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The effects of psychodrama on midwifery students' empathy levels

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ABSTRACT

Aims: The objective of the current research is to determine the effects of psychodrama group sessions on midwifery students' empathy levels.

Methods: This study was a quasi-experimental design study. The research was conducted with third-year students of a midwifery school in İstanbul. Thirteen volunteer students took part in the psychodrama group sessions. Empathy was assessed using the Midwifery Empathy Scale. Descriptive statistics were used to report questionnaire findings. Six psychodrama group sessions were conducted to reveal and improve students' experiences regarding the processes affecting their empathy. In the group sessions, statements were also presented showing that students' empathy skills had improved.

Results: While the empathy levels of the students were similar at the beginning of the study, the empathy levels of the students who participated in the psychodrama group study increased at the end of the study. Students' own birth experiences and memories from early childhood were studied during psychodrama group sessions. During the group sessions, students reported that they could empathise better with women in the childbirths they attended.

Conclusion: The findings highlight the need to heal students' traumas in order to facilitate their awareness of empathy and to prevent the said traumas from being reflected in their professional lives.

Keywords: Psychodrama, midwifery, students, empathy

INTRODUCTION

The midwifery profession, which takes an essential place in women's health, is one of the oldest professions in written history (Beyinli, 2014). Although midwifery has changed over time, its most important characteristic is the concept of being 'with women.' "Being with women" has been accepted as the core of the profession and has formed the definitions of midwifery practices and standards at national and international levels (Bradfield et al., 2018). The International Confederation of Midwives (ICM) defines a midwife as a reliable and responsible professional who cares for women during pregnancy, childbirth, and the postpartum period, provides the necessary training, helps women deliver under her management, cares for newborns, and acts together with women (ICM, 2024). It is known that no device/medicalisation can replace the continuous emotional and physical support provided to women based on empathic communication throughout the labour and that this support of the midwife is unique (Aktaş ve Pasinlioğlu, 2016; Leinweber & Stramrood 2024; Hijazi et al., 2024, Jin et al., 2022). Studies in the field of midwifery have stated that women's greatest expectation from midwives during childbirth is that midwives provide care based on empathic communication skills (Gaskin, 2015).

Empathy is the ability of an individual to put themselves in another person's place and understand their feelings, thoughts, and behaviors. Empathy has cognitive and emotional dimensions. In order for an individual to be able to empathize with another individual, they must first be able to cognitively distinguish between themselves and the other person and cognitively discern what emotional state the other person is in (Ersoy & Köşger, 2016).

Empathy helps to establish strong and healthy relationships, increase communication, and decrease conflict (Dökmen, 2012). Whereas empathy is traditionally defined in healthcare as the cognitive ability to understand others' experiences by "stepping into someone else's shoes," it is a basic component of all therapeutic relationships and is a part of quality patient care (Hojat et al., 2015). In the healthcare field, empathy is defined as understanding the patient's experiences, concerns, and views, primarily of a cognitive nature (Guilera et al., 2018; Lamothe et al., 2016). It has been demonstrated that a midwife's good empathic skills prevent professional burnout, increase job satisfaction and sensitivity to helping in the profession (Charitou et al., 2019; Halldorsdottir & Karlsdottir, 2011), humanise childbirth, and prevent over-medicalisation

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of childbirth (Moloney & Gair 2015). Moreover, the empathic approach increases birth satisfaction with the care, compassion, respect, and presence of the midwife (Charitou et al., 2019). Midwives' empathic communication impacts the quality of the care provided. Studies have shown that qualified midwifery services are effective in reducing medical interventions during childbirth, coping with labour pain, having a positive childbirth experience, reducing hospital costs, etc. (Dahlberg & Aune, 2013; Hatem et al., 2018; Sandall et al., 2010).

Carl Rogers defines empathy as the ability to "feel the client's private world as if it were your own." Despite the simplicity of the definition above, debates whether empathy is an innate trait or a skill that can be taught and developed later are still continuing (Richardson et al., 2015). It is reported that empathy can be developed through undergraduate and graduate education in healthcare services. Among studies on the effectiveness of empathy training with nurses and midwives, there are publications indicating that empathy scores can be improved after training (Bas-Sarmiento et al., 2017; Brunero et al., 2010; Özcan et al., 2010; Oflaz et al., 2011; Aktas & Pasinlioğlu, 2021). Some emotions rise to the surface in the patient-caregiver relationship, as in all interactions. While helping patients, caregivers experience numerous emotions such as joy when things go well, disappointment when complications develop, anger when the woman is demanding, etc. As individuals, it is challenging for caregivers to be aware of their own emotions in theoretical courses on communication. Hence it is asserted that the therapeutic elements of group activities and group dynamics help caregivers gain insight (Oflaz et al., 2011).

Psychodrama can effectively increase midwifery students' empathy skills. Psychodrama is based on the integration of philosophy, sociology, and psychological theories. Psychodrama ensures that individuals gain awareness in their relationships. As specified by Moreno, the founder of psychodrama, individuals can encounter all the people they are in a relationship with the concept of "tele," which includes mutual unconscious communication between individuals, and "surplus reality" in the psychodrama scene. Thus, concrete improvements and progress can be achieved in the individual's emotional world. In a psychodrama session, the protagonist work of a group member can be an eye-opener for the others watching it (Altınay, 2015). Psychodrama allows participants to re-experience the events they have experienced before for the second time, so that they can get rid of the impacts of their previous experience. All of these happen simultaneously with joy, tears, laughter, and deep emotions (Karabekir, 2016). A psychodrama session generally consists of three sections; warm-up, enactment and sharing during which individuals can share their experiences with the rest of the group. A fourth element, known as 'processing,' is used for educational purposes. Warm-up helps to create an atmosphere where individuals can begin to trust the director, the group, and the method. During the enactment, group members experience a change in role boundaries by playing another role through role reversal. Sharing is a time for group catharsis and integration. Role reversal, doublind and mirroring are the basic techniques used in this effective method (Altınay, 2015).

Studies on the effectiveness of psychodrama have reported that it incresaes self-awareness in nurses (Oflaz et al., 2011), improves empathy and self-awareness skills of counselling undergraduate students (Dogan, 2018), and incresaes psychological empowerment and reduces burnout (Özbaş and Tel, 2016). Furthermore, the systematic review reported that psychodrama decreases individuals' fear, loneliness, hopelessness, burnout, aggression, anxiety, and depression levels while increasing their problem-solving, overall quality of life, spontaneity, and social functions (Orkibi and Feniger-Schaal, 2019). No study in the literature has examined how psychodrama group sessions can impact empathy and its effects on midwifery students' empathy levels. In this respect, the current study aimed to improve midwifery students' empathy skills through psychodrama group sessions.

Research Questions

- Is psychodrama effective in increasing the empathy levels of midwifery students?
- How does studying their own birth experiences and memories of early childhood affect students' awareness?

METHODS

Ethics Approval and Consent

Institutional permission for this study was obtained from the Marmara University Faculty of Health Sciences Non-interventional Clinical Studies Ethics Committee (Date: 28.12.2023, Decision No: 2023/144) and Marmara University Faculty of Health Sciences Dean's Office. Midwifery students who volunteered to participate in the research filled out the relevant forms and the scale during data collection face-to-face. Permission was received via email from the individuals who performed the Turkish validity and reliability study of the "Midwifery Empathy Scale-Revised Form" used in the study. The ethical requirements specified in the Declaration of Helsinki were fulfilled throughout the study.

Study Design

This study was a quasi-experimental design study. In order to provide a more comprehensive understanding of the effects of psychodrama group sessions, the content of the psychodrama group sessions conducted with midwifery students and the group members' sharings about empathy are presented in the findings.

Setting and Procedure

The midwifery education in Turkiye is provided at the undergraduate level for 4 years after high school, and practical training is provided in a hospital setting in addition to theoretical courses. Theoretical courses include Communication in the 1st year and Pregnancy and Childbirth Psychology in the 2nd year. Clinical practices are conducted with the support of hospital education midwives, clinic responsible midwives, and responsible faculty members. Prior to the study, the first author informed students about the study's purpose, method, and content in a face-to-face classroom setting on a day when they were at school, and the students were invited to participate in the study. The participants were also informed about the principles of group therapy (arriving on time, confidentiality, etc.). The research was carried out in the Midwifery Department of Marmara University, Faculty of Health Sciences, a public university in Istanbul, during the spring semester of the 2023-2024 academic year. The study's population comprised eighty-two 3rd-year students registered in the Department of Midwifery

at Marmara University, Faculty of Health Sciences, between March and June 2024. The study included 3rd-year midwifery students who successfully completed the childbirth course. It was planned to exclude students who wanted to leave the study, filled out the data collection form incompletely, and were absent from psychodrama group sessions for more than one session; however, all students completed the study. After being informed about the study, 60 students constituted the study's sample. Thirteen out of 60 students agreed to take part in the psychodrama group sessions. All students who participated in the group were female because men are not accepted into midwifery education in Turkiye. The 13 students who agreed to take part in the psychodrama group sessions were informed about the day, time, and place of the group sessions. At the beginning and end of the study, all students filled out the research forms simultaneously in the classroom setting.

Psychodrama Group Sessions

Group session were conducted with students who take part in psychodrama group sessions in a classroom in the Faculty of Health Sceinces of Marmara University as 6 sessions (FBB), once in 2 weeks. The sessions were conducted with the first author, the group manager, and the psychodrama therapist FBB, experienced in psychodrama group management, and other researchers (ENK and ZG). Concerning security issues, the students were also assured that counselling would be provided after the study if necessary, and the director gave them a contact address. The director (FBB) and two assistant researchers (ENK and ZG) were present in each session of the psychodrama group sessions. The sessions included the three main phases of psychodrama (warm-up, enactment, and sharing) and lasted 90-100 minutes. The basic techniques of psychodrama, role reversal, doubling, and mirroring, were used in the sessions. During the group sessions, one researcher (ZG) took written notes continuously. Following each group session, the researchers evaluated the session after the group members left. The assistant researchers also served as facilitators throughout the group process. After the group sessions, all researchers discussed the session in detail and completed any deficiencies in the notes. The students' statements in the notes thought to be related to empathy and the content of the group sessions are presented in the findings section.

Preparation of the Sessions

Prior to the group sessions, the classroom was prepared before the group session: chairs were placed in a circle, and cushions, various figurines, small toys, etc. were placed in the room. Each session's structure was based on psychodrama warm-up and enactment in order to help midwifery students reveal their experiences in the care setting and talk about them.

Data Collection

Data collection tools: The "Personal Information Form" prepared by the researchers in line with the literature and the "Midwifery Empathy Scale-Revised Form" were used to collect the research data.

Personal Information Form: The personal information form prepared by the researchers includes questions about individuals' socio-demographic characteristics (age, marital status, educational status, year of education, etc.).

Midwifery Empathy Scale-Revised Form (MES-RF): Vivilaki et al. developed the scale in question in Greece in 2016. The scale comprises 22 questions that assess empathic skills and empathic tendency. Items 4, 5, 6, 9, 11, 15, 18, and 19 were removed since they did not receive sufficient scores in the Turkish validity study (Sevinç, 2019). Each item is a Likert Scale scored from 1 to 6. Items 4, 5, 8, and 14 on the revised Turkish scale are coded reversely. The level of empathy decreases with an increase in the total score. Considering Cronbach's alpha value of the Midwifery Empathy Scale, Cronbach's alpha coefficient of the 22-item scale first developed by Vivilaki et al. (2016) was 0.54, it was 0.72 in the validity study performed in Austria (Jordan et al., 2024), Cronbach's alpha coefficient was 0.71 in the 14-item Turkish validity study conducted by Sevinç (2019) in Turkiye, and it was 0.72 in the present study.

Statistical Analysis

The research data were analysed using the SPSS (Statistical Programme for Social Sciences) package programme. Frequency and percentage distributions, mean±standard deviation (min-max) values were used in the data assesment. The Mann-Whitney U test was used to assesment the difference between the study and control groups before and after the intervention. A $p<0.05$ value was accepted as statistically significant.

RESULTS

Participant Characteristics

Sixty students participated in the first measurement of the study. The students' mean age was 21.13±0.91 (20-24), and all were single. Of the students, 51.7% lived with their families, 11.7% were employed in a regular job, and 18.3% experienced financial difficulties. It was found that 80% of the students chose midwifery education voluntarily, 33.3% considered drop out midwifery education, and 83.3% wanted to work in maternity clinics in public hospitals after graduation. When the individual characteristics of the students in the psychodrama and control groups were compared, it was determined that there was no statistically significant difference between them ($p>0.05$). The characteristics of the students are presented in **Table 1**.

Participants' Empathy Levels

Thirteen students agreed to participate in the group sessions and completed the 6-week group study. In the second measurement, all 60 students completed the questionnaires. While the students had similar empathy levels at the beginning, it was determined that the empathy skills of the students who participated in the psychodrama group sessions increased more (**Table 2**).

Findings Related to the Psychodrama Group Session

Students' own birth experiences and clinical experiences directed the psychodrama group session. A psychodrama group session was also conducted on the students' birth experiences where they felt bad in clinical practice.

Warm-Up

The first session started with sociometric introductions to ensure that group members got to know each other and to increase group cohesion. The group members were divided into smaller groups according to various characteristics

Table 1. Midwifery students' individual characteristics (n=60)

	Psychodrama group (n=13) % (n)	Control group (n=47) % (n)	p
Age, mean (SD, range)	21.30	21.08	p=0.560[a]
Place of residence			
Family home	69.2 (9)	46.8 (22)	p=0.339[b]
Student home	0	2.1 (1)	
Student dormitory	30.8 (4)	51.1 (24)	
Employment status			
Employed	0	14.9 (7)	p=0.139[b]
Unemployed	100 (13)	85.1 (40)	
Economic status			
Income does not cover expenses	23.1 (3)	17.8 (8)	p=0.754[b]
Income covers expenses	69.2 (9)	78.7 (37)	
High income	7.7 (1)	4.3 (2)	
Wanting midwifery education			
Chose midwifery voluntarily	92.3 (12)	76.6 (36)	p=0.210[b]
Entered midwifery since there was no other option	7.7 (1)	23.4 (11)	
Intention to drop out of midwifery education			
Did not consider dropping out	15.4 (2)	38.3 (18)	p=0.121[b]
Considered dropping out	84.6 (11)	61.7 (29)	
Post-graduation work plan			
Working in public health institutions	92.3 (12)	68.1 (32)	p=0.245[b]
Becoming an academician	0	21.3 (10)	
Working as a freelance midwife	7.7 (1)	6.4 (3)	
Working in a field other than midwifery	0	4.3 (2)	

Mann-Whitney U test, Pearson chi-square test, SD: Standard deviation

(those born at home/hospital, those born vaginally/through caesarean section, those who were the first infant/a subsequent infant of their mothers, those with low/high birth weight, etc.). The leader asked whether their mothers were alive and whether they had any information about their own birth experiences. Mothers of all participants were alive. Except for a few participants, most did not know a lot about their birth stories. The leader told the participants to talk to their mothers about their pregnancy, birth, postpartum period, and early childhood in as much detail as possible and that maybe they would work on these.

In order to prepare role reversal and doubling in the protagonist studies, a sculpture warm-up game was played. The leader asked the group members to close their eyes and take a deep breath. After everyone did what she said, the leader asked the group members to imagine that they were in the delivery room they last saw. The leader said that the participants were alone in the environment they imagined and asked to observe the delivery room. The leader asked, "Do you hear any sounds? An infant's voice coming from the next room, or the painful screams of a woman who is about to give birth? Please choose an object from among the things you see when observe the surroundings in this way…" After about a minute, the leader asked everyone to open their eyes and try to show the sculpture of the object they chose with their bodies. After all the members created their sculptures, the leader came to the group members and asked them what the object was and what they experienced when they were that object. The group members created the sculptures of a chair, a portable lamp, a lithotomy table, a crib, episiotomy scissors, an episiotomy suture, a radiant heater, a pump device, a treatment cart, and the door of the delivery room with their bodies. Some students chose the same object and created its sculpture. Those who had chosen the same object in the beginning did not indicate this as a problem during the closing phase. The students generally succeeded in following the instructions.

Sessions 2, 3, 4 and 5 were sessions with protagonists. In the 6th session, the sessions were concluded and closed. At the beginning of each session, group members were asked how they felt since the previous group session. After the members shared about the previous session, if any, they were asked if there were any protagonist candidates. In each session, 2-3 candidates presented their work suggestions. The candidates turned their faces to the wall, and the other group members lined up behind the candidate they selected and made their choice. The candidate that the majority chose became the protagonist. The candidates did not see the other members supporting them. The protagonists' suggestions were as follows, "I hate the midwife who helped my mother deliver during my birth," "I'm in pain when I think of my mother," "I was very scared when I saw the woman bleeding during the last birth I attended," and "What kind of a midwife will I become?" Protagonist studies were initiated with a warm-up walk. During the warm-up walk, the protagonist was supported in providing more detailed information about the suggestion they presented while the leader was walking with them counterclockwise on the stage. Enactment scenes were planned with the leader in line with the suggestions the protagonist presented during the warm-up walk.

Enactment

Since these students had no previous psychodrama experience, a few experienced difficulty with role reversal and doubling at the beginning of the dialogue. However, encouraging them to speak without judgment and occasionally asking another participant to take over so that the first participant could listen helped them to succeed in accomplishing this task. In one group, at the beginning of the role reversal, the director gave the floor to the other researchers to create a role model

Table 2. Midwifery students' empathy levels (n=60)

		Before group sessions (mean rank)	After group sessions (mean rank)
Midwifery Empathy Scale	Psychodrama group (n=13)	34.46	17.38
	Control group (n=47)	29.40	34.13
		p=0.353 Z=-.929	p=0.002 Z=-3.063*

Mann-Whitney U test

for the participants. All students appeared highly motivated, interested, and fully involved in the session during the "role reversal" and listened to each other very carefully. Studies were initiated by having the protagonists choose from among the group members the double and the other auxiliary egos they wanted to be in the scene (mother, father, midwife, physician, their auxiliary egos) to enact the scenes chosen.

During the scenes, the protagonist entered the roles of all the auxiliary egos and started by making an introductory doubling with them one by one. The examples of introductory doublings are given below:

Protagonist 1, SY (in the role of her mother during her own birth) said the following, "I am ***; I have given birth 4 times at home before. I had my 5th birth at home again, but when the midwife told me it was twins, my labour pain stopped and I couldn't give birth to my other baby. What if something happens to me? I have five more children at home. Who will look after them? I don't want to die; I'm so scared. What if something happens to the baby in my womb? Oh Allah, please help me…"

Protagonist 1, SY (in the role of the midwife during her own birth), "I am Sü***, a 50-year-old village midwife in Erzurum. I am not a certified midwife. My mother was a midwife. I became a midwife by learning it from my mother. I have been helping women deliver in this village for 20 years; there is no one better than me to help women in this village during birth..."

Protagonist 2 (in the role of her mother) indicated the following, "I'm the mother of NB; I got married at the age of 17 with my husband who is 10 years older than me by my family's decision…. I started living with my husband and his large family. From the first day I got married until my children grew up, I was subjected to violence by all my husband's relatives. I had depression after the 3rd birth; I didn't sleep, I didn't talk, and I started having hallucinations. Then my husband started taking me to the hospital and taking care of me….

Protagonist 2 (in the role of her father), "I am the father of NB, … I am a taxi driver. I don't like staying at home; I work all the time…"

Protagonist 2 (in the role of her grandmother on the father's side) said the following, "I am the grandmother of NB; my husband left me. I raised my children on my own. I live with my oldest son. I lost my other son. My daughter got divorced and lived with us for a long time with her three children. I'm so happy I have my older son; I love him so much… I see my grandchildren as my children…

Protagonist 3 (in the role of a pregnant woman), "From the first moment I entered that room and lay down on the bed, I felt insecure and helpless and experienced a lot of difficulties. It is very challenging to cope with that pain…"

Protagonist 3 (in the role of an infant) expressed the following, "I was very comfortable. I only said, "What is happening?" when I was coming out of my mother's womb. Someone was pushing me out. Fortunately, I became comfortable again after I was born. I felt very happy in my mother's arms."

Protagonist 3 (in the role of a physician), "Being a physician is a great responsibility. Everything happens in a second; the midwife next to me made my job much easier. She managed everyone. I shouldn't have made a mistake…"

Afterwards, in line with the flow of the scenes created, the protagonists were made to reverse roles with all the auxiliary egos, and doublings were made from the roles. The examples of doubling from the roles are given below:

Protagonist 1 (in the role of her mother saying to her grandmother on the father's side), "You ruined my life. I'll never forgive you…"

Protagonist 1 (in the role of her grandmother on the father's side) said the following, "You lock yourself in your room as if you were suffering a lot. Are your troubles worse than what I have suffered? I lost my son, and I don't want to share the other with you. My son is everything I have in life… I don't care at all. I have had so much pain. The things you're saying sound like a buzz to me..."

During the scenes, after the protagonist reversed the role with all the auxiliary egos, the mirroring technique was used after she was replaced by the double. In the mirroring technique, while the auxiliary egos were enacting the scene, the leader asked, "What do you see in this scene?", allowing the protagonist to look at the scene from the outside, thus increasing her awareness of what was happening in the scene.

Protagonist 2, "It was a marriage tolerated for the children… I would like my mother and father to fall in love. I would like these scenes to be very different…".

Protagonist 4, "I understood the whole team and the woman better; if the mother were educated, it would have been better."

During the scenes, the protagonist was supported to experience catharsis when she felt intense anger. The protagonist was placed in front of a large cushion representing the negative characteristics of the person she felt anger towards, and it was ensured that she vented her anger together with the auxiliary egos by chewing/kicking the cushion hard and swearing. The play was then concluded by creating new scenes as they wanted them to be in order to reconstruct the negative memories positively. At the end of each study, the students "were made to leave the role" by saying goodbye to the emotions of the auxiliary egos they had entered.

Sharing, talking about associations and their connections to daily life; after the protagonist studies, the auxiliary egos shared their roles; they shared what they experienced and felt while playing the role and answered the question, "How was it like to be in the -X- role, in the -Y- scene?" Afterwards, they gave the opportunity for all group members to make associations about their lives.

SY, the protagonist in the previous study, said the following, "After this study, I understood why my mother did not tell me her childbirth story in detail. When I talked to my mother about my birth, she used to tell me without elaborating a lot…. No matter how much I insisted, she would not tell me some things, and I felt something was missing. After the group session, I felt like I was in limbo. I experienced different feelings. … Now I understand my mother better…"

The other members said the following, "What happened in the group came to my mind a lot after the previous study. My mother is very similar... The previous study seemed very familiar to me; I also cried during the study… I think everyone finds a piece of themselves during these studies... (BC)" "I also found a lot of myself during the work… The life story of my mother is also very similar…. What happened here occasionally bothered me after the work... (NB)."

"A birth I witnessed during my internship this week was very challenging; the baby was born with difficulty, and they immediately started aspirating the baby and sent him to the neonatal intensive care unit. The mother asked, "Did it happen because of me?" and kept looking at the empty crib next to the bed until the episiotomy repair and care were completed. I witnessed her fear that something would happen to her baby, and the session conducted here last week came to my mind. I understood the woman better…" (HKK).

ÖSÇ said the following, "I also attended the childbirth of the woman my friend HKK mentioned. There was another childbirth before that one, and the woman was complaining like "Ugh, ugh, it hurts; I can feel the needle entering my body" despite the local anaesthesia applied during the episiotomy repair. However, the woman just kept looking at the empty crib in my friend's discourse and didn't react at all when the episiotomy was being repaired. I understood the woman better after the last week's session..."

Participation in this phase was based on the principle of voluntariness, and students who preferred not to talk were not forced to share their thoughts and feelings. Most students realised the connection between their feelings and their daily lives and that they could be more empathetic in their relationships. Some students said that their awareness increased when they listened to the protagonist studies in which they did not take part. Students reported that they understood women better during the childbirths they attended and that they could empathise with them more during group sessions.

Closing, talking about the sessions; a closing study was carried out in the last session of the group session. The group members were asked to evaluate and share the entire sessions process. The students were very satisfied with the group and indicated that such studies were necessary for improving empathy skills. They also added that the common points that emerged after the experiences they shared and worked on during the psychodrama group sessions surprised them and that they were encouraged when they realised this. The students said they were usually in passive listening mode in theoretical communication courses, but they had the chance to be active and share their experiences during these sessions. All members shared that they were affected by the studies carried out during the group sessions, their emotional awareness increased, and they could empathise more. A "love bombing" warm-up game was played to close the group session and for the members to provide positive feedback to each other. Each member sat on the chair placed in the middle of the group in turn and received positive feedback about themselves from all the other members, and the study was terminated. After these studies, the leader stated that the group members might not experience a one-hundred-and-eighty-degree change in an instant due to protagonist studies, but it was important to increase awareness with achievements from these studies. The leader said that the members were not alone from now on and could always apply to him or another psychodrama experience group or another therapist when needed, and the group therapy was concluded.

DISCUSSION

Among the studies in the literature aimed at improving empathy skills, there are those showing improvements in studies in which assessments are conducted with empathy scales (Aktas & Pasinlioğlu 2021; Dogan, 2018). Likewise, the current study revealed that the empathy skills of students who participated in psychodrama group sessions improved. In this study, unlike literature, we argue that students' empathy skills can be improved in the psychodrama group sessions environment owing to the opportunity to role reversal, doubling, in the different role's students, finding role models in their relationships, and developing their attitudes in the context of the study.

Within the scope of this study, each student was supported in working and talking about their own personal experiences in psychodrama group sessions. The basic phases of psychodrama, including warm-up, enactment, and sharing, were applied during each session. During the enactment phase, the awareness of the protagonists and the auxiliary egos selected for the role increased in terms of being able to empathise through the basic techniques of psychodrama, such as role reversal, doubling and mirroring. In the first group session, the selection and talking about an object used to overcome resistance in the group also facilitated the conversation within the group. It was easier to start talking about personal content through these impersonal objects. Furthermore, talking about the object helped students express their personal experiences afterwards. During the role reversal, students created a sculpture and shared what they experienced when entering the role of the object, what would be missing in the birth without them, etc. Another purpose of using an object was to facilitate role reversal. Talking about a memory and birth as an object helped students embody the emotion.

Psychodrama groups can take diverse forms, and warm-up can cover the entire session, as in the first session of the current study. As indicated by Altınay (2015), a good warm-up exercise leads to successful implementation. Role reversal in the enactment phase is one of the basic techniques of psychodrama, allowing individuals to explore the world of their peers. Entering the role facilitates empathy and enables its development. In the sharing phase, everyone talks about the feedback they received from their role and their personal memories related to the play (Altınay 2015). In the present study, most students shared their feelings about the memories of other group members. They listened to each other without making any comments.

In the closing phase, the director, researchers, and group members reviewed the entire process. The feedback from the participants was positive in this study. Students found the group sessions motivating. Students' focus was drawn to themselves and the uniqueness of their relationship with a particular pregnant woman through the psychodrama group sessions. The students noticed how their interactions with women influenced them.

Midwifery students had the opportunity to work on their own birth experiences and early childhood memories in psychodrama group sessions as part of this study. It was observed that the students' awareness increased and they were able to empathy better in the sharing sessions held after the protagonist sessions ended. Thus, it is thought that this situation increased the students' empathy levels, which were measured at the beginning and end of the study.

It is essential to train healthcare personnel as individuals who recognise human emotions, empathise, and find solutions to problems (Elkin ve ark., 2016; Jin et al., 2022; Leinweber & Stramrood, 2024). Similar to the present study, it was revealed that empathic tendencies and the satisfaction of the mothers cared for increased after 32 hours of didactic narration, creative drama, and psychodrama techniques empathy training provided to midwives working in the maternity unit (Aktas & Pasinlioğlu, 2021). In a review of the effectiveness of empathy training in nursing, 17 studies found that empathy scores were statistically higher after the training (Brunero et al., 2010). A study carried out with nurses in Turkiye found a statistical improvement in empathic communication skills at the end of the programme (Özcan et al., 2010). Dogan (2018) conducted 12 psychodrama sessions with 23 undergraduate counselling students for three months and revealed that psychodrama effectively improved counselling skills (mainly empathy) and self-awareness. These studies have shown that empathy skills can be increased in different sample groups and with different interventions. There are publications showing that shorter-term training is not effective in developing empathy skills. An experimental study conducted with 73 midwifery students in Iran showed that the empathy training programme, which included training on self-awareness and empathy skills, organised in two-hour sessions for two consecutive days, was ineffective for students in the intervention group (Tafazoli et al., 2018). Increasing the empathy skills of midwifery students is of great importance for both their personal and professional development. In order to increase the empathy skills of midwifery students, it is recommended that educational programs be reviewed, empathy-related modules such as role-playing and small group simulation applications be added to the curriculum, and trainer/mentor support be provided on empathy skills in clinical practice.

Limitations

The present article is limited to evaluating the group process and does not examine how empathic students are in practice. No follow-up was conducted on how empathic midwifery students were toward the women they cared for. The tool used to measure empathy levels in this study was a self-report instrument.

CONCLUSION

This article focuses only on increasing midwifery students' awareness of empathy through psychodrama group sessions. It was concluded that such psychodrama sessions are useful for improving students' empathy skills and can be a beneficial educational tool.

ETHICAL DECLARATIONS

Ethics Committee Approval

The study was carried out with the permission of the Marmara University Faculty of Health Sciences Non-interventional Clinical Studies Ethics Committee (Date: 28.12.2023, Decision No: 2023/144).

Informed Consent

Midwifery students who volunteered signed and free and informed consent form.

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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