

Impact of Self-Efficacy on Nursing Students Compassion Toward Others & Self

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Background

Geraghty, Oliver, & Lauva (2016, p. 836) differentiate compassion and caring.

Compassion and caring are two generic terms that are separate, yet simple, concepts used on a day-to-day basis in the general lexicon of the nursing and midwifery professions. Yet neither term is unique nor exclusive to the nursing and midwifery professions, and the desire to provide care or show compassion might be considered a basic human instinct. Compassion has been defined as comprising attentiveness, presence and saliency, in order to anticipate the needs of patients or clients (van der Cingel, 2014); and the definition of caring is derived from the Latin word 'nutricius', which translates as nourishing (Adams, 2015). Consensus regarding definitions are limited; it appears to be complex and difficult to define because patients and health professionals have viewpoints and perceptions that differ across cultures, gender and nationality (Daly et al, 2009). If care is considered an act, part of routine tasks conducted by nurses and midwives to fulfill the needs of patients, then caring can be considered a product of the nurse's/midwife's conscious decision to perform the action according to disposition and personal motivation (Donoso et al, 2015).

Bramley & Matiti (2014, pp. 2791-2792, 2797) provide insight into the expectation that Registered Nurses are compassionate and caring, patient perceptions of compassion in the healthcare settings, and whether compassion can be taught to healthcare professionals.

Compassion unites people in difficult times and is a foundation to building human relationships which can promote both physical and mental health (Gilbert 2010). In the United Kingdom (UK), the importance of compassion in care is highlighted in a number of recent healthcare documents arguing that nurses should provide compassionate care to patients (Health Service Ombudsman 2011, Department of Health 2012, Francis 2013). However, there is increasing concern worldwide that despite the growing capabilities and sophistication of healthcare systems, there is a failure at a fundamental level with care and compassion (Youngson 2008) ... Designing and implementing education strategies to meet the challenge of ensuring that nursing care is delivered with compassion is a priority.

In direct contrast, however, the Patients Association (2009, 2011, 2012) reported patient experiences deficient in basic nursing care, and the 'Care and Compassion Report' from the Health Service Ombudsman presented the reality of lack of compassion within health care (Health Service Ombudsman 2011). More recently, all of these issues were highlighted once again in the high-profile Francis report, which cited compassionate care as an overarching theme that was lacking (Francis 2013). These accounts present a picture of a NHS that is failing to respond with compassion to the needs of patients.

Compassion in nursing is still seen as a moral virtue, something that nurses are just expected to do and has been described as the essence of caring, therefore the essence of nursing (Chambers &

Background (Cont'd)

Ryder 2009). The idea that nurses can be taught how to be compassionate is a contentious issue, and despite dividing opinion amongst the participants of this study, it has been cited by the recent Francis (2013) report as a priority for nursing.

Aim

Researchers have used self-efficacy to investigate online learning, physical therapist, diabetes type 2, work engagement, teacher education, exercise behavior, chemotherapy treatment, Alzheimer disease, counseling, clinical reasoning, and online shopping (Bradley et al., 2017; Costello et al., 2017; Lalnuntluangi, et al., 2017; Lee, 2017; Lisbona et al., 2018; Malinauskas et al., 2018; Middelkamp et al., 2017; Papadopoulou et al. 2016; Salamizadeh, et al., 2017; Ümmet, 2017; Venskus & Craig, 2017; & Yahong et al., 2018). The purpose of this study is to determine if a self-efficacy intervention may increase compassion in nursing students.

Methods

Instrumentation used were self-efficacy (Schwarzer & Jerusalem, 1995), compassion scale (Pommier, 2011), self-compassion scale (Neff, 2003). Pommier's (2011) scale measures compassion toward others. Subscale are: kindness, judgment, common humanity, isolation, mindfulness, and disengagement. Neff's (2003) scale measures compassion toward self. Subscale are: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identified.

Participants (N=69) in this educational intervention were BSN junior students. The self-efficacy scale was used to create two groups (e.g., high self-efficacy scores, moderate-low self-efficacy scores). Hypothesis 1: Kindness, common humanity, and mindfulness subscales from Pommier's *compassion towards others* questionnaire would have different mean scores for the two self-efficacy groups. Hypothesis 2: The common humanity, mindfulness, and over-identified subscales from Neff's *compassion towards self* questionnaire would have different mean scores for the two self-efficacy groups.

Findings

Independent *t*-test analyses (SPSS #25) were significant for Pommier subscales (kindness, $p=.007$; common humanity, $p=.001$; mindfulness, $p=.001$) and for Neff's subscales (common humanity, $p=.045$; mindfulness, $p=.001$; over-identified, $p=.019$). Barring the over-identified significant finding, BSN students with high scores on self-efficacy had high mean scores on the remaining five subscales.

Discussion

Nursing students with high scores on the self-efficacy scale had high scores on five measures of compassion. Designing and implementing a compassion intervention may increase students with moderate -low scores on the self-efficacy scale.



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