain. So that conflict and stressors decrease among them and establish therapeutic relation between child with cancer and medical team. This result was similar to **Park et al (2015)**, who determine the relationships among individual communication competence, self-efficacy, and job satisfaction in Korean nurses in the emergency medical center setting. They found that the degrees of self-efficacy of emergency nurses were good, with higher scores.

Also the result was similar to **Norgaard et al(2012)**, who explore the impact of this training course on participants' self-efficacy with a focus on communication with both colleagues and patients. They found that the mean score for self-efficacy in communication with patients increased from 6.68 to 7.88 ($p < .001$) and in communication with colleagues from 6.85 to 7.84 ($p < .001$) immediately following the training course

Level of Communication Self Efficacy among Oncology Nurses

The result explained that there highly significant difference between pre and post assessment. This may be due to the communication skill training helping the oncology nurses to evaluate their communication skills. Also the nurses learned communication technique to address and overcame the communication challenges that hinder nurse child relation, decrease work stressors and established professional relationship with medical team. This result was consistent with **Khodadadi et al, (2013)**, who evaluated the impact of communication skills training on quality of care, self efficacy, job satisfaction and communication skills of nurses. The result showed that there was there was statistically significant difference in mean score in communication self efficacy. Also the result was similar to **Gulbrandsen,etal (2013)**, who examines the long term impact of a communication skills intervention on physicians' communication self-efficacy and the relationship between reported self-efficacy and actual performance. They found that there was a significant improved in physicians communication self efficacy and statistically significant difference immediately before and after communication skills course, and at follow-up.

III. Conclusion

The present study concluded that There was a significant improvement in nurse communication self efficacy and empathetic skills after implementing communication skill training program.

Recommendations

The present study recommended that

- Future research to assess relationship between communication skills and Professionalism among nurses.
- Implementation of a nurse communication skills training program as separate course in nursing education.
- Developing tool to assess communication competency among oncology nurses.

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