Research in Psychology and Behavioral Sciences, 2021, Vol. 9, No. 1, 24-32
Available online at http://pubs.sciepub.com/rpbs/9/1/4
Published by Science and Education Publishing
DOI:10.12691/rpbs-9-1-4

Compassionate Care Delivery: Elderlies' Perception

Eman Moustafa Ibrahim[1], Aziza Mahmod[2], Abeer Elmaghwry[3], Hanan Elzeblawy Hassan[4,*]

[1]Nurse Educator for Ambulatory Department, Hammed Medical Corporation, Qatar
[2]Community Health Nursing, Faculty of Nursing, Beni-Suef University, Egypt.
[3]Community Health Nursing, Faculty of Nursing, Damietta University, Egypt
[4]Maternal and Newborn Health Nursing, Faculty of Nursing, Beni-Suef University, Egypt
*Corresponding author: nona_nano_1712@yahoo.com

Received August 13, 2021; Revised August 31, 2021; Accepted September 07, 2021

Abstract **Background:** Compassion may have a direct effect on the quality of care provided to patients so that they normally evaluate the quality of services based on the compassion demonstrated by the nurse providing compassionate nursing care can lead to higher satisfaction in patients, safer care, saving time and cost, a sense of satisfaction and effectiveness in the personnel, higher confidence, and coping skills in them. **Aim**: measure elderly patients' perception of compassionate care in Beni-Suef city. **Design:** A descriptive cross-sectional design. **Setting:** This research was conducted at Beni-Suef University Hospital, General Hospital, as well as Continuing/Long-term care and Home Health Care (HHC) services. **Sample:** All elderly (140) patients receiving care at the mentioned setting. **Tools:** Two tools have been used to gather data; 1) Structured questionnaire interview sheet; 2) Opinions about compassionate care: This section consisted of 20 statements on a 4-point Likert type scale ranging from "extremely important" to "not important." They were categorized into 4 dimensions. **Results**: The mean age of the study sample was 66.3±9.6 years, 60.0% were from medicine departments, and diabetes was the most common admission diagnosis among the patients in the study sample. The median duration of illness was 8.5 years. A statistically significant relationship between patients' opinions of compassionate care and their education (p=0.002). A statistically significant relationship with the history of previous surgery (p=0.002). The opinions of compassionate care were higher among those with previous surgery. **Conclusion:** the patients in the study settings tend to have high perceptions and opinions regarding compassionate care, and this is influenced by their age, education, income, as well as the duration of their illness, and the length of hospital stay. **Recommendations:** Elderly patients' opinions about the nursing care provided to them and how far their expectations are achieved regarding compassionate care should be regularly surveyed, with proper action according to the results. Further research is suggested to evaluate the long-term effect of in-service training programs on nurses' practice of compassionate care and their related self-confidence.

Keywords: *compassionate care, Elderlies' perception*

Cite This Article: Eman Moustafa Ibrahim, Aziza Mahmod, Abeer Elmaghwry, and Hanan Elzeblawy Hassan, "Compassionate Care Delivery: Elderlies' Perception." *Research in Psychology and Behavioral Sciences*, vol. 9, no. 1 (2021): 24-32. doi: 10.12691/rpbs-9-1-4.

1. Introduction

Looking at the origins of the word compassion shows that it is derived from the Latin word ***com*** (together with) and ***pati*** (to suffer) and can be taken to literally mean *'to suffer with'*. This compassion has been defined as the feeling that arises in witnessing another person's suffering which subsequently motivates a desire to help alleviate that suffering. It is an emotional state that involves the use of particular subjective feelings but doesn't identify what these feelings are. [1]

Compassion is a complex concept that has been defined as a deep awareness of the suffering of another together with a wish to alleviate it. Vulnerability also prompts someone to act compassionately, how we relate to human beings. It involves noticing another person's vulnerability, experiencing an emotional reaction to this, and acting in some way with them, in a way that is meaningful for people. It is defined by the people who give and receive it, and therefore interpersonal processes that capture what it means to people are an important element of its promotion. [2,3]

Compassion may have a direct effect on the quality of care provided to patients so that they normally evaluate the quality of services based on the compassion demonstrated by the nurse providing compassionate nursing care can lead to higher satisfaction in patients, safer care, saving time and cost, a sense of satisfaction and effectiveness in the personnel, higher confidence, and coping skills in them. [4,5,6]

Patients' have their Perspectives of Compassion. Patients defined compassion as 'a virtuous response that seeks to address the suffering and needs of a person through relational understanding and action'. [7] A study

reported five inter-related themes of patients' views of compassion. Accordingly, compassion is multi-dimensional, relational, and dynamic construct expressed through the innate and embodied virtues (*Virtues* and *Virtuous response)*; a desire to understand a person and their needs *(Seeking to understand)*, verbal and non-verbal communication (*Relational communicating)*, and action addressing patient needs (*Attending to needs)*. The themes mostly associated with compassionate care in long-term care were honesty, love, patience, gentleness, kindness, genuineness, understanding, peacefulness, respect, and dignity. [8]

The ethical dimension of the patient suffering as a result of healthcare was perceived as attitude and action that occurred within the caring relationship. Patients felt that suffering in this sense was a result of the nurse-patient relationship has failed to develop or that the patient themselves were not viewed as fellow human beings. Patients noted a lack of time and information to be hindering factors. Patients were aware of the options that healthcare professionals had when interacting with them. [9]

From the existential perspective, many patients believed that they had been treated as a number within the hospital system, or just a body or as a diagnosis, which subsequently increased suffering and insecurities. This leaves the patients to bear all the troubles and continue on an undignified fight in an existential sense. Patients experience a great deal of suffering when they are required to fight for equitable care. By ignoring the mental and spiritual suffering of patients, it has the potential to leave these patients feeling embarrassed and ashamed to be experiencing such emotion. [10,11]

From the ontological perspective, patients felt that many of the calls for care and conversation were quite often in vain. The suffering experienced was prolonged and many questions were raised about life and outcomes. Patients said that in time, it was established that very little was done in assisting patients to understand life and its meaning. [12]

Moreover, patients felt that from one interaction to the next, they were unsure how it would go and that part of it depended on the mood the care giver was in at that time. Healthcare professionals must be made aware of the impact that the mood and manner of the actions within the healthcare setting have and further contribute to suffering for patients. [13]

1.1. Significance of the Study

The moral significance of compassion includes consideration of the decision-making process. Compassion involves a deliberate process of decision-making in which a person must be conscious of the need for compassion. Being compassionate has the potential to open up the pathways to be with someone during their misfortune. [14]

Compassion can provide comfort for those who are suffering; comfort allows people to be aware that they are not on their own in the situation. Compassion identifies what a person has experienced, it acknowledges and makes visible the emotions and feelings that were exposed and offers support to remove the isolation that was felt. It seems that compassion is more likely for healthcare professionals. For example, the ***International Council of*** Nurses (2012) outlines that nurses must demonstrate professional values including compassion. [15]

Furthermore, compassion yields information from patients which can invariably assist in helping to achieve patient care outcomes, resulting in compassion being used as a tool to care when it is used. Moreover, nurses believed that compassion eased 'the difficult patient' scenarios'. Patients are concerned about being a nuisance to nurses, yet the nurses have a great understanding of why patients would act difficultly. The nurses accept responsibility for establishing the reasoning behind this behavior; calling it a professional task. [16]

Alternatively, the lack of compassion in the care of patients has been associated with substandard care characterized by poor adherence to recommended standards, a lack of dignity, deprivation of patients' basic rights to quality care and, leads to patients' dissatisfaction with care, unintentional or intentional harm and increased morbidity and mortality. [17]

1.2. Aims of the Study

This study aims to measure elderly patients' perception of compassionate care in Beni-Suef city.

1.3. Research Objectives

1. Assess elderly patients' perception of compassionate care provided by nurses.
2. Assess elderly patients' opinions about compassionate care provided by nurses.
3. Find out the relationship between patients' opinions about compassionate care and their characteristics

1.4. Research Questions

1. What about elderly patients' perception of compassionate care provided by nurses?
2. What about elderly patients' opinions about compassionate care provided by nurses?
3. Is there a relation relationship between patients' opinions about compassionate care and their characteristics

2. Subjects and Methods

2.1. Research Design

A descriptive cross-sectional design was used in conducting the study.

2.2. Setting

This research was conducted at Beni-Suef University Hospital, General Hospital, as well as Continuing/Long-term care and Home Health Care (HHC) services.

2.3. Sampling

2.3.1. Sample Type

Purposive sample.

2.3.2. Sample Size

All elderly (140) patients receiving care in the above-mentioned settings who fulfill the following criteria were eligible for being selected in the study sample

2.3.3. Sample Technique

The required sample size was estimated based on an expected high perception rate of 50% or higher among nurses with 4% standard error, and 95% level of confidence, taking into account the finite population correction and an expected non-response rate of approximately 15%. Accordingly, and through the use of the Open-Epi software package.

2.3.4. Inclusion Criteria

- Willing to participate in the study.
- Age: 60 or older
- Receiving care in the setting for at least 3 days.

2.3.5. Exclusion Criteria

- The patients who were unable to communicate due to physical or mental problems were excluded.

2.4. Tools of Data Collection

2.4.1. Tool (1): A structured Interviewing Questionnaire Sheet Included Three Parts

- ***Part 1:*** Included data related to socio-demographic characteristics such as age, gender, education, marital status, job, residence, income, crowding index, etc., in addition to the department where the patient care is provided.
- ***Part 2:*** Health/medical history: such as admission diagnosis, comorbid chronic diseases, medication intake, previous surgery, disability, as well as the length of stay in the health care setting, etc.
- ***Part 3:*** Included Compassionate Care Scale: This was developed by Burnell and Agan (2013) to assess elderly patient's perception of the compassionate care provided. It was translated into Arabic using the translate-back-translate technique to preserve its validity. [18] The scale consisted of two sections:

1. Priorities in compassionate care: This comprised 5 statements asking about the importance of "understanding problems", "Competence", "Skill in using equipment", "Helping control pain" and "No prejudice." The patient was asked to give a ranking from 1 to five for each statement so that 1 means the highest priority and 5 means the lowest priority. The sums of the ranking of each statement were calculated, and means, standard deviations, medians, and quartiles were computed. The statement with the lowest mean/median was ranked first, and the highest-ranked last.
2. Opinions about compassionate care: This section consisted of 20 statements on a 4-point Likert type scale ranging from "extremely important" to "not important." They were categorized into 4 dimensions as follows.

a. Meaningful connection: 8 items such as humor, respect, and dignity, etc.
b. Patient expectations: 5 items such as pain control, care plan, etc.
c. Caring attributes: 4 items such as empathy, encouragement, etc.
d. Nurse competence: 3 items such as self-confidence, competence, etc.

Scoring: Each item's response from "extremely important" to "not important" was scored from 4 to 1 respectively, so that a higher score indicates a higher opinion about compassionate care. The scores of each section and the total scale were summed up and divided by the corresponding numbers of items. These were converted into percent scores. A score of 60% or more was considered high, whereas a lower score was considered low.

2.4.2. Tools Validity and Reliability

Burnell and Agan, 2013; Grimani, 2017 scales were used in this study have proved validity and reliability. [18,19] Moreover, they were translated using a translate-back-translate process to preserve their validity as recommended by Sireci et al. (2006). [20] The prepared tools were presented to a panel of experts from nursing faculty members in the community and geriatric nursing for final review. The tools were modified according to their minor suggestions. The reliability was achieved by Cronbach's Alpha coefficient test which revealed moderate to a high reliability of each tool. The reliability of the scales was assessed by testing their internal consistency. They mostly demonstrated good levels of reliability as shown below.

Scales	Number of Items	Cronbach's Alpha
Patient compassionate care view	20	0.72

2.4.3. Pilot Study

The applicability of the study tools was tested through a pilot study that was carried out on 10% (14 elderly patients) to ensure clarity, and understandability of the tool. Based on the results of the pilot study, modifications and omissions of some details were done and then the final forms were developed, so the pilot study was excluded from the study sample

2.4.4. Administrative Issue

Official permissions were obtained from the directors of the mentioned hospitals, as well as from the nursing managers as authorized personnel in the study settings. This was achieved through official letters addressed from the Dean of the Faculty of Nursing, Beni-Suef University, explaining the aim of the study and its procedures.

2.4.5. Ethical Issue

Before embarking on study conduction, approval was obtained from the scientific research and ethics committee of the Faculty of Nursing, Beni-Suef University. Oral informed consents were obtained from each nurse and elderly patient after a full explanation of the aim of the study and the data collection procedure. They were informed that they can refuse participation or withdraw at any stage of the data collection. They were also reassured that any information collected would be strictly confidential and only used for research purposes.

2.4.6. Fieldwork

Once permissions were obtained, the researcher started the process of data collection. She visited each of the study settings, met with the nursing director, and arranged a schedule for data collection. Then, the eligible nurses were recruited after giving their oral consent. They were handed the data collection form and instructed in filling it. The researcher was present all-time for any clarification, collected the filled forms, and checked for their completion. Then, for each patient, the researcher met with each selected patient, explained the aim of the work, and obtained his/her oral informed consent to participate. Those who gave their consent were interviewed using the designed interview questionnaire form. The fieldwork started in January and ended in June 2019. The work was done three days per week, from 9:00 am to 1:00 pm. The filling of the nurse form consumed 20-30 minutes. The interview with each patient took 25-40 minutes.

2.4.7. Statistical Analysis

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, means, standard deviations, medians, and interquartile ranges for quantitative variables. Cronbach alpha coefficient was calculated to assess the reliability of the scales through their internal consistency. Qualitative categorical variables were compared using the chi-square test. Whenever the expected values in one or more of the cells in a 2x2 table were less than 5, Fisher's exact test was used instead. In larger than 2x2 cross-table, no test could be applied whenever the expected value in 10% or more of the cells was less than 5. Spearman rank correlation was used for the assessment of the inter-relationships among quantitative variables and ranked ones. To identify the independent predictors of compassionate care scores, multiple linear regression analysis was used and analysis of variance for the full regression models was done. Statistical significance was considered at a p-value <0.05.

3. Results

A sample of patients (140) was recruited. As shown in Figure 1, their age ranged between 60 and 88 years, median 65 years, and the mean was 66.3±9.6 years. Slightly more than half of them (52.9%) were females. The great majority (90.7%) were from rural areas. More than three-quarters (77.9%) of them were illiterate, 70.7% were married, 72.1% having sufficient income, and70.5% of them having a crowding index <2.

As illustrated in Figure 2, more than a half (60.0%) of the patients was from medicine departments, while only 2.1% were from an emergency department.

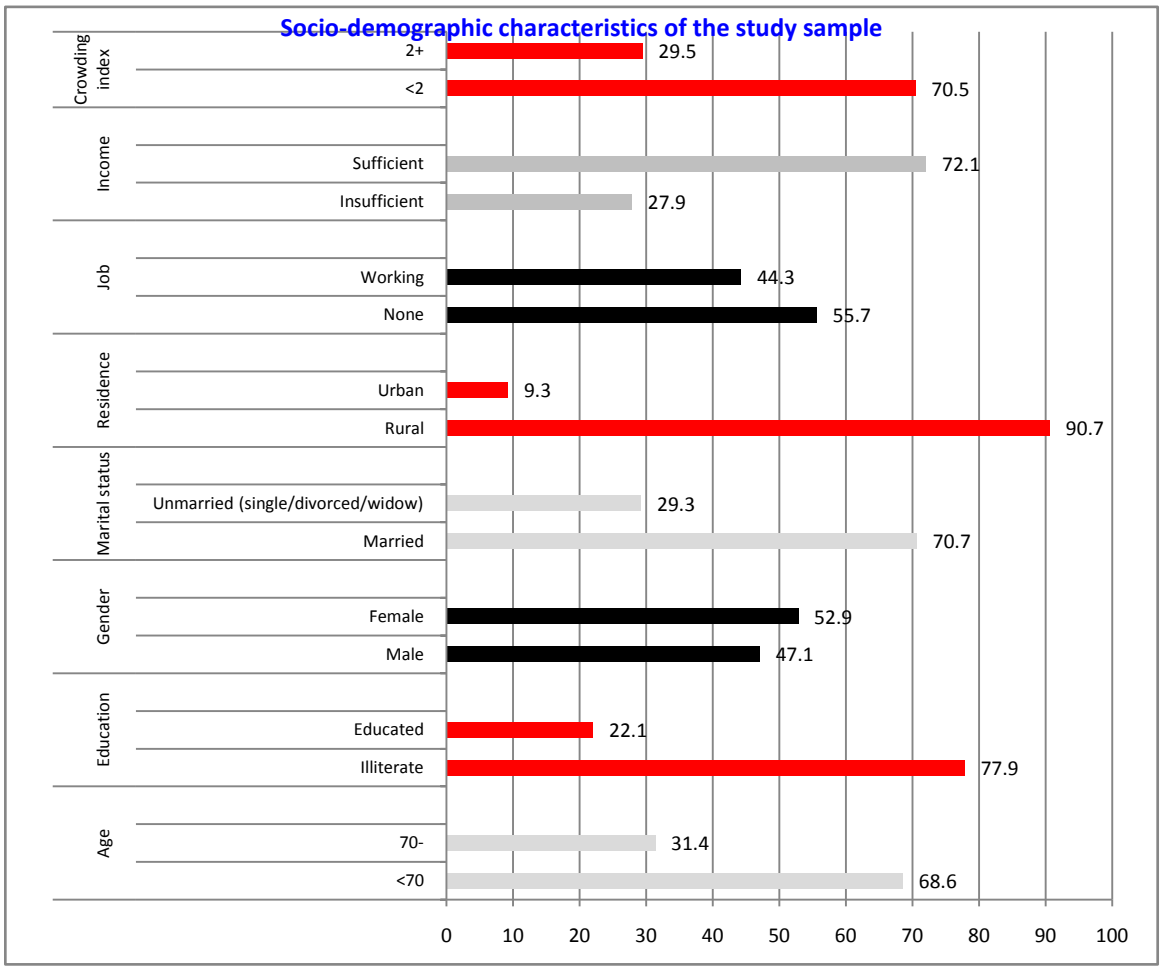

Figure 1. Socio-demographic characteristics of the study sample (n=140)

Figure 3 indicates that diabetes was the most common admission diagnosis among the patients in the study sample (38.6%), followed by hypertension (7.9%). Meanwhile, 17.9% of the patients had multiple diagnoses.

As displayed in Figure 4, the duration of illness was mostly 20 years or more (25.7%), with median 8.5 years. As for the length of stay (LOS), it ranged between <1 and 150 days, median 7.5 days.

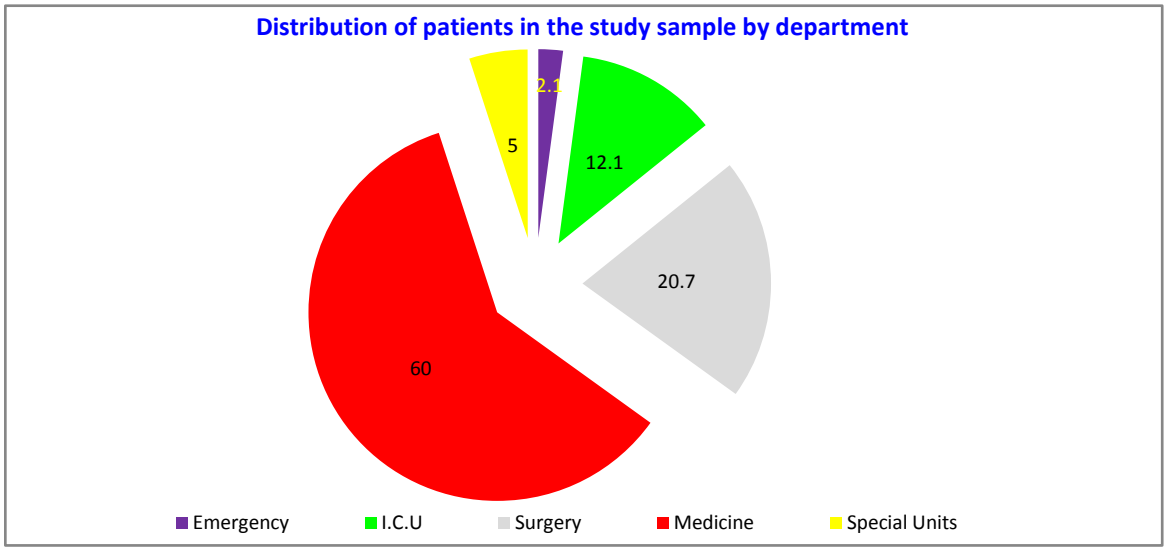

Figure 2. Distribution of patients in the study sample by department (n=140)

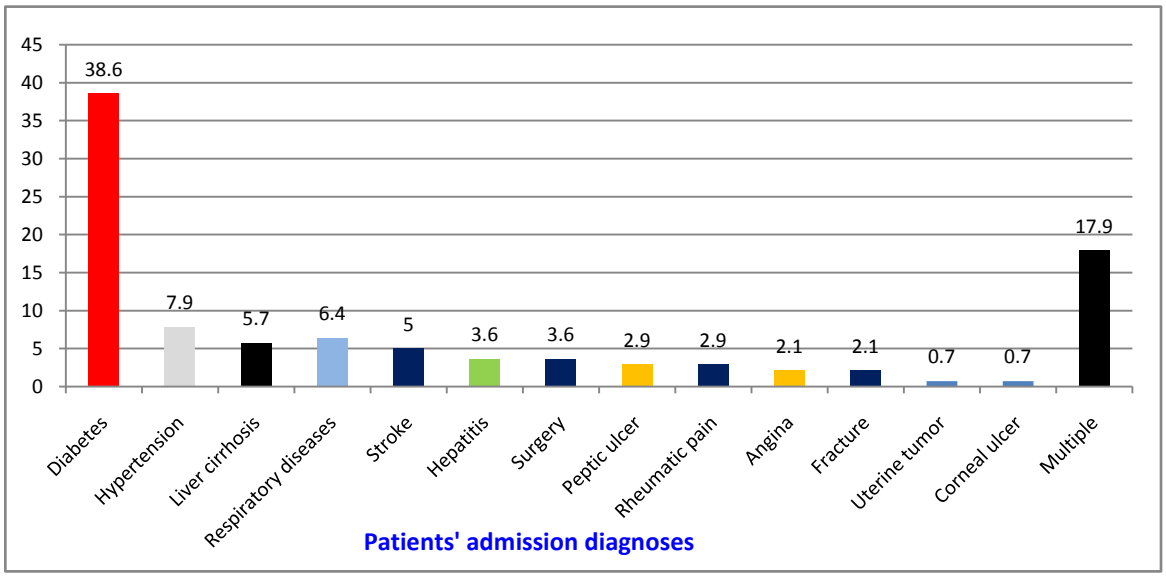

Figure 3. Patients' admission diagnoses in the study sample (n=140)

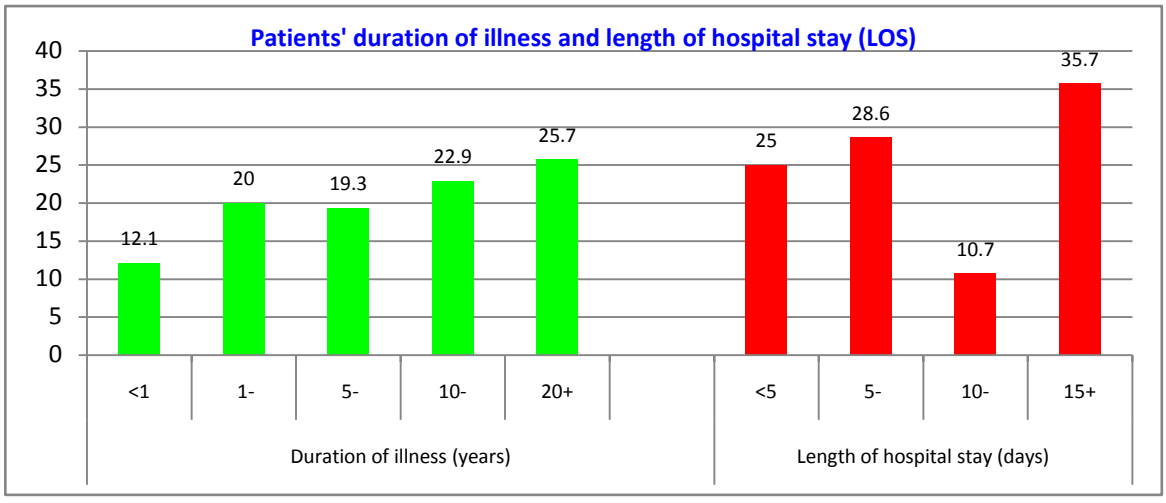

Figure 4. Patients' duration of illness and length of hospital stay (LOS) in the study sample (n=140)

Table 1 indicates that the majority of the patients were suffering from chronic diseases (87.9%), mostly diabetes (70.7%) or hypertension (69.1%), and 86.4% were on regular medication. Additionally, 50.0% gave a history of previous surgery and 2.9% were having a disability.

Concerning patients' opinions of compassionate care, Figure 5 demonstrates that Meaningful Connection Presented by 54.3, Caring Attributes presented by 73.6%, Nurse Competence presented by 80.7%, and 96.4% for Patient Expectations. In total, the same figure illustrates that the majority (82.9%) of the patients in the study sample were having high opinions about compassionate care.

As regards the patients' priorities of compassionate care, Table 2 indicates that "understanding your problem" ranked first, while "no prejudice" ranked last.

Table 3 points to a statistically significant relationship between patients' opinions of compassionate care and their education (p=0.002). It can be noticed that the opinions of compassionate care were higher among illiterate patients.

As regards the relations between patients' opinion of compassionate care and their medical characteristics, Table 4 indicates a statistically significant relationship with the history of previous surgery (p=0.002). The opinions of compassionate care were higher among those with previous surgery.

Table 1. History of chronic diseases and disability among patients in the study sample (n=140)

	Frequency	Percent
Have chronic diseases		
No	17	12.1
Yes	123	87.9
Diseases (n=123):#		
Diabetes	87	70.7
Hypertension	85	69.1
Both	6	4.9
Hepatic	21	17.1
Renal	15	12.2
Anemia	13	10.6
Cardiac	10	8.1
Depression	3	2.4
On regular medication	121	86.4
Had previous surgery	70	50.0
Have disability	4	2.9
Motor	1	25.0
Visual	3	75.0

(#) Not mutually exclusive.

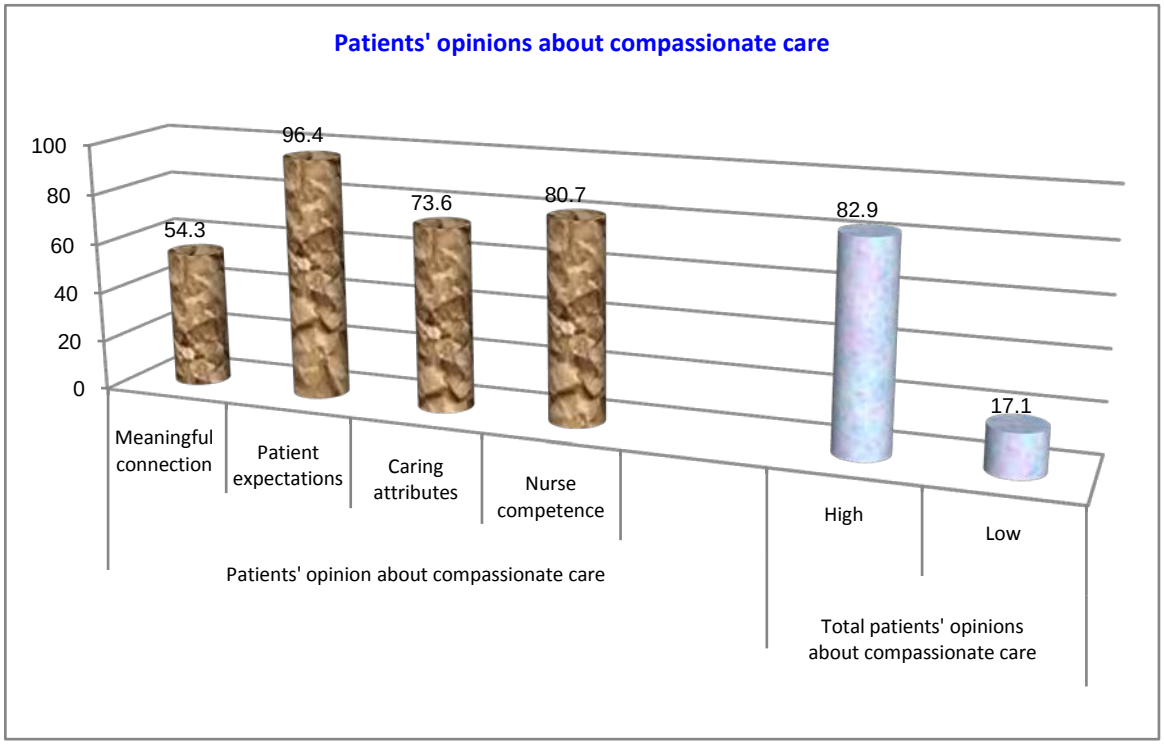

Figure 5. Opinions about compassionate care among patients in the study sample (n=140)

Table 2. Patients' priorities of compassionate care among the study sample (n=140)

Items	Range	Mean ± SD	Median	25%ile-75%ile	Rank
Understanding your problems	1-5	1.8±1.2	1.00	1.0-2.0	1
Competence	1-5	2.7±1.3	2.00	2.0-4.0	2
Skill in using equipment	1-5	3.3±0.9	3.00	3.0-4.0	3
Helping control your pain	1-5	3.3±1.5	3.00	2.0-5.0	4
No prejudice	1-5	3.9±1.2	4.00	3.5-5.0	5

Table 3. Relations between patients' opinions of compassionate care and their personal characteristics

Items	Compassionate care opinion				X^2 test	p-value
	High		Low			
	No.	%	No.	%		
Age						
<70	82	85.4	14	14.6	1.41	0.24
70-	34	77.3	10	22.7		
Gender						
Male	57	86.4	9	13.6	1.08	0.30
Female	59	79.7	15	20.3		
Education						
Illiterate	96	88.1	13	11.9	9.43	0.002*
Educated	20	64.5	11	35.5		
Marital status						
Married	82	82.8	17	17.2	0.00	0.99
Unmarried (single/widow)	34	82.9	7	17.1		
Job						
None	62	79.5	16	20.5	1.41	0.24
Working	54	87.1	8	12.9		
Residence						
Rural	106	83.5	21	16.5	Fisher	0.70
Urban	10	76.9	3	23.1		
Income						
Insufficient	33	84.6	6	15.4	0.12	0.74
Sufficient	83	82.2	18	17.8		
Crowding index						
<2	80	81.6	18	18.4	0.28	0.60
2+	35	85.4	6	14.6		

(*) Statistically significant at p<0.05.

Table 4. Relations between patients' opinions of compassionate care and their medical conditions

Items	Compassionate care opinion				X^2 test	p-value
	High		Low			
	No.	%	No.	%		
Duration of illness (years)						
<1	15	88.2	2	11.8	8.88	0.06
1-	18	64.3	10	35.7		
5-	23	85.2	4	14.8		
10-	29	90.6	3	9.4		
20+	31	86.1	5	13.9		
Length of hospital stay (days)						
<5	29	82.9	6	17.1	0.43	0.93
5-	32	80.0	8	20.0		
10-	13	86.7	2	13.3		
15+	42	84.0	8	16.0		
Have chronic diseases						
No	12	70.6	5	29.4	Fisher	0.17
Yes	104	84.6	19	15.4		
On regular medication						
No	13	68.4	6	31.6	Fisher	0.10
Yes	103	85.1	18	14.9		
Previous surgery						
No	51	72.9	19	27.1	9.86	0.002*
Yes	65	92.9	5	7.1		
Disability						
No	112	82.4	24	17.6	Fisher	1.00
Yes	4	100.0	0	0.0		
Department						
Surgery	26	89.7	3	10.3	--	--
Medicine	69	82.1	15	17.9		
Special units (dialysis, catheter, etc.)	7	100.0	0	0.0		
Emergency	0	0.0	3	100.0		
ICU	14	82.4	3	17.6		

(*) Statistically significant at p<0.05; (--) Test result not valid.

4. Discussion

Compassionate care is one of the core values of the nursing profession since its founding by Florence Nightingale. Today, it is evident in codes of ethics, standards of care, and health policy documents that guide nursing practice Compassionate care is an international priority of healthcare professionals. [1,17]

Similarly, there is consensus that compassionate care is the most important part of the healthcare system, especially in nursing practice. It could be argued that compassion is synonymous with nursing care Because of the nature of nursing work; nurses see some kind of suffering in their clinical practice. Therefore, compassion is highly relevant for the nursing profession, and it has been reported as the essence of nursing care. Furthermore, it is considered a central concept to some nursing theories. [22,23,24]

This study aimed to evaluate elderly patients' perception of compassionate care in Beni-Suef city. The findings indicate patients' opinions about compassionate care are high. The elderly in the present study sample was mostly females; their mean was 66.3±9.6 years, from rural areas, illiterate. More than three-quarters were married. Yet, most of them having sufficient income, and having a crowding index of less than 2. These are typical characteristics of patients in a rural Egyptian community. Seeking patients' opinions about compassionate care is quite important for a wider scope view. In line with this, a systematic review concluded that compassionate care research is lacking the viewpoints of the patients and their families. [25]

The present study results revealed that a majority of the nurses had a high score regarding total patients' opinions about compassion. Opinion of compassionate care was highest regarding patient expectations. This reflects nurses' believe practices, and attitudes regarding compassionate care. This would be through its support of the delivery of compassionate care and set it as a priority in patient's care, and also through the provision of role models by managers. Additionally, nurse competence, as well, scored a high score which reflects old adult patients' satisfaction with compassionate care provided to them. In this respect, Lown (2015) highlighted that compassionate nursing care is an individual choice whereby nurses attempt to provide care that they consider morally right. [26] Additionally, the high opinion about compassionate care reflects the tremendous importance they provide to this aspect of care. Their highest scores of opinions were related to expectations of pain management, timely

administration of medications with frequent checks, and inclusion in the nursing care plan. In agreement with this, a study in Italy revealed that patients gave high importance to the comprehensive care dimension of compassionate nursing care, with more involvement of them and their families in the care. [27]

Concerning the patients' priorities of compassionate care, results of the present study showed that "understanding your problem" ranked first, followed by "competence". These results may be attributed to that most of the studied samples were from medical units which have multiple diseases which need more attention and understanding. Diabetes mellitus scored the highest percentage among these diseases which need higher nursing competence to give more attention to avoid its serious complications. In agreement with this, previous research has concluded that compassion is a core component in human nature, and thus compassionate care can be developed and nurtured throughout a person's lifetime. [28,29] On the other hand, dealing with them with "no prejudice" had the least priority. The finding again reflects the higher importance these patients given to their medical condition and its proper treatment rather than the psychological and emotional aspects of the care provided. Nonetheless, a systematic review gave equal importance to nurses' courteous qualities a kindness, and non-judgment, and their professional actions of care and support. [30]

More than half of the patients in the present study sample were from medicine departments, which might influence their receiving compassionate care as shown above where the nurses' practice of compassionate care was less in surgical departments. The majority of the patients in the current study sample were having chronic diseases (mostly diabetes and/or hypertension, and were on regular medication, with a long duration of illness). Such patients might be in more need of sympathy and compassionate care. In congruence with this, a study in Australia revealed that the long duration of chronic diseases as well as their complexity and multiplicity make these patients in more need of support and compassionate care. [31]

The length of stay (LOS) among the present study patients varied widely. It might have an impact on their opinions of compassionate care. The multivariate analysis identified the length of hospital stay as a significant negative predictor of patients' opinion scores. This means that the longer the patient stays at the hospital, the less importance he/she gives to compassionate care. The finding might be explained by the weariness and lassitude the patient feels from the prolonged stay and his/her aspiration to be discharged rather than to have compassionate care.

5. Conclusion

The study findings lead to the conclusion that the patients in the study settings tend to have high perceptions and opinions regarding compassionate care, and this is influenced by their age, education, income, as well as the duration of their illness, and the length of hospital stay.

6. Recommendations

1. Elderly patients' opinions about the nursing care provided to them and how far their expectations are achieved regarding compassionate care should be regularly surveyed, with proper action according to the results.
2. Further research is suggested to evaluate the long-term effect of in-service training programs on nurses' practice of compassionate care and their related self-confidence.
3. The impact of such training interventions on elderly patients' opinions about compassionate care should also be investigated.

References

[1] Goetz J.L., Keltner D., and Simon-Thomas E. (2010). Compassion: An evolutionary analysis and empirical review', Psychological Bulletin; 136(3): 351-374.

[2] Tehranineshat B., Rakhshan M., Torabizadeh C., and Fararouei M. (2019). Compassionate Care in Healthcare Systems: A Systematic Review. J Natl Med Assoc.; 111(5): 546-554.

[3] Valizadeh L., Zamanzadeh V., Dewar B., Rahmani A., and Ghafourifard M. (2018). Nurse's perceptions of organizational barriers to delivering compassionate care: A qualitative study. Nurs Ethics.; 25(5): 580-590.

[4] Hassan H., Abozed A., Elmghwry A., Ibrahim E. Compassionate Care: Correlation and Predictors of Nurses' and Patients' Opinions. American Journal of Public Health Research, 2021; 9(5).

[5] Papastavrou E., Andreou P., Tsangari H., and Merkouris A. (2014). Linking patient satisfaction with nursing care:the case of care rationing-a correlational study. BMC Nursing; 13(1): 26.

[6] Hassan H., Abozed A., Mohamed A., Ibrahim E. Compassionate Care Delivery for Elderly Patients: Nurses' Perception. American Journal of Applied Psychology, 2021; 9(1).

[7] Sinclair S., Russell LB., Hack TF., Kondejewski J., and Sawatzky R. (2017). Measuring Compassion in Healthcare: A Comprehensive and Critical Review. Patient.; 10(4): 389-405.

[8] Smith-MacDonald L., Venturato L., and Hunter P. (2019). Perspectives and experiences of compassion in long-term care facilities within Canada: a qualitative study of patients, family members and health care providers. BMC Geriatr.; 19(1): 128.

[9] Burridge L.H., Winch S., Kay M., and Henderson A. (2017). Building compassion literacy: Enabling care in primary health care nursing. Collegian; 24(1): 85-91.

[10] Kornhaber R., Walsh K., Duff J., and Walker K. (2016). Enhancing adult therapeutic interpersonal relationships in the acute health care setting: an integrative review. J Multidiscip Healthc.; 9: 537-546.

[11] Mohammed S., and Rosenkrantz A.B. (2020). Providing Compassionate Care for the Elderly Patient in Radiology. Curr Probl Diagn Radiol.; 49(2): 67-69.

[12] Babaei S., Taleghani F., and Keyvanara M. (2017). Contextual Facilitators and Maintaining of Compassion-Based Care: An Ethnographic Study. Iran J Nurs Midwifery Res.; 22(2): 91-96.

[13] Svanstrom R., Johansson Sundler A., Berglund M., and Westin L. (2013). Suffering caused by care-elderly patients' experiences in community care, International Journal of Qualitative Studies on Health and Well-Being; 8.

[14] Saunders J. (2015). Compassion. Clin Med (Lond); 15(2): 121-124.

[15] International Council of Nurses (2012). The ICN Code of Ethics for Nurses, Switzerland: ICN.

[16] Van der Cingel M. (2011). Compassion in care: a qualitative study of older people with a chronic disease and nurses. Nurs Ethics; 18(5): 672-685.

[17] Francis R. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office.

[18] Burnell L., and Agan D. (2013). Compassionate Care: Can it be defined and measured? The Development of the Compassionate Care Assessment Tool. Available at: www.internationaljournalofcaringsciences.org.

[19] Grimani K. (2017). Measuring Compassionate Care: Reliability and Validity of the Greek Version of a Compassionate Care Assessment Tool. Journal of Correctional Health Care, 2017; 23(3): 353-364.

[20] Sireci S.G., Wang Y., Harter J., and Ehrlich E.J. (2006). Evaluating guidelines for test adaptations: A methodological analysis of translation quality. Journal of Cross-Cultural Psychology; 37: 557-567.

[21] Mills J., Wand T., and Fraser J.A. (2015). On self-compassion and self-care in nursing: selfish or essential for compassionate care? Int J Nurs Stud; 52(4): 791-793.

[22] Reid J. (2012). Respect, compassion and dignity: the foundations of ethical and professional caring. J Perioper Pract., 22(7): 216-219.

[23] McCaffrey G., and McConnell S. (2015). Compassion: a critical review of peer-reviewed nursing literature. J Clin Nurs; 24(19–20): 3006-3015.

[24] Dewar B., Adamson E., Smith S., Surfleet J., and King L. (2013). Clarifying misconceptions about compassionate care. J Adv Nurs; 70: 1738-1747.

[25] Sinclair S., Norris J., McConnell S.J. M., Chochinov H., Hack T.F.M., Hagen N., McClement S.A., and Bouchal S.R. (2016). Compassion: a scoping reviews of the healthcare literature. BioMed Central Pallative Care; 15 (6): 3-16.

[26] Lown B.A. (2015). Compassion is a necessity and an individual and collective responsibility: comment on why and how is compassion necessary to provide good quality healthcare? Int J Health Policy Manag; 4: 613.

[27] De Carlo P., Guerra D., Rega M.L., and Galletti C. (2016). Cure infermieristiche compassionevoli: l'esperienza degli infermieri italiani [Compassionate nursing care: the experience of italian nurses]; 69(4): 197-204.

[28] Greenberg M.T., and Turksma C. (2015). Understanding and watering the seeds of compassion. Res Hum Dev; 12: 280-287.

[29] Chaloner R.S.J., and Healthc M. (2019). Providing Compassionate Care for Every Kind of Person; 64(4): 205-208.

[30] Singh P., King-Shier K., and Sinclair S. (2018b). The Colours and Contours of Compassion: A Systematic Review of the Perspectives of Compassion among Ethnically Diverse Patients and Healthcare Providers. 17; 13(5): e0197261. National Institutes of Health. Collection 2018.

[31] Foley H., Steel A., and Adams J. (2020). Consultation with complementary medicine practitioners by individuals with chronic conditions: Characteristics and reasons for consultation in Australian clinical settings. Health Soc Care Community.