

Are interventions to support the delivery of more compassionate nursing care effective?

Compassion is a key element of nursing care. Recently, nurses' delivery of compassionate care has been under close scrutiny in the context of demand of high quality health care and a series of health care 'scandals', with much attention focusing on nurses in general hospitals. The need to strengthen compassionate nursing has been highlighted as a high priority for the NHS. A range of 'structural' strategies are recommended, including changes in education. However, although there are many proposed interventions to support the delivery of compassionate care in practice, there is uncertainty as to whether they are truly effective.

As evidence based strategies should be given a priority for implementation, this Evidence Brief reports findings of a systematic review of interventions to promote compassionate care by nurses.

The drive for interventions to support the delivery of compassionate nursing care

The concept of compassion is critical in nursing care (1, 2). The recent Francis Report highlighted substantial and significant differences in the quality of delivered care, and the compassion shown towards patients. These have been identified as a main issue in the failings that have been under investigation (3). Although there is general consensus that compassionate nursing care needs improvement (4-7), there is little evidence available on effectiveness of interventions aiming to support its delivery and therefore no clear guidance on how to achieve this aim. National strategies such as the chief nursing officer's "6 Cs" (8) have prompted a range of initiatives but the evidence behind many of the activities and programmes designed to promote compassion is unclear.

In this evidence brief we summarise a systematic review of evidence for "interventions" which aim to support or improve the delivery of compassionate nursing care.

A review of evidence – method

Due to the lack of clear definition of compassionate care, the review used an inclusive approach to studies that did not explicitly address 'compassion'. It included studies aiming to improve compassionate nursing care, but also looked at studies with primary outcomes that assessed or evaluated either nurses' self-reports of compassion and/or ability to deliver compassionate care, and/or observed quality of interactions, including patient reports of experienced compassion. The review was based on studies selected from a comprehensive search of literature using CINAHL, Medline and the

Cochrane Library databases up to June 2015. It included primary research studies comparing outcomes of interventions to promote compassionate nursing care with a control condition. Studies were graded according to relative strength of methods and quality of description of intervention.

Range of interventions

Reviewers identified 24 primary studies reporting on 25 interventions, which included: staff training, changes to care model and staff support system. The studies had been carried out in a range of settings: hospital, care/nursing homes and other community settings. Eleven studies were conducted in the USA, with the other studies conducted in various countries, mostly in Europe, but also Australia, Canada, China and Turkey.

Study participants included nurses, nurse managers, patients and relatives. Effectiveness of interventions was measured using a range of tools, although self-report by nurses was the most common method. The outcome measures varied widely, but can be classified into three types: nurse-based outcomes, quality of care and patient-based outcomes.

Intervention types included staff training (n=10), care model (n=9) and staff support (n=6). Staff training interventions comprised focused training on verbal interactions, communication, communicating about spirituality and spiritual care, and training on empathy. By contrast care model interventions took a broader approach to changing the functioning of a team in practice. Finally, staff support focussed on individual or group programmes to address problems (such as compassion fatigue) or to bolster individual psychological resources.

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Overall, it was difficult to get a clear picture of the interventions from the description provided in the paper. This means that evidence is less useful because the intervention becomes difficult or impossible to replicate. Descriptions of participants and facilitators was unclear, as was the description of mechanisms for change.

Nurse support intervention studies primarily measured nurse-based outcomes. In contrast, care model intervention studies primarily used outcomes related to quality of care and patient-based outcomes, but use of nurse outcomes was less common. Training intervention studies used the widest range of outcome type, although the majority used nurse-based outcomes.

Although most of the studies reported improvement in their primary outcomes, the design of most studies was weak and so methodological quality was judged to be low. Most of the studies were uncontrolled in their approach, relying on simple before and after comparisons. Of the 67 outcome types assessed across all studies, 32 (48%) showed significant positive effects for the intervention, with a further 18 (27%) showing positive but non-significant results. There were no significant negative differences and only three non-significant negative results.

The few higher quality studies were less likely to report positive changes and patient outcomes were less likely to show significant differences, with only 5/17 (29%) showing statistically significant differences. None of the interventions were tested more than once.

Implications for policy and practice

Based on the quality of evidence, we could not recommend implementing any of the reviewed interventions. The weakness of the evidence does not create a compelling reason to consider any particular approach that has been researched.

Although any of the interventions reported may be worthy of further investigation, it would be difficult to replicate them, because of the lack of information reported and general lack of theoretical underpinnings. None should be routinely implemented or considered 'evidence based' without further research.

Conclusions

- There is a large variety of interventions aimed at supporting compassionate nursing care described in the nursing literature
- The interventions reviewed focused either on staff training, staff support or the introduction of a new care model

- Whilst the studies reporting the effectiveness of compassionate nursing care interventions show mostly positive effects on care quality outcomes, the quality of description on interventions and their methodological underpinnings are weak.
- As a result, there is no clear guidance about what interventions effectively support compassionate nursing care.
- The beneficial impact of programmes to support compassionate care should not be assumed
- To be able to strengthen the delivery of compassionate nursing care, there is a need for clear, well described and evaluated interventions, with stronger research design.

References:

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