

Understanding compassionate care behaviour of Nurses in developing countries: A qualitative investigation from public sector hospital of Pakistan

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ABSTRACT

Today's healthcare sector is striving to provide medical services that satisfy a patient both physically and mentally. The state of the art medical facilities may endow patients' physical health but patients' emotional well-being depends on how healthcare personnel treat patients during the curing process. In this regard, the extant literature suggests that compassionate care behaviour of healthcare personnel plays the leading role. However, scant attention has been paid to understand the phenomena of compassionate care in developing countries. Therefore, current study aims to conduct an in-depth qualitative phenomenological investigation from a healthcare sector of a developing country i.e., Pakistan. For this purpose, current study conducts semi-structured interviews of registered nurses of a public sector hospital. This study selects nurses as unit of analysis because patients deal the most with nursing staff during their stay in the hospital. The findings of current study revealed that nursing staff have comprehensive understanding of a compassionate care behaviour. Nursing staff actively pursue to provide compassionate care to patients in distress which is motivated by some personal and professional factors. In addition, current study tries to explore the organizational factors that contribute to enhance compassionate care behaviour among nurses in public sector hospitals. In doing so, this study makes several theoretical and practical contributions to the extant literature on compassionate care behaviour.

Keywords: Compassionate care, High commitment, Human resource practices, Compassion, Developmental performance appraisal

Original Research Article

INTRODUCTION

Compassion is a multidimensional concept and has been defined by various authors as a sentiment, motivation, emotion, sensitivity or feelings to one's own or other sufferings with a commitment to alleviate and prevent it (Gilbert, 2014; Goetz *et al.*, 2010; Jazaieri *et al.*, 2014; Strauss *et al.*, 2016). Compassion is a Latin word means suffering with or suffers together and compassionate care is the action to relieve the suffering of those in misery (Gilbert, 2014). However, literature elaborates the importance of self-compassion before showing compassion towards others (Krieger *et al.*, 2016; Ledoux, 2016; Mills *et al.*, 2015). Self-compassion

is the base to cultivate compassion for others. The prior study results showed that a combination of personal qualities and attributes were essential to generate compassion among individuals (Gilbert, 2014). These personal attributes are ability to understand self and others and motivation to act to alleviate those who suffered.

Compassionate care is one of the emerging research areas in healthcare, nursing and management disciplines. It has two components; first you have awareness of another's suffering and then you must respond or act appropriately to relieve that suffering (Schantz, 2007). Compassionate care enables the nurses to build

good therapeutic relationship through being there recognizing distress and emotional connection with those in need. In this contemporary era, a compassionate interaction in healthcare sector is highly desirable. Despite its high need, scant attention has been paid to investigate how compassionate care ordained and what it means to healthcare professionals. A compassionating deficit behaviour compromises nurses' therapeutic use of self in delivering quality care to patients. Compassionate care has become a pressing issue (Mills *et al.*, 2015).

Nurses remain in continuous contact with patients all over the world, therefore, compassionate care behaviour of nurses is increasingly becoming a universal concern (Scott, 2014). Furthermore, a large number of research reports emphasize the importance of compassionate care as an integral part of nursing care (Francis, 2013; Parliamentary *et al.*, 2011). The link between compassion and nursing is not new. Caring or compassion is central to nursing practice (Schantz, 2007; Gilbert, 2010; Bramley *et al.*, 2014). Additionally, compassion is a strong bond between the nurses and patients that unites them in difficult times (Gilbert, 2010; Ozawa-de Silva *et al.*, 2012). Throughout nursing history, compassion has been regarded as a quality ally with an individual character. Compassion is not a quantifiable skill rather an emotion, feeling, and kindness towards other (Straughair *et al.*, 2019). Meanwhile compassionate care behaviour is desirable in both health and social care settings. In healthcare sector, Florence Nightingale (Rafferty, 2011) accentuate the importance of compassion in nursing practice. Compassion is at the core of nursing practice and considered as a distinct quality that most of nurses possess. Compassionate care provided by nurses is the behaviour individually perceived by the patients in the provision of quality care (Caldwell, 2017).

The plenty of literature stating that organizational investment in high commitment human resource practices namely staffing/recruitment, training process, performance appraisal, internal and external equitable rewards may provide employees with impetus needed to remain motivated. These motivated employees willingly endeavor to serve the public and contribute

positively toward organizational goals (Jiang *et al.*, 2012; Cole-King *et al.*, 2014; McClelland *et al.*, 2014; Mostafa *et al.*, 2015). A study conducted by Cole-King and Gilbert (2014) indicated that organizational factors influence the compassionate care behaviour of health care professionals (Cole-King *et al.*, 2014).

The extant literature, for instance, Chen *et al.*, (2017); Snell and Dean (1992) and Whitener (2001) classified high commitment human resource practices (HCHRP) in five different dimensions. These dimensions include selective staffing, comprehensive training, developmental performance appraisal, internally equitable rewards and externally equitable rewards. HCHRP practices are absolutely related to proactive customer service performance (Chen *et al.*, 2017). Compassionate care is also an indicator of performance and current study anticipates that HCHRP may also influence compassionate care behaviour of healthcare professionals in developing countries like Pakistan. Additionally, several other studies found that high commitment human resource practices significantly impact store work efforts and store performance. Though, work efforts and store performance do not directly measure the output of healthcare professionals. However, work efforts and store performance are the direct indicators of performance and compassionate care is also an indicator of performance of healthcare professionals (Chang, 2006; Lin *et al.*, 2014). Therefore, the aim of the study is to explore nurses' current level of awareness regarding compassionate care behaviour and to what extent they think this behaviour relates with high-commitment human resource practices. In so doing, current study advances the body of knowledge on an emerging stream of research and contributes to scholarly discourse which endeavours for in-depth understanding of compassionate care behaviour.

MATERIALS AND METHODS

Design and sampling technique

A phenomenological study design was used to explore nurses' current level of awareness regarding compassionate care behaviour and to what extent they think this behaviour relates with high-commitment human resource practices. This

qualitative research design is the suitable approach to explore the personal beliefs, perceptions, subjective experiences and provides in-depth understanding of processes and contexts in different settings (Maxwell, 2012). The target population was registered staff nurses of public sector hospital situated in Lahore, Pakistan. Pakistan is a developing country and offers dynamic environment to examine a novel concept in the context of developing countries. Purposive sampling technique was used to select twelve participants. The reason for purposive sampling was to maintain richness of the data for data collection (Onwuegbuzie *et al.*, 2007). An information sheet with detailed description of study purpose was provided to all participants.

Interviews

Twelve registered staff nurses voluntarily continue to be part of the study. Four of these were excluded due to busy schedule or some domestic and workplace circumstances. This resulted in total of eight participants being interviewed via face to face contact until data saturation achieved. The aim of these separable interviews was to unravel respondents' subjective experiences, beliefs and opinions on the topic of interest. The primary intention of these qualitative interviews was to delineate the subjective findings of participants (Proctor *et al.*, 2010). The participant's interviews were semi-structured that allowed them to discuss important issues whereas the utilization of topic guide facilitated the interactions among participants and researcher. Semi-structured interview guide adapted from different qualitative studies was used to explore the awareness of nurses regarding compassionate care behaviour and to what extent they think this behaviour relates with HCHRP. The interviews were conducted by a member of research team that lasted from 30 to 50 minutes and recorded with an audio recording device.

Analysis

The qualitative data from audio recorded interviews was transcribed verbatim. As transcribed verbatim is a skill of changing spoken words into text in such a way that message is captured correctly the way it has been spoken. Data from all interviews were transcribed precisely by the

researcher herself. Four researchers read and re-read the interviewed data. Next data was analysed through memo writing, comparison analysis, open and focal coding (Tappen, 2016). Lastly, content analysis was utilized to create themes and organised data according to emerging themes. The interview data was explored whether participants viewed compassion as the attribute influenced by high commitment HR practices.

RESULTS

The inductively constructed thematic framework from the interview responses comprised of three themes. These three themes were generated from underlying sub-themes mentioned in Table 1.

Table 1. The thematic framework created from multiple data sources

Themes	Sub-themes
Understanding compassion and practicing compassionately	<ul style="list-style-type: none"> Recognizing distress Doing small things Being in the movement Acting with empathy and warmth Emotional connection
Personal and professional factors that impact on compassionate care	<ul style="list-style-type: none"> Respecting the patient dignity Non-judgmental and approachable Understanding self and others Heavy workload Staff shortage
Organizational factors impacting compassionate care	<ul style="list-style-type: none"> Supportive supervisor Time constraints <p>High Commitment Human Resource Practices</p> <ul style="list-style-type: none"> Selective staffing/recruitment Comprehensive Training Developmental Performance Appraisal Internal equitable rewards External equitable rewards

Understanding compassion and practicing compassionately

In the interview session, study participants discussed: what compassion means to them? What does practicing compassion mean to them? The study participants elaborated the understanding of compassion, caring behaviour and how they demonstrated compassionate care in practice by citing different examples. Participants described the significance of created with suffered/injured people. Many participants responded that they pay attention/devotion to small actions due to emotional bond with those in pain and then try to relieve their pain with compassion. Examples are below,

“An injured female came and interviewee hold the female hand and ensured her, just being there.” (Quest1)

When someone just asks “have you brushed your teeth?”, “shall we comb your hair?” or by giving voluntary services connect you to others. Interviewee, I said all these little things to show compassion to her. (Quest2)

Personal and professional factors that impact on compassionate care

Many factors were identified that facilitate/hinder nurses from delivering compassionate care to the injured and their families. The frequently cited facilitating factors are professional and personal values of nurses. The professional factors like respecting the patient dignity, do not harm others and behave in non-discriminating way help to establish compassionate relationship with others. Furthermore, personal values that help nurses to develop compassionate bonding are non-judgmental and being approachable. The hindering factors identified by study participants were heavy workload, staff shortage, and long duty hours. These factors attenuate nurses' capacity to practice compassionately towards patients in need.

‘If there is a heavily crowded ward with little working staff, someone become aggressive, then it’s difficult to attempt and retain compassionate.’ (Quest3).

Many respondents state that being compassionate to patients is difficult during challenging situations of heavy workload, staff shortage and fatigue etcetera. The respondents believe that they need emotional understanding of themselves and the patients to provide compassionate care. Respondents suggested if awareness of compassion enhanced then they critically reflect on challenging situation.

‘If someone is rude or aggressive... then it is impossible to compassionate naturally but you need to think the reason behind his/her rude

behaviour. By probing the reason, you can understand the reason for rude behaviour is fear or pain, then compassion comes easily.’ (Quest3).

Organizational factors impacting compassionate care

Study subjects indicated that many organizational factors enhance/compromise the compassionate care. The most cited factors are supervision, time constraints, selective staffing/recruitment process, training processes, performance appraisal and rewards system. All of these factors impacted the commitment level of employees and commitment play an important role in developing compassionate care towards needy persons. (Quest6).

Supportive supervisor work diligently with employees by providing directions in challenging situations. Study subjects acknowledged the importance of supportive leadership to facilitate compassionate work environment. Truly, study respondents recommended that senior nurse in ward is a role model for compassionate practice.

Being compassionate required that supervisor creates an environment of motivation for all employees by maximizing recognition, supporting subordinates, bringing out their best and giving constructive suggestions to employees.’ (Quest7).

“The support of the leader is necessary for nurses to face different challenges”

“The more sophisticated and skilled nursing profession is becoming, higher the need of support to nurses at all levels for the purpose of serving their patients without their values and compassion crushed out of them”.

Time constraints create an environment of hurry, afflict care activities, and build a culture that accomplishes the task quickly instead of developing a caring relationship.

Furthermore, the selection of suitable employees from the short listed/outstanding candidates help to hires capable employees with courage to build good employment relationships.

“Many nurses thought that if staffing was not done on merit basis then the organization hires nurses who are not loyal and competent in doing work and they are unable to show compassion and honesty in work.” (Quest8).

Moreover, the answer to question ‘Do you think that training of nurses can improve their compassionate care behaviour with patients’?

Most of the nurses give an explanation that certain skills are innate and compassionate behaviour is an

inborn characteristic which can only be improved if it was there first.

“Nurses think that it is something that can be improved on if it already exists there and if we have no compassion then I do not think it can be taught.” (Quest9).

Some of the respondents believed that training is useful only for those persons who have compassion in heart and feel pity on suffered people. Compassion can be enhanced through systematic training.

“Participants considered that compassion can be sharpened. Improvement in compassion is just like muscle that can be strengthened through exercise or atrophied if not exercised”. (Quest9).

When participants questioned ‘Do you believe that if the performance (performance is measured based on nurses’ behaviour with patients) of nurses is tied with compassionate care behaviours would it significantly affect compassionate care behaviours?’

“Some of the nurses responded to the question that performance appraisal only motivate the nurses to practice compassionately when rewarding them with a merit increase and it became the part of a compensation strategy”. (Quest10).

Most of the nurses suggest that according to equity theory of motivation, equitable distribution of pay on performance basis without nepotism or pay equitable to external market made the employees motivated. The motivated nurses provide the care compassionately without compromising the quality care.

“Treating people equitably and in a justifiable manner, is guided by a deep concern for other” . (Quest11).

Lastly, these in-depth interviews revealed that high commitment human resource practices may play leading role in enhancing compassionate care behaviour among nurses. For instance, the interviewees were explaining how their selection on merit motivates them to contribute more towards their host organizations’ success. Similarly, some of them were of the view that developmental performance appraisal and subsequent opportunities to develop their skills enhance their understanding of their professional responsibilities. In addition, comprehensive training programs enable nursing staff to learn new skill and knowledge and improve their capabilities to handle uncertain situations and difficult cases. The responses reveal that comprehensive training programs may enhance nursing staffs’ understanding of compassion and they deal the patients with more care, empathy and affection. On

the other hand, the reward and compensation system also augments nursing staffs’ compassionate care behaviour. Particularly, internally equitable rewards instigate a sense of competitiveness and equality which further improves’ nursing staffs’ affection towards patients.

DISCUSSION

The findings of this study highlights that the relatively small actions of care, affection, and empathy demonstrate the level of compassionate care behaviour of nurses towards patients. The small but important actions like being there, recognizing distress and emotional connection etcetera are the ways of practicing compassion. These small compassionate actions build strong therapeutic relations with patients. This is consistent with extant literature which affirmed that paying attention to the ordinary things and concern of relatively little things are foundation of compassionate practices (Perry, 2009; Bramley & Matiti., 2014). However such type of acts is difficult to measure.

A strong therapeutic relationship between nurses and patients can be established by providing compassionate care. Nurses recognized the importance of compassion in building an emotional bond among nurses, patients and families. The practice of paying attention to the injuries of self and others through connectivity and openness has been described previously (Dewar, 2013).

Participants were clear that their own personal and professional values help them to facilitate the delivery of compassionate care. The study participants also suggested that being non-judgmental, approachable and respecting the patient dignity helped to develop trusting and compassionate relationship. These findings are analogous with prior study results that showed a combination of personal qualities and attributes were essential to generate compassion among individuals (Gilbert, 2014). The personal qualities and attributes are ability to understand self and others, quick awareness to help when others need it in sufferings, understanding of emotions and motivation to act to alleviate those who suffered.

However, study participants also recognized key organizational factors that promote or hinder them in the provision of compassionate

care. The findings of current study suggested that time constraints, staff shortage and heavy workloads created hectic environment to get the work done quickly. All these hindrances seemed to be opposite to the basic values of compassion. The basic requirement of nursing ethics is that all nurses should practice compassionately and give priority to the patients' needs. Moreover, professional and ethical values consist of compassion and care that are the core foundations of nursing education (Holt *et al.*, 2012; Bray *et al.*, 2014). The findings from the study of West *et al.*, (2014) emphasized that heavy workload and time constraints caused stress in nurses that ultimately minimize empathetic approach towards patient which leads to compromised compassionate care.

The findings from in-depth interviews revealed that HCHRP may play leading role in enhancing compassionate care behaviour among nurses. The plenty of literature states that organizational investments in HCHRP namely selective staffing, training, performance appraisal and equitable rewards may provide employees with impetus needed to remain motivated. These motivated employees willingly endeavour to serve the public and contribute positively toward organizational goals (Jiang *et al.*, 2012; Cole-King *et al.*, 2014; McClelland *et al.*, 2014; Mostafa *et al.*, 2015). A study conducted by Cole-King (2014) indicated that organizational factors influence the compassionate care behaviour of health care providers.

Furthermore, Chen *et al.*, (2017) found that HCHRP are positively related with proactive customer service performance (Chen *et al.*, 2017). Compassionate care is also an indicator of performance so that it is supposed that HCHRP can also influence compassionate care behaviour of healthcare professionals via organizational commitment. For instance, Chang (2006) and Lin *et al.* (2014) found that HCHRP significantly impact store work efforts and store performance via organizational commitment. Though, work efforts and store performance do not directly measure healthcare professionals' performance, however, work efforts and store performance are the direct indicators of performance and compassionate care is also an indicator of performance of healthcare professionals.

CONCLUSION

The findings of our study are useful for academicians and healthcare professionals.

Academically, our study marks the first attempt to conduct an in-depth qualitative investigation in a developing country to understand compassionate care behaviour among nurses. In doing so, this study significantly adds to the body of knowledge that endeavours to understand and provide compassionate care to patients in distress. In addition, this study also explores personal and professional factors that manipulate compassionate care behaviour of nurses. Current study advances the body of knowledge by exploring organizational related factors that enhance compassionate care behaviour of nurses in public sector hospitals of a developing country. In this regard, the study findings indicate that high commitment human resource practices (HCHRP) are the leading administrative practices that augment compassionate care behaviour among nurses. Practically our study provides useful insights to the hospital administration, human resource managers and ward managers / head nurses. The hospital administration and human resource managers should use different HCHRP as strategic imperative to attract best employees through selective staffing and enhance their motivation/commitment through developmental performance appraisal system.

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