Nurses' Compassion and Patient-Centered Care Competency at the Egyptian Health Care Authority Hospitals in Port Said Governorate

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ABSTRACT

Background: Nurses' compassion is an important factor in patient-centered nursing. Furthermore, understanding the patients' perspective and providing necessary nursing care is the goal of patient-centered nursing. **Aim:** This study aimed to explore the relationship between nurses' compassion and patient-centered care competency at the Egyptian Health Care Authority hospitals in Port Said governorate. **Subjects and Method: Design:** Descriptive correlational design was used. **Setting:** the study conducted at the Egyptian Health Care Authority hospitals in Port Said governorate namely: El-Salam Port Said Hospital, El-Zohour Hospital, El-Nasr Hospital, Ophthalmology Hospital, Women's Health Hospital, and El-Haya Port-Fouad Hospital. **Subjects:** included 301 staff nurses working in the study settings. **Tools:** Three tools used for data collection consisted of; Personal and Job-Related Data Questionnaire, Nurses' Compassion Competence Scale, Patient-Centred Care Competency Scale. **The Results**: 98% of the studied nurses showed high level of compassion, and 2% of them showed moderate level. While, 95.7% of them had high level of patient-centered care competency, and 4.3% of them had moderate level. **Conclusion**: There was statistically significant correlation between the studied nurses' compassion and their total patient-centered competency. **Recommendations**: Compassionate care should be introduced as a core component of patient-centered care affect patient outcomes. Also, encourage nurses to report factors affect delivering of compassionate care.

Keywords: Compassion, Nurses, Patient-centered care competency.

INTRODUCTION

Compassion, as an indicator for quality care, is highly valued by patients and healthcare professionals. Compassionate care is considered a moral dimension of nursing practice and an essential component of high-quality care. Nurses, as the largest group of health professionals, are often expected to improve their capacity for compassion and they should know how to provide high quality compassionate care in diverse clinical settings. For this, they should try to improve their knowledge and skills to be engaged compassionately with others and to prevent compassion fatigue among themselves (Ghafourifard, Zamanzadeh, Valizadeh, & Rahmani, 2022).

Compassion has been defined as "a deep feeling of connectedness with the experience of human suffering that requires personal knowing of the suffering of others, evokes a moral response to the recognized suffering and that results in caring that brings comfort to the sufferer (Ghafourifard, et al., 2022). Compassion is the patient-centered approach, which involves recognizing and empathizing with patients, fostering open dialogue and establishing trust between the health care providers and patients. Nurses who are compassionate, engage with patients, address their concerns and genuinely care for them. This allows them to better understand potential risks, reduce medical errors and build patient trust (Ahmed, Ellahham, Soomro, Shams, & Latif, 2024).

Furthermore, Strauss et al. (2016) have proposed a new definition of compassion as a cognitive, affective and behavioral process consisting of the following five elements that refer to both self and other-compassion: recognizing suffering; understanding the universality of suffering in human experience; feeling empathy for the person suffering and connecting with the distress (emotional resonance); tolerating uncomfortable feelings aroused in response to the suffering person (e.g., distress, anger, fear) so remaining open to and accepting of the person suffering, and motivation of act/acting to alleviate suffering.

On the other hand, compassionate nursing care is described as a complex process requiring a specific skill set including emotional engagement, feeling intimate with the patient and expressing humility, and humanity accompanied by taking action to reduce the patient's pain and suffering (Robinson, et al., 2023). Whereas,

Compassion competence is a nurse's ability to provide patient-centered care and communicate with patients in a sensitive and insightful manner. Nurses are the largest health workforce providing the majority of day-to-day care to patients in the hospital setting. Compassion is seen as highly pertinent to nurses' identity and a valuable asset to high-quality care (Edoho, et al., 2022).

Recently, as patients are being recognized as active consumers of medical services, their right to know has evolved, medical information has become popular, and medical service utilization has increased. Nurses' competency in patient-centered care is recognized as an important factor affecting patient participation (Hwang, Kim, & Chin, 2019). Providing healthcare services that respect and meet patients' and their caregivers' needs are essential in promoting positive care outcomes and perceptions of quality of care, thus constituting patient-centered care. Care is a feeling of concern for, or an interest in, a person or object which necessitates looking after them/it (Rajamohan, Porock, & Chang, 2019).

Patient-centered care, also known as person-centered nursing or individualized nursing care, refers to providing routine nursing care, such as medication nursing according to a doctor's prescriptions, assisting in health-related decision-making, and providing individualized care while considering the individual characteristics and needs of patients (Yang, 2022). In nursing care, patient-centered care or person-centered care must acknowledge patients' experiences, stories, and knowledge and provide care that focuses on and respects patients' values, preferences, and needs by engaging the patient more in the care process (Rajamohan, et al., 2019).

Furthermore, nurses' competencies that affect patient-centered care include empathy, self-leadership, compassion, communication skills, nursing professionalism, prioritization, and management. Therefore, to provide patient-centered care, communication between patients, their families, and healthcare providers with a focus on patients' values, preferences, and needs is essential, and effective communication should be achieved in a way that patients can understand (Eklund, et al., 2019). Treating patients and caregivers with dignity and compassion as humans is a facilitator of patient-centered care. Active listening and showing compassion as therapeutic relationship-building skills are essential, and continuous education and

mentorship will be crucial to developing these skills among healthcare providers (Byrne, Baldwin, & Harvey, 2020).

Significance of the study

Compassion is the basic characteristic of quality nursing care, it is considered an essential principle of patient-centered care. The role of compassion-based care has become important between nurse and patient in recent decades. Compassion and patient-centered care have been associated with better patient outcomes. Active listening and self-awareness are suggested to be associated with empathy and, in turn, patient-centered care (Babaei & Taleghani, 2019). The Australian Quality Framework for Health Care identifies patient compassionate care as a critical component of any safe and high-quality health care system, and the integration of patient compassionate care approaches in clinical areas has resulted in a number of changes to clinical services (Delaney, 2018).

The shift to patient compassionate care enhances concordance between health care providers and patients' adherence to treatment plans, resulting in improved health outcomes and increased patients' satisfaction with healthcare services. The adoption of patient compassionate care practices in health care organizations has resulted in significant benefits for patients, as patients can better manage their health when they are informed and supported (Ahn & Eun, 2021). On the other hand, Sharifi-Tehrani et al., (2022) asserted that nurses' compassion is an important influencing factor in patient-centered nursing, and appropriate communication competency is necessary for nurses' compassion to be translated into patient-centered nursing performance.

However, most studies conducted to date on patient-centered nursing for nurses have only identified factors affecting patient-centered nursing. Studies examining the role of compassion competency in the relationship between compassion and patient-centered nursing are scarce (Sharifi-Tehrani et al., 2022). So, the current study will aim to assess the relationship between nurses' compassion and patient-centered care competency at the Egyptian health care authority in Port Said governorate.

The study aimed to

Explore the relationship between nurses' compassion and patient-centered care competency at the Egyptian Health Care Authority hospitals in Port Said governorate.

Objectives

1. Assess the level of compassion among nurses working at the Egyptian Health Care Authority hospitals.
2. Evaluate the competency level of nurses in providing patient-centered care at the Egyptian Health Care Authority hospitals.
3. Investigate the relationship between nurses' compassion levels and their competency in patient-centered care at the Egyptian Health Care Authority hospitals.

SUBJECTS AND METHOD

A. Technical design:

This design includes a description of the research design, setting, subjects, and tools of data collection.

Study design

A descriptive correlational research design was utilized to achieve the aim of the current study.

Study setting

The current study was conducted at the Egyptian Health Care Authority hospitals in Port Said governorate, namely: El-Salam Port Said Hospital, El-Zohour Hospital, El-Nasr Hospital, Ophthalmology Hospital, Women's Health Hospital, and El-Haya Port-Fouad Hospital.

Subjects

The target population of this study are staff nurses working in the previously mentioned setting, with a total of (N=1023).

Inclusion criterion

The only inclusion criterion for staff nurses is a work experience in the study setting and work unit for at least one year.

Sample size

A purposive sample, the estimated sample size is 301 nurses at confidence level 95% and precision rate at 0.05 by using (Thompson, 2012). Since the total number of them at is 1023 nurses.

$$n = \frac{Nx\, P\,(1-P)}{(N-1 \times (d^2 \div Z^2)\ + P(1-P)}$$

 While;

P= 0.5 probability value

N= Total population

Z= Z value "1.96" Standard score

n= sample size

d=0.05 standard error

Sample size (n) = 301 patient

Sampling technique

Staff nurses were chosen from all departments of the mentioned hospitals according to a simple random sampling technique. All nurses were chosen for the study had no age limit, at least one year of experience, all available educational level, all nurses in each hospital were ranked alphabetically then the total number of nurses in the hospital was divided by the estimated sample size (301).

Tools for data collection:

Data of the current study were collected by using three tools:

Tool 1: **Personal and Job-Related Data Questionnaire**

It was developed by the researcher in Arabic language and included hospital name, level of education, department, years of experience, and training programs in the area of study, gender, age, and marital status.

Tool II: Nurses' Compassion Competence Scale

The scale was adopted from Lee and Seomun (2016) to identify compassion competency among nurses and translated to Arabic. It was included 17 items divided on three domains as **Communication Domain** consisted of eight items e.g., I can express my compassion toward patients through communication with them, I am aware of how to communicate with patients to encourage them, **Sensitivity Domain** consisted of five items e. g., I always pay attention to what patients say, and I promptly respond to patients when they ask for attention, and **Insight Domain** consisted of four items e.g., I am intuitive about patients because of my diverse clinical experience, and I offer customized care to patients by taking their characteristics into consideration. The responses were measured along five-point Likert scale ranging from strongly agree (5 degree), agree (4 degree), Neutral (3 degree), disagree (2 degree), strongly disagree (1 degree).

Scoring system

The item scores were summed and the total was divided by the number of items, to give a mean score for the part. These scores were converted into percentage scores. Compassion competence was high if the mean score was 63-85, moderate if the mean score was >40-62, and low if the mean score was >17-39 (Lee, & Seomun, 2016).

Tool III: Patient-Centred Care Competency Scale

The scale was developed by Hwang (2015) to assess hospital nurses' competency level in patient-centered care in English and was translated to Arabic by the researcher. It was included 17 items divided on four domains as: **Respecting patients' perspectives domain** consisted of six items e.g., Value seeing health-care situations through patients' eyes, and Communicate patient values, preferences and

needs to other health-care team members, **Promoting patient involvement in care processes domain** consisted of five items e.g., Examine barriers to active involvement of patients in their care processes, and Assess level of patient's decisional conflict and provide access to resources, **Providing for patient comfort domain** consisted of three items e.g., Assess presence and extent of pain and suffering, and Assess levels of physical and emotional comfort, and **advocating for patients domain** consisted of three items e.g., Facilitate informed patient consent for care, and Communicate care provided and needed at each transition in care. The responses were measured along five-point Likert scale ranging from strongly agree (5 degree), agree (4 degree), Neutral (3 degree), disagree (2 degree), strongly disagree (1 degree).

Scoring system

The item scores were summed and the total was divided by the number of items, to give a mean score for the part. These scores were converted into percentage scores. Compassion competence was high if the mean score was 63-85, moderate if the mean score was >40-62, and low if the mean score was >17-39 (Hwang, 2015).

B- Operational design:

The study field of work was carried out through the following phases:

Tools validity

Firstly, the data collection tools were translated into Arabic language by the researcher. The Arabic version was retranslated into English by a bilingual professional person by comparing with its versions. Secondly, the study tools were ascertained by a Jury consisting of five academic professionals from nursing administration department at Port Said University to check face validity for the study tools.

Tools reliability

The tools were assessed by Cronbach's alpha to check the internal consistency. The reliability of tools used in this study by the Cronbach's alpha coefficient test to

assess the internal consistency of the study tools. The internal consistency reliability for Nurses' compassion competence scale (Cronbach's α and test–retest reliability) was (0.893). while, the internal consistency reliability for patient-centered care competency scale was (0.954) which refers to be highly reliable.

Pilot study

A pilot study was carried out on 10% of the study sample (30 nursing staff) to assess the clarity, practicability, and feasibility of the tool and to estimate the proper time required for interview. There weren't modifications done based on analysis of the pilot results and the estimated time needed to complete the questionnaire consumed 20-25 minutes. The pilot study phase was taking two weeks (November 2023) before conducting the study field of work.

Field work

The data was collected from nurses by the researcher after obtaining an official agreement from the medical and nursing directors of the studied hospitals. Meeting with the directors of nursing service was conducted by the researcher on an individual basis to explain the objectives of the study and to gain their cooperation. The questionnaire sheet was filled in by the nurses electronically using Google Form sheets after the purpose of the study was explained. A self-instruction questionnaire was utilized to collect the data related to measure nurse compassion using "Nurses' compassion competence scale" and patient-centred using "Patient-centred care competency scale". Collection of the data covered a period of three months from 1st of December 2023 until the end of February 2024.

C- Administrative design

Before conducting the study, an official letter containing the title and the aim of the study was sent from the Dean of the Faculty of Nursing - Port Said University to the director of each setting to obtain their approval for data collection at the study setting.

Ethical considerations:

An approval was taken from the Research Ethics Committee of the Faculty of Nursing, Port Said University code no. (NUR 3/11/2024) (43). An approval had been obtained from hospital administrators or directors to conduct the study after illustrating the purpose and process of the study. Further, oral consent of participations in the study had been obtained from nurses after clearing out all about of the study. The researcher informed nurses that they can withdraw from the study at any time they wish to do so without any problem. The researcher has ensured the maintenance of anonymity and confidentiality of participants. Moreover, the nurses have been assured about discretion regarding the collected information, and that they shall be only used for study purposes.

D. Statistical design

Data were fed to the computer and analyzed using IBM SPSS software package version 22.0. (Armonk, NY: IBM Corp). The normality of distribution was test. Qualitative data were described using number and percent. Quantitative data were described using range (minimum and maximum), mean, standard deviation, and median. Cronbach alpha coefficient was calculated to assess the reliability of the tools through its internal consistency.

RESULTS

Table 1 shows the distribution of the studied nurses according to their personal and job-related data, as revealed in the table, almost one third (32.2%) of the studied nurses worked in Al-Nasr hospital, and more than half of them (57.1%) were aged 20 < 30 years. In relation to the gender, the table represented that the most of the studied nurses (81.4%) were females, while one third (33.6%) of them have a bachelor degree in nursing. Meanwhile, 39.9% of the studied nurses had more than 10 years of experience in nursing, and two thirds of them (66.1%) were married.

Table 2 presents the compassion domains' levels among the studied nurses. As shown in the table, 98.7% of the studied nurses had high level of sensitivity, and 92% of them had high level of communication, followed by 74.8% of them had high

level of insight. Furthermore, the majority of the studied nurses (98%) showed high level of total compassion, while only 2% of them showed moderate level of total compassion.

Table 3 clarifies distribution of total scores of the patient-centered care competency domains' levels among the studied nurses. It was revealed that, 96.3% of the studied nurses had high level of providing for patient comfort domain, followed by 89% of them had high level of respecting patients' perspectives and advocating for patients. While, 88.4% of the studied nurses had high level of promoting patient involvement in care processes domain. Moreover, the most of the studied nurses (95.7%) had high level of total patient-centered care competency, while only 4.3% of them had moderate level of total patient-centered care competency.

Table 4 shows the relation between the studied nurses' compassion domains and patient-centered competency domains. It's obvious that there was highly statistically significant relation between the studied nurse's compassion domains and their patient–centered competency domains.

Table 5 indicates the relation between the studied nurses' compassion and their total patient–centered care competency. It was evidenced that there was statistically significant correlation between the studied nurses' compassion and their total patient-centered competency.

Table 6 indicates that nurses' compassion as independent variable effect on patient centered care competency (dependent variable) and 64.5% of changes in (dependent variable) were rated to the (independent variable).

Table 7 reveals that 5.2% of changes occur in patient centered care competency were related to age, gender, and experience.

Table (1): Personal and job-related data of the studied nurses (N=301).

Personal characteristics	N	%
Hospital name		
El-Salam	51	16.9%
El-Zohour	40	13.3%
El-Nasar	102	32.2%
Ophthalmology Hospital	27	9%
Women's Health Hospital	25	8.3%
El-Haya	61	20.3%
Age groups		
< 20 years	0	0.0
20: < 30 years	172	57.1
30: < 40 years	56	18.6
≥ 40 years	73	24.3
Mean age ± SD		
Range		
Gender		
Male	56	18.6
Female	245	81.4
Educational levels		
Diploma of nursing secondary school	95	31.6
Technical	94	31.2
Bachelor	101	33.6
Master	10	3.3
Fellowship	1	0.3
Years of experience		
< 3 years	81	26.9
3 < 5 years	62	20.6
5 < 10 years	38	12.6
≥ 10 years	120	39.9
Marital status		
Single	85	28.2
Married	199	66.1
Divorced	12	4.0
Widow	5	1.7

Mean age ± SD: 32.385 ± 9.314
Range: 22-58

Table 2. Total Compassion domains' levels among the studied nurses (n=301)
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Compassion domains'	Low level		Moderate level		High level	
	No	%	No	%	No	%
Communication domain	0	0	24	8.0%	277	92.0%
Sensitivity domain	0	0	4	4.0%	297	98.7%
Insight domain	0	0	76	25.2%	225	74.8%
Total	**0**	**0**	**6**	**2**	**295**	**98**

Table (3): Descriptive statistics of the patient-centered care competency domains among the studied nurses (n=301).

Patient-centered care competency domains	Nurses' patient-centered care competency levels					
	Low level		Moderate level		High level	
	No	%	No	%	No	%
Respecting patients' perspectives	0.0	0.0	33	11.0	268	89.0
Promoting patient involvement in care processes	0.0	0.0	35	11.6	266	88.4
Providing for patient comfort	0.0	0.0	11	3.7	290	96.3
Advocating for patients	0.0	0.0	33	11.0	268	89.0
Total	**0**	**0**	**13**	**4.3**	**288**	**95.7**

Table (4): Correlation matrix between the studied nurses' compassion domains and their patient-centered care competency domains (N=301).

Study domains	Sig	1	2	3	4	5	6	7
1) Communication	r	-						
	p	-						
2) Sensitivity	r	.644**	-					
	p	.000	-					
3) Insight	r	.623**	.661**	-				
	p	.000	.000	-				
4) Respecting patients' perspectives	r	.631**	.692**	.719**	-			
	p	.000	.000	.000	-			
5) Promoting patient involvement in care processes	r	.636**	.650**	.724**	.846**	-		
	p	.000	.000	.000	.000	-		
6) Providing for patient comfort	r	.545**	.656**	.599**	.702**	.760**	-	
	p	.000	.000	.000	.000	.000	-	
7) Advocating for patients	r	.573**	.610**	.622**	.746**	.762**	.678**	-
	p	.000	.000	.000	.000	.000	.000	-
8) Total Compassion	r	.912**	.854**	.840**	.767**	.757**	.674**	.681**
	p	.000	.000	.000	.000	.000	.000	.000
9) Total patient-centered care competency	r	.667**	.723**	.749**	.941**	.946**	.840**	.864**
	p	.000	.000	.000	.000	.000	.000	.000

r: Bivariate Person correlation test   Significance considered if p <0.05*   highly considered if p <0.001**

Table (5): Correlation between the studied nurses' compassion and their patient-centered care competency (N=301).

Study Variables	Sig		Total nurses' compassion
Total patient-centered care competency	**r**		.804**
	p		.000

Table (6): Simple linear regression analysis predicting patient-centered care competency (n=301)

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Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval for B	
		B	**Std. Error**	**Beta**			**Lower Bound**	**Upper Bound**
1	(Constant)	6.971	2.849		2.447	.015	1.364	12.579
	Nurses' compassion	.899	.038	**.804**	23.382	**.000**	.823	.974

a. Predictors: (Constant), Nurses' compassion
b. Dependent Variable: Patient-centered care' competency
r Square =.646
Adjusted r Square =.645
F= 546.708
Significance considered if p <0.05*, highly considered if p <0.001**

Table (7): Simple linear regression analysis predicting patient-centered care competency (n=301).

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval for B		Collinearity Statistics	
	B	**Std. Error**	**Beta**			**Lower Bound**	**Upper Bound**	**Tolerance**	**VIF**
(Constant)	63.123	2.353		26.825	**.000**	58.492	67.754		
Age groups	.154	.072	.183	2.135	**.034**	.012	.295	.429	2.329
Gender	3.879	1.207	.193	3.213	**.001**	1.503	6.255	.872	1.147
Years of experience	.226	.558	.036	.405	.686	-.872-	1.323	.396	2.524

a. Dependent Variable: Patient-centered care' competency
b. Predictors: (Constant), Age groups, Gender, Years of experience.
r square= .061
Adjusted r Square=. 052
F=6.463 Significance considered if p <0.05*, highly considered if p <0.001**

DISCUSSION

Regarding nurses' compassion, the current findings revealed that the majority of the studied nurses had high level of compassion. The present results agreed with the findings of the study by Arli (2023) which entitled an investigation of the relationship between attitudes towards caring for dying patients and compassion and revealed that the studied nurse had high attitude toward compassion. Also, the current findings consistent with Gordon, et al. (2022) who found that the highest percent of the studied Australian nurses had high compassion level. On the contrary, the present findings disagreed with the study by Korkmaz, Guler, and Gur (2023) in Turkey which entitled nurses' patient-centered care competency and compassion fatigue and revealed that nurses' compassion fatigue was at a medium-high level, and asserted that nurses generally experienced compassion fatigue, and nurses preferred the strategy of being isolated both mentally and physically from the work environment in order to cope with this situation. In the same study, it was determined that the participants deliberately lost their empathy towards patients or families and this was interpreted as a symptom of compassion fatigue. Also, the current results inconsistent with the study by Woo, and Kim (2020) which entitled impact of workplace incivility on compassion competence of Korean nurses and revealed that nurses' compassion level was moderate to low and explained that continual exposure to incivil behaviors in the work environment may lead to chronic negative feelings and poor mental health, including high levels of stress, depressive symptoms and anxiety and these negative emotional responses negatively affect employees' work performance and well-being.

Concerning compassion domains, the present results showed that the sensitivity domain had the level followed by the communication domain. These findings may be related to nurses' communication skill forms a therapeutic relationship and becomes a medium for professional interactions with patients. As well as, the nurse attempts to communicate through various methods and explains the treatment in an easy-to-understand language, the patients expressed that they felt that the nurse was providing appropriate care. The current findings agreed with findings of the study by Kim, & Lee (2020) which entitled effects of compassion competence on missed nursing care, professional quality of life and quality of life among Korean

nurses and revealed that the studied nurses had highly sensitive competence which allowed nurses to be attentive and responsive to patient needs and care requirements, helping them avoid missed nursing care.

Also, the current findings agreed with findings of the study by Jeong, and Seo, (2022) in South Korea which entitled mediating effect of communication competence in the relationship between compassion and patient-centered care in clinical nurses and found that nurse had high level of communication competency, and illustrated that when inpatients demand nursing, if the nurse's communication competency is good, satisfaction with nursing care is improved. Therefore, communication competency can be an important strategy for nurses' compassion to lead to patient-centered care.

Regarding patient-centered care competency levels among the studied nurses, the present results showed that the majority of the studied nurses had high level of patient-centered care competency. The present results in the same line with in the study conducted by Bakir and Demir (2020) entitled patient-centered care competence and holistic nursing competence of nurses among 176 nurses, and reported that the patient-centered care competency of the nurses was high. Also, the findings obtained from the study by Huh, and Shin, (2021) who studied person-centered care practice, patient safety competence, and patient safety nursing activities of nurses working in geriatric hospitals and showed that nurses have a very good level of patient-centered care competence. While the current results disagreed with Sillner, Madrigal, & Behrens, (2021) who investigated the patient-centered care among nurses who work in geriatric care facilities and reported that mean scores of patient-centered level was ranged between medium to low level and discussed this difference between nurses worked in hospitals and care facilities supports the report that services in geriatric hospitals are more focused on healthcare than on well-being compared to services in geriatric care facilities in terms of policy efforts related to holistic care of inpatients and employees' practice of personalized patient care.

Concerning domains of patient-centered care competency, the present results revealed that providing for patient comfort domain had the highest level among the studied nurses followed by respecting patients' perspectives, and advocating for patients domain. These findings indicated that the studied nurses had

high level of consciousness and awareness about patients' rights and safety. According to Rumintang & Widianto (2024) who studied link of infection prevention climate to patient-centered care, nurses' compliance with workplace safety and risk mitigation can affect positively on patient-centered care regarding patients' comfort and fostering nurses' respecting for patients' perspective and needs.

The present findings similarly to the study by Pakkonen, et al. (2023) who elaborated that among subscales of the patient-centered care the subscale of providing for patient comfort was evaluated the highest at a good level followed by the subscale of respecting patients' perspectives which rated between a moderate and good level, and the lowest subscale was promoting patient involvement in the care process which rated between a moderate and good level.

Regarding correlation between nurses' compassion and their patient-centered care competency, the current findings indicated that there was statistically significant correlation between the studied nurses' compassion and their total patient-centered competency. This result may be related to the fact that compassion creates understanding, warmth and concern towards oneself and one's circle, and even a sense of mutual intimacy and trust. The current results agreed with Chatburn, Marks, and Maddox (2024) who studied item development for a patient-reported measure of compassionate healthcare in action and revealed that there was statistically significant relation between nurses' compassion in all components of compassion measurement and patient-center care. Also, the current results agreed with Rose-Facey, (2020) who reported that there was a statistically significant positive correlation between patient-centered care and compassion competency and interpreted this relation to the higher levels of compassion satisfaction and structural empowerment leads to an increase in nurses' provision of patient-centered care.

Regarding linear regression analysis, the present results indicated that nurses' compassion as independent variable effect on patient-centered care competency (dependent variable). These results were supported by previous study findings done by Alhalal, Alrashidi, and Alanazi (2020) on the predictors of patient-centered care provision among nurses in acute care settings in Saudi Arabia and demonstrated that higher compassion satisfaction in nurses predict the provision of patient-centered care, that indicated as nurses' compassion satisfaction increased, they

provided a higher level of patient-centered care. Also, the study by Baek, Han, Cho, and Ju (2023) which entitled Nursing teamwork is essential in promoting patient-centered care presented that compassion is a significant factor in enabling nurses to provide patient-centered care.

Also, the present results revealed that patient-centered care competency had changes occur related to age, gender, and experience. These results agreed with Kang, and Seo (2021) who studied the factors affecting person-centered care nursing in Intensive Care Unit nurses and reported that nurses' personal characteristics related to age, and education level are significant factors affecting nurses' competency of patient-centered care. Also, Blackmon, et al. (2022) who examined person-centered skills, processes and workplace factors among Medicaid waiver providers in the USA and revealed that nurses' age, and experience predicate provision of patient-centered care competency.

CONCLUSION

Based on the study findings, it was concluded that, the majority of the studied nurses had high level of compassion and patient-centered care competency. Also, there was statistically significant relation between the studied nurses' compassion and their total patient-centered competency with P-Value of (.000). Additionally, regression analysis demonstrating that nurses' compassion as independent variable effect on patient-centered care competency (dependent variable). While, patient-centered care competency had changes occur related to age, gender, and experience.

RECOMMENDATIONS:

Based on the results of the present study, the following recommendations were suggested:

- Compassionate care should be introduced as a core component of patient-centered care affect patient outcomes.
- Encourage nurses to report factors affect delivering of compassionate care.
- Attend training program, conferences, seminars, and workshops about compassion, communication, and patient-catered care as patient rights.

- Advocate for patients' rights to participate in care planning and clinical decision-making regarding patients' health problems.

- Nurses should provide patients with the necessary knowledge, skills, emotional support, and problem-solving methods during the treatment process.

- In nursing education, integrate the compassion and compassionate care into undergraduate and postgraduate nursing curricula to improve nursing students' patient-centered care competency.

References

Ahmed, Z., Ellahham, S., Soomro, M., Shams, S., & Latif, K. (2024). Exploring the impact of compassion and leadership on patient safety and quality in healthcare systems: a narrative review. *BMJ Open Quality*, *13*(Suppl 2), e002651.

Ahn, Y., & Eun, Y. (2021). The effect of nursing competence on patient-centered care among nurses caring for patients with chronic disease: The mediating effect of burnout and the moderating effect of nursing work environment. *Korean Journal of Adult Nursing*, *33*(2), 134-144.

Alhalal, E., Alrashidi, L. M., & Alanazi, A. N. (2020). Predictors of patient- centered care provision among nurses in acute care setting. *Journal of Nursing Management*, *28*(6), 1400-1409.

Arli, S. K. (2023). An investigation of the relationship between attitudes towards caring for dying patients and compassion. *OMEGA-Journal of Death and Dying*, *86*(4), 1167-1175.

Babaei, S., & Taleghani, F. (2019). Compassionate Care Challenges and Barriers in Clinical Nurses: A Qualitative Study. *Iranian journal of nursing and midwifery research*, *24*(3), 213–219. doi.org/10.4103/ijnmr.IJNMR_100_18

Baek, H., Han, K., Cho, H., & Ju, J. (2023). Nursing teamwork is essential in promoting patient-centered care: a cross-sectional study. *BMC nursing*, *22*(1), 433.

Blackmon, B. J., Lee, J., Bain, R., Brazeal, B. M., Williams, C., & Green, Y. (2022). Person-Centredness In the Workplace: An Examination of Person-Centred Skills, Processes and Workplace Factors Among Medicaid Waiver Providers In the United States. *International Practice Development Journal*, *12*(2).

Byrne, A. L., Baldwin, A., & Harvey, C. (2020). Whose centre is it anyway? Defining person-centred care in nursing: An integrative review. *PloS one*, *15*(3), e0229923.

Chatburn, E., Marks, E., & Maddox, L. (2024). Item development for a patient-reported measure of compassionate healthcare in action. *Health Expectations*, *27*(1), e13953. https://doi.org/10.1111/hex.13953

Delaney, L. J. (2018). Patient-centred care as an approach to improving health care in Australia. *Collegian*, *25*(1), 119-123.

Edoho Samson-Akpan, P., Lee, Y., Baqer Al-Jubouri, M., Rose Cayaban, A., & John, M. E. (2022). Compassion competence among nursing students from different cultures: A multinational study. *Journal of Nursing Education*, *61*(6), 289-295.

Eklund, J. H., Holmström, I. K., Kumlin, T., Kaminsky, E., Skoglund, K., Höglander, J., ... & Meranius, M. S. (2019). "Same same or different?" A review of reviews of person-centered and patient-centered care. *Patient education and counseling*, *102*(1), 3-11.

Ghafourifard, M., Zamanzadeh, V., Valizadeh, L., & Rahmani, A. (2022). Compassionate nursing care model: results from a grounded theory study. *Nursing Ethics*, *29*(3), 621-635.

Gordon, S., Burns, R., Champion, S., Niutta, L., & Bennett, P. (2022). Compassion and person- centred care: Survey development for aged care workers. *Australasian Journal on Ageing*, *41*(2), e140-e150.

Huh, A., & Shin, J. H. (2021). Person-centered care practice, patient safety competence, and patient safety nursing activities of nurses working in geriatric hospitals. *International Journal of Environmental Research and Public Health*, *18*(10), 5169.

Hwang, I. (2015). Development and testing of a patient- centred care competency scale for hospital nurses. *International Journal of Nursing Practice*, *21*(1), 43- 51.

Hwang, J. I., Kim, S. W., & Chin, H. J. (2019). Patient participation in patient safety and its relationships with nurses' patient-centered care competency, teamwork, and safety climate. *Asian nursing research*, *13*(2), 130-136.

Jeong, M., & Seo, K. (2022). Mediating Effect of Communication competence in the relationship between compassion and patient-centered care in clinical nurses in South Korea. *Healthcare, 10*(10), 2069. MDPI.

Kang, H. S., & Seo, M. (2021). The factors affecting person-centered care nursing in Intensive Care Unit nurses. *Journal of Korean Critical Care Nursing*, *14*(3), 14-25.

Kim, C., & Lee, Y. (2020). Effects of compassion competence on missed nursing care, professional quality of life and quality of life among Korean nurses. *Journal of nursing management*, *28*(8), 2118-2127.

Korkmaz, E., Guler, S., & Gur, A. (2023). Nurses' Patient-Centered Care Competency and Compassion Fatigue. *International Journal of Caring Sciences, 16*(3), 1531-1543.

Lee, Y., & Seomun, G. (2016). Development and validation of an instrument to measure nurses' compassion competence. *Applied Nursing Research*, *30*, 76-82.

Pakkonen, M., Stolt, M., Edvardsson, D., Pasanen, M., & Suhonen, R. (2023). Person- centred care competence and person- centred care climate described by nurses in older people's long- term care—A cross- sectional survey. *International Journal of Older People Nursing*, *18*(3), e12532.

Rajamohan, S., Porock, D., & Chang, Y. P. (2019). Understanding the relationship between staff and job satisfaction, stress, turnover, and staff outcomes in the person- centered care nursing home arena. *Journal of Nursing Scholarship*, *51*(5), 560-568.

Robinson, J., Raphael, D., Moeke- Maxwell, T., Parr, J., Gott, M., & Slark, J. (2023). Implementing interventions to improve compassionate nursing care: A literature review. *International Nursing Review*.

Rose-Facey, W. (2020). *Professional Quality of Life and Perceived Patient-Centered Care within the Context of Patient-Centered Care Competency and the Nurse Practice Environment among Medical/Surgical Nurses*. Adelphi University.

Rumintang Marito, D., & Widianto, S. (2024). Link of Infection Prevention Climate to Patient-Centered Care: Role of Workplace Safety and Risk Mitigation. *Risk Management and Healthcare Policy*, 329-340.

Sharifi-Tehrani, M., Seyfi, S., & Zaman, M. (2022). At the intersection of tourism social entrepreneurship and empathy: Development and validation of an empathy scale. *Journal of Business Research*, *141*, 433-447.

Sillner, A. Y., Madrigal, C., & Behrens, L. (2021). Person-centered gerontological nursing: An overview across care settings. *Journal of gerontological nursing*, *47*(2), 7-12.

Strauss, C., Taylor, B. L., Gu, J., Kuyken, W., Baer, R., Jones, F., et al. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clin. Psychol. Rev.* 47, 15–27. doi: 10.1016/j.cpr.2016.05.004.

Woo, C. H., & Kim, C. (2020). Impact of workplace incivility on compassion competence of Korean nurses: Moderating effect of psychological capital. *Journal of Nursing Management*, *28*(3), 682-689.

Yang, Y. (2022). Effects of health literacy competencies on patient-centered care among nurses. *BMC Health Services Research*, *22*(1), 1172.

تعاطف الممرضين وكفاءة الرعاية المتمركزة حول المريض بمستشفيات هيئة الرعاية الصحية المصرية بمحافظة بورسعيد

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الخلاصة

إن تعاطف الممرضين هو عامل مهم في الرعاية المرتكزة على المريض. ولذلك يجب تكوين علاقة جيدة بين الممرضين والمرضى لتقديم رعاية تمريضية فعالة. وبالتالي، يشعر يتحسن شعور المرضى بالرضا عن الرعاية المقدمة لهم كما يزداد الرضا الوظيفي لدى الممرضين. ولذلك، تهدف هذه الدراسه إلى استكشاف العلاقة بين تعاطف الممرضين وكفاءة الرعاية المتمركزة حول المريض في مستشفيات هيئة الرعاية الصحية المصرية بمحافظة بورسعيد. تم استخدام دراسة وصفية إرتباطية لإجراء الدراسة في مستشفيات هيئة الرعاية الصحية المصرية بمحافظة بورسعيد ؛ وشملت الدراسة 301 من الممرضين العاملين في اماكن الدراسة اللذين يقومون بتقديم الرعاية التمريضية للمرضى. وقد أظهرت نتائج الدراسة أن 98% من الممرضين الخاضعين للدراسة لديهم مستوى مرتفع من التعاطف، و2% منهم أظهروا مستوى متوسطًا من التعاطف. في حين كان لدى نسبة 95.7% منهم مستوى مرتفع من كفاءة الرعاية المتمركزة على المريض، و4.3% منهم كان لديهم مستوى متوسط. وقد خلصت الدراسة إلى أن الممرضين الخاضعين للدراسة لديهم مستوى مرتفع من التعاطف وكفاءة الرعاية المرتكزة حول المريض. كما أظهرت وجود علاقة ترابطية بين تعاطف الممرضين والرعاية المتمركزة حول المريض. وأوصت الدراسة بتصميم وتنفيذ برامج تعليمية للممرضين لتعزيز المعرفة والمهارات والمواقف المطلوبة للممرضات لتقديم الرعاية المتمركزة حول المريض وزيادة الوعي بأهمية التعاطف في تقديم الرعاية التمريضية.

الكلمات المرشدة: تعاطف الممرضين، كفاءة الرعاية المتمركزة حول المريض.