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Title	The impact of compassionate care education on nurses: a mixed-method systematic review
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TABLE S1 Search strategy

S7	S1 AND S2 AND S3 AND S5	Limiters - Published Date: 20070101- 2018228 Narrow by Language: - English Search modes - Boolean/Phrase	38 additional references imported to Covidence after duplicates removed
S6	S1 AND S5 AND S3	Limiters - Published Date: 20070101- 2018228 Search modes - Boolean/Phrase	162 after duplicates removed
S5	TI leader* OR AB leader*	Limiters - Published Date: 20070101- 2018228 Search modes - Boolean/Phrase	(129,844)
S4	S1 AND S2 AND S3	Limiters - Published Date: 20070101- 2018228 Narrow by Language: - English Search modes - Boolean/Phrase	(672)
S3	TI (educat* or course* or program* or model* or framework* or curricul* or intervention* or workshop* or coach* or "reflective practice") OR AB (educat* or course* or program* or model* or framework* or curricul* or intervention* or workshop* or coach* or "reflective practice")	Search modes - Boolean/Phrase	(7,611,540)
S2	TI nurs* OR AB nurs*	Search modes - Boolean/Phrase	(958,206)
S1	TI compassion* N5 car* OR AB compassion* N5 car*	Search modes - Boolean/Phrase	(5,170)

TABLE S2 Data extraction table (n=15)

Author(s) & Year	Country & Setting	Aim(s)	Study Design & Theoretical Underpinning	Study Population	Programme/ Intervention Description	Data Collection Method & Instrument(s)	Findings ^a
Adam & Taylor (2014)	UK University	To discuss the development and evaluation of a teaching approach to help students deliver quality compassionate care	Qualitative descriptive	n=30 nursing students	Module delivered to enable students to develop quality compassionate relationships with patients, carers, and staff	Participants wrote reflective papers and identified and discussed the key themes with the help of a tutor	1. Learning needs: communication skills to challenge staff that lack compassion and respond to anxious/aggressive relatives; skills to respond to bullying and deal with emotive situations; and building resilience. Improvements in communication skills reported 2A. Reflections, class discussions, role playing 3B. Nurses and patient relatives
Adamson & Dewar (2015)	UK University	“To describe the use of stories within the curricula to enhance knowledge and skills in compassionate caring.” (p.155)	Qualitative descriptive	n=16 nursing students	Blended module with principles of compassionate care. Patient, relative, staff, and student stories as part of a Leadership in Compassionate Care Programme (LCCP)	Questions moderated by lecturer to help students reflect on the story, storyteller, own feelings, and factors prompting the storyteller’s actions	1. Students related to and engaged emotionally with the stories 2A. Stories challenged thinking and helped increase awareness of patient perspectives 3A. Teach back method and use of real stories 3B. Reluctance of patients and families to ask questions, undermining the compassionate side of care, and medical jargon
Blomberg et al. (2015)	Sweden and Norway Perioperative setting	To present the experiences of operating theatre nurse (OTN) students	Qualitative descriptive hermeneutical	n=60 nurses with who attended the OTN education	OTN specialist nursing education in operating theatre nursing with elements of	Data collected by writing down critical events that had positive and/or negative impact on nurses	1. OTNs getting to know patients and making themselves known to patients. OTNs are compassionate and help preserve patient privacy.

Author(s) & Year	Country & Setting	Aim(s)	Study Design & Theoretical Underpinning	Study Population	Programme/ Intervention Description	Data Collection Method & Instrument(s)	Findings ^a
Bridges et al. (2017)	UK NHS and University	with dignity preservation To explore the implementation of Creating Learning Environments for Compassionate Care (CLECC) programme into existing work practices	Qualitative process evaluation guided by Normalisation Process Theory (NPT)	n=25 managers, staff nurses, healthcare assistants, senior hospital nurses, and practice development nurses	compassionate care CLECC is a team-based workplace educational programme focused on creating a sustainable learning environment via leadership and team practices	Individual audio recorded face-to-face semi-structured interviews. A sample of CLECC learning activities was also observed by university researchers	1. Benefits to personal well-being and capacity to care; prioritising and engaging more with patients; making further commitment to compassion 2A. Principles underpinning CLECC 3A. CLECC enabled staff to develop and adapt practices that suited local circumstances 3B. External factors; lack of resources; lack of time; priorities of the organisation
Day (2014)	UK Two hospital wards (older people [ward1] and acute medical [ward 2])	To pilot an intensive programme consisting of small improvement initiatives and focus group work with a view to improving staff engagement	Pilot pre- and post-test study	Pre-test: n=58 nurses (n=25 on ward1; n=33 on ward2) Post-test (3 months): n=57 nurses (n=27 on ward1; n=30 on ward2)	ENGAGE card (Engaged by your senior team; Nurtured by your manager; Glad to come to work; Acknowledged by your senior team; Guided by your manager; and Empowered to improve patient care) and improvement initiatives	ENGAGE card completed by staff at pre- and post-test. Results shared with managers to improve engagement levels. Improvement initiatives presented to nurses before focus groups	1. Pre-test: 52% (ward1) and 48% (ward2) did not feel guided or nurtured by their manager Post-test: Positive improvement on both wards in all ENGAGE components. Focus group was perceived as very useful. 2A. Personal and humanised teaching and the ENGAGE card 3A. Leadership, reflection, and coaching sessions with ward managers and reinforcement of individualised patient care

Author(s) & Year	Country & Setting	Aim(s)	Study Design & Theoretical Underpinning	Study Population	Programme/ Intervention Description	Data Collection Method & Instrument(s)	Findings ^a
Dewar & Cook (2014)	UK Acute care	To describe the development, implementation and evaluation of an appreciative and relationship centred leadership programme	Mixed-method study (Questionnaire and semi-structured interviews) Principles of Appreciative Relationship Centred Leadership	Quantitative: n=408 nurses who completed the program and 319 who did not complete the programme Qualitative: n=65 nurses	12-month Leadership Programme designed to help nurses build on existing skills, knowledge and expertise and work within a framework of relationships NA	Survey collected pre-intervention Ongoing reflections collected during and post-intervention	1. Pre-intervention staff perceived deficits in: ability to influence ward-level decision-making, ability to discuss tough issues; reflective care; and feeling valued. Post-intervention improvement in: Self-awareness (78%); relationships (93%); reflective thinking (58%); conversations (98%); culture of learning (69%)
Dewar & Nolan (2013)	UK Acute care	To define compassionate relationship-centred care and identify strategies to promote such care among older people	Mixed qualitative methods (participant observation, interviews, storytelling, and group discussions) Appreciative Inquiry	n=57 registered nurses, nonregistered care staff, allied health care professionals, medical staff, patients, and families	NA	Setting the scene; what is working well? What would be ideal? What to do to achieve the ideal? What worked well and how can people be supported to develop?	2A. Two forms of person and relational knowledge: “knowing who I am and what matters to me” and “understanding how I feel” The study generated a model called the 7Cs to promote appreciative caring conversations: “being Courageous; Connecting emotionally; being Curious; Collaborating; Considering other perspectives; Compromising; and Celebrating”
Dewar et al. (2011)	UK Acute care	To describe a project that explores the meaning of compassion and how this can be measured and	Qualitative descriptive Elements of appreciative inquiry and action learning processes	n=NR (nurses, patients, and relatives)	NA	Positive care practice statements developed and matched with images to help communicate	3A. Learning about things that matter to people and adapting existing policy; relatives’ daily round on the ward enhanced communication and freed up time for nursing care

Author(s) & Year	Country & Setting	Aim(s)	Study Design & Theoretical Underpinning	Study Population	Programme/ Intervention Description	Data Collection Method & Instrument(s)	Findings ^a
Jones et al. (2016)	Australia Acute care	implemented as part of the LCCP To identify personal, professional and organisational factors that enable or disable compassionate care delivery	Qualitative descriptive Compassion Café	n=171 nurses	NA	the statements to staff. Feedback collected after The concepts of compassion, compassionate care, moral distress, and compassion fatigue were discussed. Data collected on 857 post it notes	2A. Workplace culture; team relations; shared understanding of care; connections with patients/families; knowledge, understanding and experience with critical incidents; and nurse's social and family situation 2B. Competing work/family demands 3A. Contribution of senior staff, leadership team, and team unit 3B. Emphasis on procedural care
MacArthur et al. (2017)	UK Acute care	To critically analyse the impact of the LCCP and offer a conceptual model of factors that can embed compassionate care in healthcare	Qualitative, longitudinal research design with data collection in 3 phases Realistic Evaluation	n=42 transcripts (charge nurses, nurse managers, senior nurses, and senior individuals in the NHS and higher education institution)	The LCCP was delivered over 7–9-month period via various activities including emotional touchpoints, eliciting stories, beliefs and values clarification, and photo elicitation	Semi-structured interviews With key stakeholders and focus groups Observation of practice Attendance at LCC meetings Review of research outputs from LCC team LCC conference attendance	1. High levels of adoption of the LCCP linked to positive outcomes and low level of adoption linked to less positive experiences 2A. Engagement with the LCCP 3A. The ways of working; practice development techniques; adoption of the Senses Framework; facilitation skills of senior nurses; practice development; investing time in groundwork with teams; recognition at senior level that implementing cultural change takes time; leadership influencing sustainability

Author(s) & Year	Country & Setting	Aim(s)	Study Design & Theoretical Underpinning	Study Population	Programme/ Intervention Description	Data Collection Method & Instrument(s)	Findings ^a
Masterson et al. (2014)	UK Care of the older adult	To evaluate the enabling compassionate care (incorporating the '6Cs') in practice programme	Qualitative descriptive	n=111 nurses	The programme was targeted at nursing leaders caring for older people. It comprised a two-day residential programme and a one-day follow up six weeks later	Evaluation conducted through group discussions and written and verbal comments	1. Increased knowledge, understanding, and practical application of the '6Cs' and increased courage and confidence to lead and getting in touch with core nursing values. A number of changes made in practice for the benefit of patients. Nurses valued being introduced to skills such as quality improvement and consulting
O'Driscoll et al. (2018)	UK NHS and University	To present findings from an evaluation of the impact of the Compassion in Practice Vision and Strategy (CiPVS) on nurses, midwives, and care staff	Embedded mixed-method qualitative and quantitative design	Quantitative: n=2,242 nurses, midwives, leaders, and students Qualitative: n=9 plus responses on open-ended questions (n=NR)	CiPVS was a national programme built on the values of the 6Cs (Care, Compassion, Communication, Courage, Competence, Commitment) and delivered through six work streams	Quantitative: Online survey distributed to directors of nursing in 36 trusts Qualitative: Telephone interviews with staff (n=9)	1. 56% aware of CiPV strategy (26.3% nurses/midwives vs. 46.5% middle management vs. 88.3% senior management; X^2 , 136.20, df=4, $p<0.001$). 2A. Perception of positive achievement of CiPVS among senior staff. CiPVS improves patient care (77.5%) 2B. Staff feeling frustrated, overworked, demoralised, and unsupported. CiPVS perceived as insulting and time wasting
Smith et al. (2014)	UK University	To explore and respond to the perceptions of nurse lecturers regarding the	Qualitative descriptive Action Research	n=8 (senior lecturers; academic developer;	NA	Four 'Restorative' space workshops.	1. Participants highlighted the need for a school culture to support nurse lecturers in helping students develop compassionate caring skills. Findings identified three key themes related to

Author(s) & Year	Country & Setting	Aim(s)	Study Design & Theoretical Underpinning	Study Population	Programme/ Intervention Description	Data Collection Method & Instrument(s)	Findings ^a
		experiences of compassion		lecturers; practice education facilitator; senior nurses)		Data were collected in the form of collages, and field and reflective notes	the promotion of compassion in the workplace; leadership, culture, professional and personal development. As a result, opportunities for lecturers to participate in a leadership development programme were provided
Winch et al. (2015)	Australia Queensland Clinical & Academic Settings (Hospital & University Settings)	To enable educators to identify the tensions between the desire and the capacity to provide compassionate care at their level of practice	Mixed-method (<i>feasibility study</i>) Café Methodology	n=39 educators	Compassion café took place over 2 hours to allow educators to identify the tensions between the desire and capacity to provide compassionate care and to teach the café methodology.	Experiences explored using conversation. A 3-section survey with open-ended questions was administered to evaluate the feasibility and applicability of this process for staff development	1. Programme content was relevant to work situation (n=19); appropriate to background (n=22); useful for needs (n=21); the ideas presented were new (n=11) 2A. The ‘café’ session presented concepts that were useful (n=22); empowered participants to apply café methodology to own work situation.
Zubairu et al. (2017)	UK NHS trusts	To evaluate the benefits and impact of the Care Maker programme, identify shifts in values and behaviours, and evaluate	Mixed -method design	Quantitative: n=258 care makers (CM) Qualitative: n=13 (n=9 for case study A and n=4	The Care Maker programme was launched with emphasis on the 6Cs	The Care Maker Questionnaire distributed Semi structured telephone interviews conducted with healthcare	1. Feeling proud to be a CM (93.4%); incorporating the C6s in practice (89.3%); acting as ambassadors for the 6Cs (77%); increased job satisfaction (60.4%) 2A. Sense of belonging; being part of a wider community; sense of pride; viewing work practices differently 2B. Lack of networking opportunities

Author(s) & Year	Country & Setting	Aim(s)	Study Design & Theoretical Underpinning	Study Population	Programme/ Intervention Description	Data Collection Method & Instrument(s)	Findings ^a
		programme benefits and impact		for case study B)		professionals involved with the CM programme.	3B. Lack of resources to fulfil role (17%); lack of time/insufficient notice periods for attendance (56%); lack of adequate support; lack of awareness regarding role.

CiPV: compassion in practice vision and strategy; CLECC: creating learning environments for compassionate care; CM: care models; ENGAGE: engaged by your senior team, nurtured by your manager, glad to come to work, acknowledged by your senior team, guided by your manager, and empowered to improve patient care; LCCP: leadership in compassionate care programme; OTN: operating theatre nurse

^a Findings presented according to the review questions as follows:

1. What is the impact of compassionate care education programmes on registered nurses, clinical nursing leaders, nursing educators, and/or nursing students
2. What programme characteristics have led to:
 - A. Positive outcomes
 - B. Negative outcomes
3. In the implementation of compassionate care programmes, what are the:
 - A. Facilitators
 - B. Barriers

TABLE S3 Quality appraisal of the included qualitative studies (CASP, 2017)

Critical Appraisal Skills Programme (CASP) criteria	Author(s) & Year									
	Adam & Taylor (2014)	Adamson & Dewar (2015)	Blomberg et al. (2015)	Bridges et al. (2017)	Dewar & Nolan (2013)	Dewar et al. (2011)	Jones et al. (2016)	Masterson et al. (2014)	MacArthur et al. (2017)	Smith et al. (2014)
Aims of research were clearly stated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Qualitative method is appropriate	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Research design is appropriate to address aims	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Recruitment strategy is appropriate to address aims	Yes	Yes	Yes	Yes	Yes	PA	Yes	Yes	Yes	Yes
Data collected in a way to address the research issues	Yes	Yes	Yes	Yes	Yes	PA	Yes	Yes	Yes	Yes
Relationship between researcher and participants considered	PA	No	No	No	PA	PA	PA	No	Yes	No
Ethical issues were taken into consideration	No	Yes	Yes	Yes	Yes	PA	Yes	No	Yes	Yes
Data analysis was sufficiently rigorous	No	No	Yes	Yes	Yes	PA	Yes	No	Yes	Yes
Findings clearly stated	Yes	PA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Research is valuable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

PA: Partially Addressed

TABLE S4 Quality appraisal of mixed-methods studies (Pluye & Hong, 2014)

Mixed Methods Appraisal Tool (MMAT) Criteria	Author(s) & Year
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	Dewar & Cook (2014)	O'Driscoll et al. (2018)	Winch et al. (2015)	Zubairu et al. (2017)
Clear qualitative and quantitative research questions	Yes	Yes	No	Yes
Collected data address the research questions	Yes	Yes	Yes	Yes
Sources of qualitative data relevant to the research question	Yes	Yes	Yes	Yes
Process of data analysis relevant to the research question	Yes	Yes	CT	Yes
Consideration given to how finding relate to context	Yes	Yes	Yes	Yes
Consideration given to how findings relate to the researcher's influence	Yes	No	No	Yes
Sampling strategy relevant to address the quantitative research questions	Yes	Yes	CT	Yes
Sample is representative of target population	No	No	CT	Yes
Measurements are appropriate	Yes	Yes	CT	Yes
Response rate is acceptable	CT	CT	Yes	Yes
Mixed methods design appropriate to address qualitative and quantitative questions	Yes	Yes	CT	Yes
Integration of qualitative and quantitative results relevant to address the research question	Yes	Yes	Yes	Yes
Consideration given to the limitations	Yes	Yes	No	Yes

CT: Can't Tell

TABLE S5 Risk of bias assessment for pre- and post-test studies (EPOC, 2015)

Effective Practice and Organisation of Care (EPOC) Items	Author(s) & Year
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	Day (2014)
Intervention independent of other changes	Unclear risk
Shape of the intervention effect pre-specified	High risk
The intervention unlikely to affect data collection	High risk
Knowledge of the allocated interventions adequately prevented	High risk
Incomplete outcome data adequately addressed	Unclear risk
Study is free from selective outcome reporting	Low risk
Study is free from other risk of bias	High risk
