

COMPASSIONATE CARE CHALLENGES AND BARRIERS IN UNDERGRADUATE NURSING STUDENTS

Khadija Al Shukaili ¹, Javed Iqbal ^{2*}, Amir Sultan ³, Afsha Bibi ⁴,
Ashfaq Ahmad ⁵, Marayam Ali Khalaf Al Tamimi ⁶, Dr. Maliha B. Thapur ⁷,
Fazal Khaliq ⁸, Dr. Gautum Laximkant Sharma, MD ⁹, Dr. Mahvesh Qureshi ¹⁰,
Adnan Yousef ¹¹, Nasir Ali ¹², Nafeesa Zafar ¹³

¹ Executive Director of Nursing, Hamad Medical Corporation Doha Qatar.

² Nursing Management Department, Communicable Disease Center-Hamad Medical Corporation Doha Qatar. PhD Scholar, University of Malaya.

*Corresponding Author Email: jiqbal3@hamad.qa, ORCID ID: 0000-0003-2627-685X

³ Assistant Professor / Principal, Tasleem College of Nursing and Health Sciences, Swat, Pakistan.

^{4, 5, 8} MSN Scholar, Ziauddin University Faculty of Nursing and Midwifery Karachi, Pakistan.

⁶ Director of Nursing-Home Health Care Service-Hamad Medical Corporation Doha Qatar.

⁷ Consultant Division of Infectious Disease/Medicine Communicable Disease Center-Hamad Medical Corporation Doha Qatar.

⁹ Improvement Advisor and Program Manager HHQI, Hamad Medical Corporation Doha Qatar.

¹⁰ Improvement Advisor and Head of Quality Improvement Hamad Medical Corporation Doha Qatar.

¹¹ Final Year MBBS Student, United Medcaill College, Karachi.

¹² Monitoring and Evaluation Specialist.

¹³ Master of Science in Public Health.

DOI: 10.5281/zenodo.10389518

Abstract

Background: A fundamental aspect of nursing care excellence is compassion. It is regarded as one of the cornerstones of patient-centered care. **Objective:** To explore the compassionate care challenges and barriers in undergraduate nursing students. **Methodology:** This study employed a cross-sectional analytical design to explore nursing students' challenges in providing compassionate care. The research utilized a convenient sampling method and collected data through an online Google Form survey. A total of 101 nursing students were part of this study. **Result:** Key challenges include workload inconsistencies (58.4% yes), organizational neglect of nurse needs (79.2% yes), lack of compassionate role models (52.5% yes), focus on routines over patients (58.4% yes), gender bias in compassionate behaviour (64.4% yes), absence of holistic care (60.4% yes), nurses' attitudes (79.2% yes), implausible friendliness in medical relations (70.3% yes), and language barriers (65.3% yes). **Conclusion:** The findings reveal significant challenges in compassionate care among undergraduate nursing students, notably in workload management, organizational support, role modelling, gender biases, and communication barriers. Addressing these issues is crucial to enhancing nursing education and fostering a more compassionate healthcare environment, emphasizing the need for targeted interventions and supportive policies in nursing curricula.

Keywords: Compassionate Care, Challenges, Barriers, Undergraduate Nursing Students.

INTRODUCTION

A fundamental aspect of nursing care excellence is compassion. It is regarded as one of the cornerstones of patient-centered care(1). Caring for patients' pain and needs and actively working to help them achieve overall well-being is compassion among healthcare professionals (2). Therefore, exhibiting compassionate behaviours is crucial in addition to having the knowledge and technical abilities needed to handle situations (3). Compassion is the cornerstone of nursing care and the foundation of ethical standards (4). In recent decades, the importance of compassion-based care between nurses and patients has increased. In literature, mercy, sympathy, action, and cuddling exemplify compassion.

Additionally, compassion encompasses understanding, respect, and acknowledgement of one's characteristics in addition to essential care (5). Treating the patient's illness and ending their suffering are the primary goals of a nurse's compassionate actions. Providing exceptional nursing care to their patients improves their well-being and standard of living(6).

Nurses and other healthcare providers must ascertain and respect their patients' opinions, values, and beliefs. Despite this, literature has explored compassion as the nursing profession's lost skill (7). According to the Agency of Healthcare Research and Quality, 10.8% of patients felt that healthcare personnel did not listen to what they had to say, did not clarify what was going on and how things should be done, and did not spend enough time with them. In addition, 3% of patients said nurses treated them disrespectfully in the Care Quality Committee study (8). Patient happiness is still a pipe dream, even in a complex and sizable organization like healthcare services. There are certain obstacles related to the nurse-patient connection, even though compassion-based care is crucial for improving patient satisfaction, making it easier for patients to return home, and lowering treatment costs (9, 10). The ability to provide competent care requires knowledge. Nursing students learn about common ailments and nursing care for their nursing theoretical education (11)

The community's culture may also impact the communication between the nurse and the patient. The supporting and professional tasks nurses provide are not acknowledged in Iranian society, where nurses are primarily seen as healers and carers (12). Esmaeili et al. demonstrated that several variables might serve as barriers to holistic care, including a lack of support networks, a lack of cooperation within the medical team, a lack of motivation among nurses, and a lack of a holistic approach (13). Kwak et al. believed that the barriers to high-quality care include shortage of nursing staff, lack of time for caring, lack of knowledge in nurses, and lack of equipment(14). The society's culture and religion may have an impact on these hurdles. In Islamic nations, including those in the Middle East, religion significantly impacts the standard of nursing care (8). high-commitment human resource practices favourably impact nurses' compassionate caregiving style (15)

According to Manongi et al., impediments to nurse-patient communication are related to the agreements and conflicts between nurses and patients. Most patients think that disparities in language, age, and sex, severe workloads, and irritable nurses cause obstacles. According to nurses, the obstacles to patient-nurse contact are an excessive workload and difficulty of the work, a lack of facilities, physical and mental exhaustion, and the absence of an appreciative system (16). Considering the scarcity of nurses in Pakistan, they must work up to 16 hours a day, lowering the standard of care (17). Compassionate care is fundamental to nursing, impacting patient outcomes and satisfaction (18). Understanding the challenges nursing students face provides insights into potential gaps in their education and training, which are vital for developing competent and empathetic healthcare professionals.

METHODOLOGY

This study employed a cross-sectional analytical design to explore nursing students' challenges in providing compassionate care. The research utilized a convenient sampling method and collected data through an online Google Form survey. Data was collected using a structured questionnaire distributed via Google Forms. The data

collection tool was prepared with the help of literature, comprised of a questionnaire containing demographic questions and statements addressing challenges and barriers related to compassionate care. The questionnaire included nine items: workload inconsistency, organizational support, role models, and other factors impacting compassionate care. The internal consistency has been calculated on 10% of the total sample size, and the Cronbach value is 0.666.

The survey targeted 101 nursing students from various academic years, ensuring representation from all four years of study. This study's participants were limited to currently enrolled nursing students aged 18-30 years, representing the typical undergraduate age range. Both male and female students from all four academic years (Year 1 to Year 4) were included. Exclusions included non-nursing students, individuals over 30 years, and postgraduate nursing students. These criteria were applied to maintain a focused and relevant participant group, ensuring insights specific to challenges faced by undergraduate nursing students. Quantitative data obtained from the survey responses were analyzed using SPSS version 26. Descriptive statistics such as frequency and percentage were utilized to summarize demographic information and challenges faced by nursing students. Independent sample t-tests and ANOVA tests were used to explore associations between demographic variables and challenges, providing valuable insights into the factors influencing compassionate care challenges among nursing students. Ethical approval was obtained from the relevant institutional review board. Informed consent was obtained from all participants before participating in the survey, ensuring their willingness and understanding of the study's purpose and use of the collected data.

RESULT

Table 1: Demographic Information of the Participants n=101

Variables	Frequency	Percent
Age		
18-25	72	71.3
26-30	11	10.9
Above 30	18	17.8
Gender		
Male	80	79.2
Female	21	20.8
Clinical Area		
Medical	49	48.5
Surgical	6	5.9
ER	17	16.8
ICU	17	16.8
Others	12	11.9
Academic Year		
Year 1	29	28.7
Year 2	19	18.8
Year 3	9	8.9
Year 4	44	43.6

The table provides demographic information about a group of individuals, primarily focusing on their age, gender, clinical area, and academic year. Regarding age distribution, most participants (71.3%) fall in the 18-25 age group, followed by 10.9% in the 26-30 range and 17.8% above 30. Regarding gender, 79.2% are male, while 20.8% are female. The participants are diverse in their clinical areas, with 48.5% in

medical, 5.9% in surgical, 16.8% in ER, 16.8% in ICU, and 11.9% in other areas. Regarding the academic year, 43.6% are in Year 4, 28.7% in Year 1, 18.8% in Year 2, and 8.9% in Year 3.

Table 2: Compassionate Care Challenges and Barriers in Undergraduate Nursing Students

Statements	No%	No-idea%	Yes%
Inconsistency between the workload and its allocated time	13.9	27.7	58.4
Inattention to the needs of the nurse by the organization	12.9	7.9	79.2
Lack of a role model for compassionate behaviour	31.7	15.8	52.5
Focus on routines instead of patients	37.6	4.0	58.4
Gender as the determining factor of compassionate behavior	21.8	13.9	64.4
Lack of a holistic approach to providing care	31.7	7.9	60.4
Personal and professional attitude of nurses	15.8	5.0	79.2
The implausibility of friendly behavior in medical relations	17.8	11.9	70.3
Lack of a mutual language between the nurse and the patient	32.7	2.0	65.3

Table 2 presents undergraduate nursing students' challenges and barriers in providing compassionate care. The table categorizes these challenges into three responses: "No," indicating the absence of the challenge; "No-idea," indicating uncertainty; and "Yes," indicating the presence of the challenge. The challenges explored include inconsistencies between workload and allocated time (58.4% yes), inattention to nurse needs by organizations (79.2% yes), absence of compassionate behavior role models (52.5% yes), focus on routines rather than patients (58.4% yes), gender as a determinant of compassionate behavior (64.4% yes), lack of a holistic care approach (60.4% yes), personal and professional attitudes of nurses (79.2% yes), the implausibility of friendly behavior in medical relations (70.3% yes), and the absence of a common language between nurses and patients (65.3% yes).

Table 3: Association of Demographic Variables with Challenges and Barriers

Variables	N	Mean	Std. Deviation	P-value
Gender				
Male	80	12.6250	3.99485	0.627
Female	21	13.0952	3.79348	
Clinical area				
Medical	49	12.9796	3.67701	0.348
Surgical	6	14.1667	4.40076	
ER	17	10.9412	4.72322	
ICU	17	12.8235	3.43211	
Others	12	13.3333	4.11943	
Academic Year				
Year 1	29	12.7586	4.29830	0.313
Year 2	19	11.5789	4.31169	
Year 3	9	12.3333	3.96863	
Year 4	44	13.2727	3.52640	
Age				
18-25	72	12.3889	4.01951	0.348
26-30	11	14.0909	2.73695	
Above 30	18	13.2222	4.18057	

Table 3 analyses the link between demographic factors and challenges in compassionate care among nursing students. There are no significant differences in challenges based on gender ($p=0.627$), clinical area ($p=0.348$), academic year ($p=0.313$), or age groups ($p=0.348$). In summary, gender, clinical area, academic year,

and age do not appear to influence the challenges faced by nursing students in providing compassionate care.

DISCUSSION

Compassionate care directly influences patients' emotional well-being and can positively impact their recovery (19). Understanding nursing students' challenges in delivering compassionate care is crucial to enhancing patient experiences and outcomes.

Present findings revealed that 58.4% said workload is a barrier to providing compassionate care. These findings are similar to the previous study conducted in China; most participants agreed that workload is a barrier to providing compassionate care (20). The prevalence of workload as a barrier highlights the importance of addressing this issue in nursing education and healthcare policy. A high workload can lead to stress, fatigue, and burnout among nursing professionals, ultimately affecting their quality of care (21). It is crucial for nursing education programs to equip students with effective time management skills, resilience strategies, and coping mechanisms to handle demanding workloads without compromising the compassionate aspects of care.

Moreover, the present findings show that 79.2% of inattention to nurse needs by organizations. Another previous study also found the same barrier (22). Nurses can become more compassionate by offering professional development and organizational support (23).

Current findings reveal that there are no significant differences in challenges based on gender ($p=0.627$). In contrast, another study found a different result that gender was associated (24). In the present study, compassionate care challenges might stem from institutional or systemic factors that affect all students uniformly, regardless of gender.

Current findings show that 52% agreed that lacking a role model for compassionate behaviour is also challenging. In this regard, a study suggested that the learner may be impacted by the model's standing, its authority or control, or the response topography it employs (25). The importance of positive and sympathetic role models in nursing education is underscored by this finding, which calls for educational institutions to acknowledge their importance. Nursing programs may be able to support their students' development of empathy and compassion by giving them compassionate role models. This will ultimately improve the standard of compassionate care given in healthcare settings.

Furthermore, the current study found that 72% agreed that nurses' Personal and professional attitudes influence compassionate care. Similarly, a study found that Almost half of the participants commented on the detrimental consequences of low staffing levels and the attitude of the nurses toward the provision of compassionate care, making staffing levels the last barrier they mentioned (26). Encouraging a compassionate healthcare environment requires addressing these attitudes and ensuring that staffing levels are sufficient. To improve the general standard of patient care, organizations and healthcare institutions should prioritise training programs and other forms of support that encourage good attitudes and compassionate actions among nursing staff.

CONCLUSION

The findings reveal significant challenges in compassionate care among undergraduate nursing students, notably in workload management, organizational support, role modeling, gender biases, and communication barriers. Addressing these issues is crucial to enhancing nursing education and fostering a more compassionate healthcare environment, emphasizing the need for targeted interventions and supportive policies in nursing curricula.

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