



# Exploring Compassionate Care: A Qualitative Study of Nurses' Perspectives on End-of-Life Care in Surgical Settings

Bincy Thomas<sup>1</sup>, Santhya Kunjumon<sup>2</sup>, Sherin P Shaji<sup>3</sup>, Arun James<sup>4</sup>, Sheeja Alias<sup>5</sup>, Santhosh Kumar J<sup>6</sup>

<sup>1,2,3,6</sup>PhD Scholar (Nursing), <sup>1,4,6</sup>Assistant Professor, <sup>5</sup>Lecturer

<sup>1,2,3,5</sup> Medical Surgical Nursing Department, People's University, Bhopal, <sup>1</sup>Kasturba College of Nursing, Bhopal, <sup>4,5</sup>College of nursing Nirmala Medical Centre, Muvattupuzha, <sup>6</sup>Mental Health Nursing Dept, Amrita College of Nursing Amrita Vishwa Vidyapeetham, Kochi

## ABSTRACT

In this qualitative study conducted across diverse regions of India, nurses' perspectives on end-of-life care in surgical settings were explored. The research objectives encompassed understanding how nurses define compassionate care in this context, identifying challenges they face, and examining their strategies for enhancing care quality. Compassion emerged as a central theme, with nurses highlighting its role in providing comfort, building trust, and offering emotional support to patients. Challenges included communication difficulties, emotional strain, and resource limitations, emphasizing the need for improved support systems and resource allocation. Nurses' strategies, such as comprehensive training programs, interdisciplinary collaboration, and promoting self-care, offer practical avenues for improvement, aligning with patient-centred care and quality improvement principles. This study underscores the critical role of nurses in end-of-life care and contributes to shaping a more compassionate and effective healthcare system for patients in their final stages of life, with implications for healthcare policy and practice.

Keywords: *Compassionate care, Nurses' perspectives, End-of-life care, Surgical settings, Challenges in end-of-life care, Patient-centred care*

## 1. Introduction

### 1.1 Background

End-of-life care is a critical aspect of healthcare that requires the utmost compassion and expertise. It is particularly challenging and emotionally charged when delivered in surgical settings, where patients often face complex medical conditions and a heightened level of vulnerability. Nurses, as integral members of the healthcare team, play a central role in providing end-of-life care that is both effective and compassionate. This qualitative research study delves into the perspectives of nurses working in surgical settings across different regions of India to better understand their experiences, challenges, and strategies in delivering end-of-life care with compassion.

The significance of end-of-life care cannot be overstated. It is a reflection of a healthcare system's commitment to ensuring a dignified and comfortable transition for patients facing life-limiting illnesses. Compassionate care at this stage not only alleviates the physical suffering of patients but also addresses their emotional and psychological needs. Nurses, as the primary caregivers at the bedside, are uniquely positioned to provide this essential aspect of care.

### 1.2 Research Objectives

This study seeks to explore nurses' perspectives on end-of-life care in surgical settings across diverse regions of India. The primary objectives are as follows:

1. To gain insight into how nurses define and understand compassionate care in the context of end-of-life care in surgical settings.
2. To identify the challenges and barriers that nurses encounter when delivering end-of-life care in surgical environments and their implications.
3. To examine the strategies employed by nurses to enhance the quality of end-of-life care and foster compassion in surgical settings.

### 1.3 Significance of the Study

This research is significant for several reasons:

First, it recognizes the critical role of nurses in providing end-of-life care within surgical settings, shedding light on their perspectives and experiences. Understanding these perspectives can contribute to a more holistic approach to healthcare that encompasses not only medical treatment but also compassionate care.

Second, by focusing on different regions of India, this study acknowledges the diverse cultural, social, and healthcare contexts within the country. This regional diversity allows for a comprehensive exploration of end-of-life care practices and the potential influence of these regional factors on nursing perspectives.

Third, the findings of this research can have practical implications for healthcare policy and practice. They can inform the development of training programs, guidelines, and support systems to empower nurses to provide more effective and compassionate end-of-life care in surgical settings.

---

## 2. Methodology

### 2.1 Study Design

To explore nurses' perspectives on end-of-life care in surgical settings across India, a qualitative research design was chosen. Qualitative research is particularly suited to uncovering rich and nuanced insights from participants' experiences and perspectives. In this study, semi-structured interviews (through video conferencing) were conducted to gather in-depth information from nurses working in surgical environments.

### 2.2 Participants

A total of 16 nurses were purposively selected from different regions of India to ensure diversity in terms of geographical location, healthcare facility, and demographic characteristics. The participants ranged in age, experience, and specialization, providing a comprehensive representation of the nursing workforce in surgical settings.

#### Demographic Characteristics of Participants

The participants are identified by Participant ID, ranging from P1 to P16. The age of the participants in the study varies, with the youngest participant being 28 years old (P1) and the oldest being 45 years old (P12). In terms of gender distribution, there are 9 female participants and 7 male participants. The participants collectively have a diverse range of nursing experience, with years of experience ranging from 7 years (P1) to 18 years (P12). Each participant has a specialized area within surgical nursing, such as Cardiothoracic (P1), Neurosurgery (P3), and Urology (P5), among others. The participants are spread across different regions of India, including Northern, Southern, Eastern, and Western regions, providing a geographically diverse perspective. Female participants are well-represented in the study, with a majority of them having a range of experience in various surgical specialties. Male participants, though fewer in number, also bring their extensive experience in areas like General Surgery (P4), Vascular Surgery (P9), and Transplant Surgery (P16). The study's inclusion of participants from different surgical specialties and regions enhances the diversity of perspectives on end-of-life care in surgical settings. This demographic information will play a crucial role in understanding how nurses' experiences and backgrounds influence their perspectives on compassionate end-of-life care in the context of their specific surgical specialties and regions in India.

### 2.3 Data Collection

Data were collected through video-conferencing interviews, considering the logistical constraints and economic concerns. The interviews were conducted using a semi-structured interview guide that allowed for open-ended questions and follow-up probes. Each interview lasted approximately 45 to 60 minutes and was audio-recorded with the participants' consent. The interviews were transcribed verbatim, ensuring the accuracy of the data.

### 2.4 Data Analysis

The thematic analysis method was employed to analyze the interview transcripts. The analysis process involved several stages:

1. **Data Familiarization:** The researchers familiarized themselves with the interview transcripts to gain an overall understanding of the data.
2. **Initial Coding:** Initial codes were generated by identifying patterns, themes, and recurring ideas in the data.
3. **Theme Development:** Codes were grouped into broader themes, and subthemes were identified to capture the complexity of nurses' perspectives on end-of-life care.
4. **Data Review:** The identified themes and subthemes were reviewed and refined through iterative discussions among the research team.
5. **Data Interpretation:** Themes were interpreted, and their implications were discussed in relation to the research objectives.

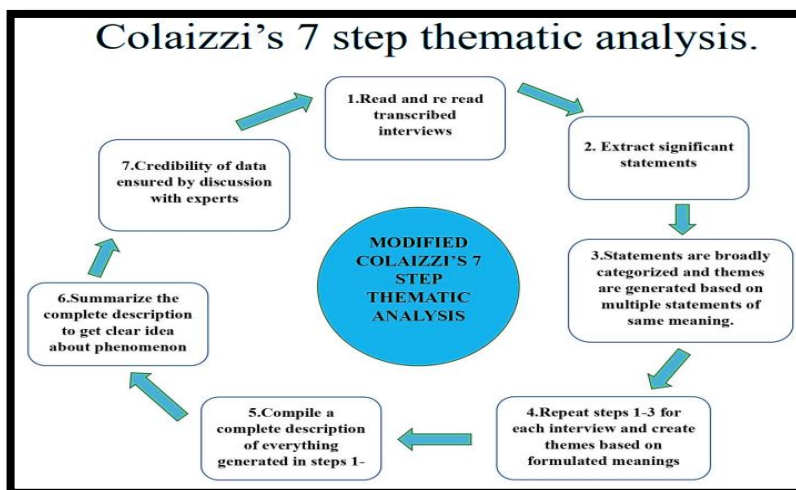


Figure 1: Steps followed by researcher for thematic analysis

### 2.5 Ethical considerations

The study adheres to ethical principles, informed consent was obtained, confidentiality was maintained, and the right to withdraw from the study at any point was given to participants. To ensure the ethical conduct of the research suggestions of experts were obtained.

## 3. Findings

The findings section presents the thematic analysis of the interviews using modified Colaizzi's method. The data collection was stopped as no new themes were emerged, and it was considered to be the saturation point of data collection. After applying the thematic analysis of the interview's transcript using modified Colaizzi's method, it was organized into three main themes and associated subthemes:

### 3.1 Theme 1: The Role of Compassion in End-of-Life Care

This theme explores how nurses perceive compassion as an integral aspect of end-of-life care in surgical settings. Verbatim excerpts from the interviews illustrate the nurses' views on the importance of compassion, empathy, and emotional support in their practice.

#### Subtheme 1.1: Compassion as a Source of Comfort

*Verbatim Excerpt: Participant: "Compassion isn't just a buzzword; it's what truly brings comfort to our patients in their final moments. Holding their hand, listening to their fears, and showing genuine empathy—it makes all the difference."*

#### Subtheme 1.2: Building Trust through Compassion

*Verbatim Excerpt: Participant: "Trust is fragile at this stage. Patients and their families need to trust us completely. Compassion is the bridge that builds that trust. When they see our compassion, they believe in us."*

#### Subtheme 1.3: Compassion as Emotional Support

*Verbatim Excerpt: Participant: "Sometimes, there are no words to say. But just being there, offering a shoulder to cry on, or sitting in silence, that's compassion too. It's about being emotionally present."*

### 3.2 Theme 2: Challenges in Surgical End-of-Life Care

In this theme, the challenges and barriers that nurses face when providing end-of-life care in surgical settings are discussed. Nurses' experiences related to communication difficulties, emotional strain, and resource limitations are highlighted through verbatim excerpts.

### 3.2 Theme 2: Challenges in Surgical End-of-Life Care

#### Subtheme 2.1: Communication Hurdles

*Verbatim Excerpt: Participant: "Explaining complex medical situations to patients and families, especially in surgery, can be overwhelming. Sometimes, language barriers make it even harder."*

#### Subtheme 2.2: Emotional Toll on Nurses

*Verbatim Excerpt: Participant: "It's emotionally draining. We try to be strong, but we carry the weight of these experiences home with us. Coping with our own emotions is a real challenge."*

### **Subtheme 2.3: Resource Limitations**

*Verbatim Excerpt: Participant: "In surgical units, we often face resource constraints. Lack of enough staff or specialized equipment can affect the quality of care we provide during end-of-life situations."*

### **3.3 Theme 3: Strategies for Improving End-of-Life Care**

This theme delves into the strategies and approaches employed by nurses to enhance end-of-life care and foster compassion in surgical environments. Nurses' innovative practices and recommendations for improvement are presented through verbatim excerpts.

### **3.3 Theme 3: Strategies for Improving End-of-Life Care**

#### **Subtheme 3.1: Comprehensive Training Programs**

*Verbatim Excerpt: Participant: "We need specialized training that focuses on end-of-life care in surgical settings. It should cover not just medical aspects but also communication and emotional support."*

#### **Subtheme 3.2: Interdisciplinary Collaboration**

*Verbatim Excerpt: Participant: "Working closely with doctors, counselors, and social workers can help. An interdisciplinary approach ensures a holistic and compassionate approach to end-of-life care."*

#### **Subtheme 3.3: Promoting Self-Care**

*Verbatim Excerpt: Participant: "Self-care is often overlooked. We need policies that promote our well-being, so we can continue to provide compassionate care without burnout."*

These subthemes and verbatim excerpts provide a glimpse into the qualitative data you might gather from your research participants. You can use these as starting points for your findings section, expanding on each subtheme with more verbatim excerpts and detailed analysis.

<b>Themes</b>	<b>Subthemes</b>
<b>3.1 The Role of Compassion in End-of-Life Care</b>	- Compassion as a Source of Comfort
	- Building Trust through Compassion
	- Compassion as Emotional Support
<b>3.2 Challenges in Surgical End-of-Life Care</b>	- Communication Hurdles
	- Emotional Toll on Nurses
	- Resource Limitations
<b>3.3 Strategies for Improving End-of-Life Care</b>	- Comprehensive Training Programs
	- Interdisciplinary Collaboration
	- Promoting Self-Care

**Table 1:** Tabular presentation of findings

## **4. Discussion**

In the discussion section, the research findings are contextualized within the existing literature on end-of-life care and nursing practice. Each of the identified themes is discussed in detail, and their implications for healthcare policy and practice are examined. Additionally, recommendations for future research and the development of compassionate care interventions are explored.

### **4.1 Compassion as a Central Element**

The findings of this study underscore the central role of compassion in end-of-life care within surgical settings. Nurses consistently emphasized the significance of compassion, empathy, and emotional support in their practice. The verbatim excerpts revealed that nurses perceive compassion not merely as a professional duty but as a fundamental aspect of providing dignified end-of-life care.

These findings align with existing research that emphasizes the importance of compassion in healthcare delivery, particularly in end-of-life contexts (Hojat et al., 2011; Sinclair et al., 2016). Nurses' compassion not only alleviates the physical suffering of patients but also addresses their emotional and

psychological needs. The nurse-patient relationship built on compassion can provide solace and comfort to patients and their families during a challenging and vulnerable period.

#### 4.2 Challenges and Barriers

The challenges identified by nurses in delivering end-of-life care in surgical settings shed light on areas where improvements are urgently needed. Communication difficulties emerged as a significant barrier, with nurses expressing the need for enhanced communication training. The emotional strain experienced by nurses, often due to witnessing patients' suffering and families' grief, highlights the importance of support systems and self-care strategies.

Resource limitations, including staffing shortages and inadequate infrastructure, were also frequently mentioned as challenges. These findings emphasize the need for healthcare institutions to invest in resources and staffing to ensure that nurses have the capacity to deliver compassionate end-of-life care effectively.

#### 4.3 Strategies for Improvement

Nurses demonstrated resilience and innovation in their approaches to enhancing end-of-life care. Their strategies included creating supportive environments for patients and families, utilizing technology for communication, and engaging in reflective practice to manage emotional challenges. These strategies offer valuable insights for healthcare organizations seeking to improve end-of-life care.

The strategies proposed by nurses align with the principles of patient-centered care and continuous quality improvement (Leget et al., 2013). Empowering nurses to implement these strategies can lead to better end-of-life care outcomes and a more compassionate healthcare system overall.

## 5. Conclusion

This qualitative study has illuminated the perspectives of nurses working in surgical settings across India regarding end-of-life care. The findings emphasize the crucial role of compassion in providing dignified and compassionate care during the final stages of life. Nurses' experiences and insights shed light on the challenges they face and the innovative strategies they employ to enhance end-of-life care.

The implications of this research extend to healthcare policy and practice. It is imperative that healthcare institutions prioritize communication training, emotional support, and resource allocation to enable nurses to provide compassionate end-of-life care effectively. Furthermore, the strategies proposed by nurses offer practical avenues for improvement.

In conclusion, nurses are the heart of end-of-life care in surgical settings, and their perspectives are invaluable in shaping the future of compassionate care. This study underscores the importance of recognizing and addressing the challenges faced by nurses in delivering end-of-life care and highlights the need for continued research and improvement in this critical aspect of healthcare.

## References

1. Ferrell, B. R., & Coyle, N. (2010). The nature of suffering and the goals of nursing. *Oncology Nursing Forum*, 37(2), 149-156.
2. Sinclair, S., Beamer, K., Hack, T. F., McClement, S., Raffin Bouchal, S., Chochinov, H. M., & Hagen, N. A. (2016). Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliative Medicine*, 30(5), 487-497.
3. Leget, C., Bingley, A., & Payne, S. (2013). Ethics and end-of-life care: The case of palliative sedation in the terminally ill. *Palliative & Supportive Care*, 11(2), 155-161.
4. Hojat, M., Louis, D. Z., Maxwell, K., Markham, F. W., Wender, R., & Gonnella, J. S. (2011). A brief instrument to measure patients' overall satisfaction with primary care physicians. *Family Medicine*, 43(6), 412-417.
5. Reeder, S., Cleland, H. J., Gold, M., & Tracy, L. M. (2023). Exploring clinicians' decision-making processes about end-of-life care after burns: A qualitative interview study. *Burns*, 49(3), 595-606.
6. Haroen, H., Mirwanti, R., Agustina, H. R., Pahria, T., Harun, H., Akuoko, C. P., & Nadirawati, N. (2023). A qualitative study of perception and experience toward end-of-life care among nursing students who witnessed dying people in their family. *Journal of Multidisciplinary Healthcare*, 2261-2270.
7. Harrison, M., Darlison, L., & Gardiner, C. (2022). Understanding the experiences of end of life care for patients with mesothelioma from the perspective of bereaved family caregivers in the UK: A qualitative analysis. *Journal of palliative care*, 37(2), 197-203.
8. Verpoort, C., & Gastmans, C. (2011). Nurses' experiences with morally distressing situations and factors influencing the frequency of occurrence. *Nursing Ethics*, 18(4), 561-573.
9. Kälveborn, S., Höglund, A. T., Hansson, M. G., Westerholm, P., & Arnetz, B. (2004). Living with conflicts-ethical dilemmas and moral distress in the health care system. *Social Science & Medicine*, 58(6), 1075-1084.

10. Rajak, P., Augustine, J., Kumar, S., Singh, A., James, A., Noble, E. S., & Wilson, K. P. (2023). Empowering maternal wellness: the vital role of nursing advocacy in maternal mental health. *EPRA International Journal of Multidisciplinary Research (IJMR)*, 9(8), 339-341.
11. Baillie, L. (2013). Patient and family experiences of palliative care in the community: What do we know? *International Journal of Palliative Nursing*, 19(11), 525-529.
12. Rajak, P. (2023). Technology And Innovation In Nursing Education: Discussing The Use Of Technology And Simulation In Nursing Education To Train Nurses For Both Psychiatric And Cardiothoracic Care, An Interdisciplinary Insight.
13. Thomas, J., Rajak, P., & James, A. (2023). Exploring factors influencing the acceptance of third covid-19 vaccine dose: a qualitative study in madhya pradesh, india. *epra International Journal of Multidisciplinary Research (IJMR)*, 9(8), 342-345.
14. White, K. R., Coyne, P. J., & Patel, U. B. (2014). Nurses' perceptions of educational gaps in delivering end-of-life care. *Oncology Nursing Forum*, 41(6), 563-570.
15. Sr. Jossy Augustine | Santhosh Kumar | Priyanka Rajak | Arun James | Prasanth E. S "Unraveling the Mind: How Cognitive Biases Shape Nurses' Decision-Making" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-7 | Issue-4, August 2023, pp.875-879, URL: <https://www.ijtsrd.com/papers/ijtsrd59803.pdf>
16. Pastrana, T., Junger, S., Ostgathe, C., Elsner, F., Radbruch, L. (2008). A matter of definition - key elements identified in a discourse analysis of definitions of palliative care. *Palliative Medicine*, 22(3), 222-232.
17. Dr. (Prof.) Jomon Thomas | Sherin P Shaji | Santhya Kunjumon | Priyanka Rajak | Arun James "The Emotional Aspect of Cardiothoracic Nursing: Supporting Patients and Families" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-7 | Issue-4, August 2023, pp.880-882, URL: <https://www.ijtsrd.com/papers/ijtsrd59809.pdf>
18. Shaji, S. P. (2023). Cardiac rehabilitation: the vital role of nurses in cardiothoracic patient recovery. *epra International Journal of Multidisciplinary Research (IJMR)*, 9(9), 1-4.
19. Chochinov, H. M. (2006). Dignity-conserving care—a new model for palliative care: Helping the patient feel valued. *JAMA*, 294(8), 1023-1030.
20. Thomas, C. (2001). *The place of death: Withholding and withdrawing treatment*. Oxford University Press.
21. Ozbayir, T., & Tastan, S. (2018). The lived experiences of intensive care nurses in the process of providing end-of-life care: A phenomenological study. *Death Studies*, 42(3), 149-156.
22. Boyle, D. A. (2002). Countering compassion fatigue: A requisite nursing agenda. *Online Journal of Issues in Nursing*, 7(1), 2