

The Application Value of Empathy Training Based on Reflective Practice Theory in Enhancing Empathy Among Young Nurses

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Abstract: *Objective:* To explore the application effect of empathy training based on reflective practice theory among young nurses. *Methods:* Fifty young nurses from Suzhou Wuzhong People's Hospital from January 2020 to January 2025 were selected as the research subjects and randomly divided into an experimental group (25 individuals) and a control group (25 individuals) using a random number table method. The control group received conventional training, while the experimental group received empathy training based on reflective practice theory for a 6-month training period. The empathy abilities and nurse satisfaction of both groups were compared. *Results:* After 1, 3, and 6 months of training, the cognitive empathy scores of the experimental group were (52.52 ± 3.28) , (57.14 ± 3.85) , and (62.35 ± 4.85) points, respectively, and the emotional empathy scores were (50.22 ± 3.98) , (53.12 ± 4.27) , and (58.17 ± 4.23) points, respectively, all higher than those of the control group [(46.72 ± 3.02) , (50.26 ± 3.54) , (56.77 ± 4.03) , (54.18 ± 4.13) , (58.99 ± 4.85) , and (63.06 ± 5.12) points], with statistically significant differences ($t = 6.504, 6.577, 4.425, 3.452, 4.542, 3.682, p < 0.05$). The nurse satisfaction rate in the experimental group was 96.00% (24/25), higher than that in the control group (68.00%, 17/25), with a statistically significant difference ($\chi^2 = 4.878, p = 0.027$). *Conclusion:* Empathy training based on reflective practice theory can effectively enhance the empathy abilities of young nurses and improve their job satisfaction, demonstrating high clinical application value.

Keywords: Young nurses; Reflective practice theory; Empathy training; Application value

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1. Introduction

Empathy is a crucial component of a nurse's core professional qualities, referring to the ability to understand a patient's emotional experiences, needs, and suffering from their perspective and provide appropriate emotional responses^[1,2]. Young nurses, as the new force in the nursing team, possess solid professional theoretical knowledge but often face challenges such as weak empathy awareness and rigid empathy

expression due to insufficient clinical experience and lack of communication skills^[3]. Reflective practice theory emphasizes promoting practitioners' critical examination of their behaviors, thoughts, and emotional responses through reflection-in-action and reflection-on-action, thereby summarizing experiences and improving practice^[4]. Applying this theory to the empathy training of young nurses helps guide them to actively identify deficiencies in empathy expression during clinical interactions, analyze the reasons in depth, and enhance their ability to perceive and respond to patients' emotions. Currently, research on the application of reflective practice theory in empathy training for nurses in China is insufficient, especially lacking systematic training programs tailored to young nurses. In view of this, this study divided 50 young nurses into groups to analyze the application effect of empathy training based on reflective practice theory. The results are as follows.

2. Materials and methods

2.1. General information

Fifty young nurses from Suzhou Wuzhong People's Hospital from January 2020 to January 2025 were selected as the research subjects and randomly divided into two groups, with 25 individuals in each group.

2.1.1. Control group

1 male and 24 females; aged 21–26 years, with an average age of (24.06 ± 1.08) years; body mass index (BMI) of 17.9–27.2 kg/m², with an average BMI of (22.54 ± 1.93) kg/m².

2.1.2. Experimental group

1 male and 24 females; aged 22–26 years, with an average age of (24.11 ± 1.02) years; BMI of 17.5–26.8 kg/m², with an average BMI of (22.58 ± 1.85) kg/m². There were no significant differences in baseline data between the two groups ($p > 0.05$), indicating comparability.

2.2. Inclusion criteria

- (1) Holding a nurse practitioner qualification certificate;
- (2) Able to complete the entire training and evaluation process.

2.3. Exclusion criteria

- (1) Presence of mental illness or cognitive dysfunction;
- (2) Severe somatic diseases;
- (3) Unable to participate fully during the training period due to reasons such as maternity leave or sick leave;
- (4) Participating in other similar empathy training programs concurrently.

2.4. Methods

The control group received conventional training, with teacher-led lectures as the core teaching method. Teachers were responsible for systematically imparting theoretical knowledge, and students summarized and mastered the knowledge through writing reflective diaries, discussing case studies, and completing after-class exercises. The experimental group received empathy training based on reflective practice theory:

(1) Theoretical foundation and cognitive awakening

Lectures were conducted by nursing psychology experts and senior head nurses, covering the core concepts and clinical value of empathy, the current status of empathy abilities among young nurses, the connotation of reflective practice theory, and the basic principles and techniques of empathy expression in nurse-patient communication. Additionally, two case analyses were incorporated during the lectures to guide students in analyzing the manifestations and consequences of insufficient empathy in clinical typical cases and discussing improvement directions based on the theory, thereby initially establishing their awareness of empathy and reflection.

(2) Practical experience and reflection training

Scenario simulations and role-plays were conducted, with students divided into three roles: nurses, family members, and patients, to experience emotions and needs from different perspectives through role rotation. After each role-play, nurses shared their performance, deficiencies, and improvement directions, which were then commented on and supplemented by trainers and other nurses. In daily nursing work, nurse-patient interaction cases with successful or unsuccessful empathy were recorded, with 1–2 cases recorded each time. A reflective diary was filled out, including the event process, the nurse's emotions, thoughts, and behaviors at the time, the patient/family member's reactions, analysis of the reasons for insufficient empathy based on reflective practice theory, and formulation of improvement measures for the next time. Trainers reviewed the reflective diaries weekly and provided one-on-one guidance to students.

(3) Skill enhancement and in-depth reflection

Group exercises and immediate feedback were conducted for high-frequency scenarios such as non-verbal expression, verbal response, and communication in conflict situations. Additionally, two group reflection seminars were organized, during which each group deeply discussed selected reflective diary cases, analyzed differences and deficiencies in empathy practice, and explored paths to transform reflection outcomes into sustained improvement motivation. Trainers provided final comments and summaries.

(4) Summary enhancement and outcome consolidation

One personal summary and plan session was arranged, during which each nurse systematically reviewed their own growth and formulated a long-term plan for enhancing empathy abilities. Finally, an experience-sharing session was held, inviting outstanding nurses to share their insights and cases, promoting experience dissemination. Trainers summarized the entire training system and emphasized the core value of reflective practice for the sustained development of empathy abilities. Both groups received continuous training for 6 months.

2.5. Observation indicators

(1) Empathy abilities

Before training and after 1, 3, and 6 months of training, the Jefferson Scale of Empathy (JSE-HP) was used for evaluation, covering two dimensions: cognitive empathy (10 items, 10-70 points) and emotional empathy (10 items, 10-70 points)^[5]. Higher scores indicated better empathy abilities.

(2) Nurse satisfaction

Assessed using a self-made satisfaction questionnaire from our hospital, covering three aspects: job achievement, harmony in nurse-patient relationships, and occupational self-worth. The total score

was 100 points, with scores of 90–100 indicating very satisfied, 60–89 indicating satisfied, and 0–59 indicating dissatisfied.

2.6. Statistical analysis

Statistical data were analyzed using SPSS 29.0 software. Count data were expressed as “n (%)” and subjected to χ^2 tests. Measurement data were expressed as “ $\bar{x} \pm s$ ” and subjected to *t* tests. A *p*-value < 0.05 was considered statistically significant.

3. Results

3.1. Comparison of empathy abilities between the two groups

Before training, there were no statistically significant differences in cognitive empathy and emotional empathy scores between the two groups (*p* > 0.05). After 1, 3, and 6 months of training, the cognitive empathy and emotional empathy scores of the experimental group were higher than those of the control group, with statistically significant differences (*p* < 0.05). See **Table 1**.

Table 1. Comparison of empathy abilities between the two groups ($\bar{x} \pm s$, points)

Group	n	Cognitive empathy				Affective empathy			
		Before training	1 month after training	3 months after training	6 months after training	Before training	1 month after training	3 months after training	6 months after training
Control group	25	35.91 ± 3.87	46.72 ± 3.02*	50.26 ± 3.54*	56.77 ± 4.03*	38.95 ± 3.72	50.22 ± 3.98*	53.12 ± 4.27*	58.17 ± 4.23*
Experimental group	25	35.99 ± 3.75	52.52 ± 3.28*	57.14 ± 3.85*	62.35 ± 4.85*	38.59 ± 3.94	54.18 ± 4.13*	58.99 ± 4.85*	63.06 ± 5.12*
<i>t</i>		0.074	6.504	6.577	4.425	0.332	3.452	4.542	3.682
<i>p</i>		0.941	< 0.001	< 0.001	< 0.001	0.741	0.001	< 0.001	0.001

Note: Compared with the same group before training, **p* < 0.05.

3.2. Comparison of nurse satisfaction between the two groups

The nurse satisfaction rate in the experimental group was higher than that in the control group, with a statistically significant difference (*p* < 0.05). See **Table 2**.

Table 2. Comparison of nurse satisfaction between the two groups (n (%))

Group	n	Very satisfied	Satisfied	Dissatisfied	Overall satisfaction
Control group	25	7 (28.00)	10 (40.00)	8 (32.00)	17 (68.00)
Experimental group	25	20 (80.00)	4 (16.00)	1 (4.00)	24 (96.00)
χ^2					4.878
<i>p</i>					0.027

4. Discussion

Insufficient empathy among young nurses can easily lead to poor nurse-patient communication, resulting in patient dissatisfaction, complaints, and even medical disputes. This not only affects the quality of nursing

services but also reduces nurses' professional identity and job satisfaction ^[6,7]. Currently, conventional empathy training for young nurses primarily focuses on theoretical instruction, where experts deliver lectures and demonstrate cases to convey empathy concepts and communication skills. This approach can quickly help nurses establish a foundational understanding and recognize the importance of empathy in clinical practice. However, conventional training relies excessively on one-way knowledge transfer, lacking immersive practical experiences. As a result, nurses can only passively receive theoretical knowledge, making it difficult to translate abstract skills into clinical behaviors. Moreover, conventional training lacks targeted reflective guidance ^[8,9].

The results of this study show that after 1, 3, and 6 months of training, the experimental group demonstrated significantly higher scores in cognitive empathy and emotional empathy compared to the control group ($p < 0.05$). This suggests that empathy training based on reflective practice theory can improve young nurses' empathy abilities. The professional lectures delivered by nursing psychology experts and senior nurse managers, grounded in reflective practice theory, provided nurses with a solid theoretical framework. The course content clearly explained the core concepts of empathy and distinguished between cognitive and emotional empathy. By integrating clinical realities, it highlighted the critical role of empathy in alleviating patient anxiety and reducing nurse-patient conflicts. Additionally, the course offered an in-depth interpretation of the connotations of reflective practice theory, enabling nurses to better understand how to apply the two modes of reflection, reflection-in-action and reflection-on-action, to optimize their empathetic behaviors. Furthermore, by presenting specific clinical scenarios, nurses were guided to actively analyze their own or others' deficiencies in empathy, facilitating a shift from passive knowledge acquisition to proactive thinking about improvement directions. The establishment of self-awareness in empathy and reflection laid a solid cognitive foundation for subsequent skill enhancement ^[10].

During the practical experience and reflective training phase, nurses took turns playing the roles of nurses, patients, and family members in simulated clinical settings, experiencing the emotions and needs of different identities firsthand. This deepened their understanding of empathy from theoretical cognition to emotional identification. After role-playing, nurses reviewed the strengths and weaknesses of their performances, clarified their improvement directions, and received feedback from peers and trainers on their strengths and weaknesses, enhancing their awareness. The continuous recording of reflective journals, with detailed descriptions of interaction processes, personal emotions and behaviors, and patient and family responses, enabled nurses to better analyze the underlying causes of empathy deficiencies. Weekly one-on-one guidance ensured the depth and effectiveness of reflection, allowing nurses to steadily improve their empathy abilities through cycles of practice and reflection. Personal summaries enabled nurses to comprehensively review their growth journeys during the training period, identify empathy shortcomings, and develop targeted, personalized long-term improvement plans. Sharing clinical cases where empathy was successfully applied by outstanding nurses provided practical examples for reference, facilitating the widespread dissemination of excellent experiences. Finally, the lasting value of reflective practice theory was re-emphasized in the concluding summary, guiding nurses to internalize reflection as a professional habit and ensuring continuous self-optimization in future clinical work. The results of this study show that nurse satisfaction in the experimental group was significantly higher than that in the control group ($p < 0.05$), suggesting that empathy training based on reflective practice theory helps improve nurse satisfaction. The reasons are as follows: Through systematic empowerment from theory to practice, the training enabled

nurses to gradually master empathy communication skills, allowing them to respond to negative emotions more calmly and find a sense of self-worth, thereby reducing frustration caused by insufficient abilities. After the training, improved empathy skills enabled nurses to proactively inquire about patients' feelings and respond patiently to their needs, making patients feel understood and respected. This reduced nurse-patient communication conflicts, meaning nurses did not need to frequently handle complaints and nurse-patient confrontations, creating a more harmonious work atmosphere. Meanwhile, positive feedback from patients provided nurses with positive incentives, giving them a sense of job accomplishment. Additionally, during the training, nurses felt supported and attended to through peer evaluations during role-playing, one-on-one guidance for reflective journals, and positive incentives from experience-sharing sessions. The learning methods were more diverse, and nurses were more proactive. The guidance in personal summaries and long-term planning made nurses feel their own growth, strengthening their identity and sense of belonging in nursing work and thus significantly improving satisfaction.

5. Conclusion

To explore the application value of empathy training based on reflective practice theory among young nurses, 50 young nurses from Suzhou Wuzhong People's Hospital were selected and randomly divided into an experimental group and a control group, with 25 nurses in each group. The control group received conventional training, while the experimental group underwent systematic training based on reflective practice theory over a 6-month period. The empathy abilities and nurse satisfaction of the two groups were compared. The results showed that after 1, 3, and 6 months of training, the experimental group demonstrated significantly higher scores in cognitive empathy and emotional empathy compared to the control group ($p < 0.05$). Nurse satisfaction in the experimental group was 96.00%, much higher than the 68.00% in the control group ($p < 0.05$). The study indicates that this training model, through theoretical foundation-building, practical reflection, skill enhancement, and outcome consolidation, can effectively guide young nurses to proactively reflect on deficiencies in nurse-patient interactions, improve their empathy perception and response abilities, while also improving nurse-patient relationships, enhancing nurses' professional identity, and significantly increasing their job satisfaction. In conclusion, empathy training based on reflective practice theory has important clinical application value in improving the core competencies of young nurses and optimizing the quality of nursing services, making it worthy of promotion.

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Disclosure statement

The authors declare no conflict of interest.

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