Compassion in Crisis Situations among Healthcare Professionals: Basis for Psychosocial Support

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ABSTRACT

This study looked into the level of compassion of the healthcare professionals dwelled into the perceptions of the patients as well as the barriers affecting compassion. The study employed a quantitative research design utilizing a descriptive-correlational approach, the study focused on 160 healthcare professionals and 130 patients. Data were collected through survey and analyzed using frequency counts and percentage, weighted mean, and spearman rank correlation. The study found that majority of the healthcare professionals belong to young adulthood, female, married, roman catholic, with five years and below of healthcare work experience. Most of the nurses are college graduates earning around Php15,000 to Php25,000, while the majority of the doctors are fellows earning Php55,000 and above monthly. On the other hand, the largest portion of the patients belong to young adulthood (26.9%), female (70%), married (58.5%), roman catholic (80.8%), finished secondary education (40.8%), with Php10,957 and below monthly income (56.2%). Majority of their diagnosis belongs to cardiovascular diseases (21.5%). Care (4.08), competence (4.5), communication (4.06), courage (4.04) and commitment (4.01), altogether garnered a grand mean of 4.07 indicating that the healthcare professionals as highly compassionate healthcare in each area assessed. Barriers such as burnout (3.41), external distractions (3.19), difficult patient/family (3.04) and clinical complexity (3.15), further confirmed with a 3.19 grand mean, indicates moderate impediment of the healthcare professional's ability to provide compassionate care towards patients. The level of compassion is not influenced by the patient's profile. However, perception of commitment is highly influenced by the patient's educational attainment. The study concludes that the interconnected nature of data derived from the investigation necessitates the development of a structured and person-centered guide that targets not the only the healthcare professionals but also external contributors such as but not limited with patients, healthcare team and the healthcare institutions. Thus, COMPASSion Framework for Care Providers is proposed.

Key Words: Compassion, crisis situations, Patient-centered care, psychosocial support framework

BACKGROUND OF THE STUDY

The act of compassion is considered an essential component of effective patient care. It involves recognizing and responding to the suffering of the patients with a desire to alleviate that suffering and is often regarded as the cornerstone of the therapeutic relationship between healthcare professionals, patients and their families (Sinclair et al., 2016). It was only recently distinguished from a related concept, empathy, or the capacity to empathize with the favorable or unfavorable sentiments of another accentuating motion as one of its crucial yet additional components. It is acknowledged as a fundamental aspect for patients' healthcare experiences and a standard of care, yet, it is shown to be underdeveloped and in dire need of reform.

Due to continuous exposure to the suffering of others, healthcare workers experience emotional and physical exhaustion. In turn, compassion fatigue becomes a significant issue among healthcare professionals. Compassion fatigue is characterized by a combination of two measurements: burnout and secondary trauma, resulting in moral harm, decreased productivity, higher turnover, and reduced quality of care. It is evident that healthcare professionals developed a variety of psychological symptoms as a result of their prolonged exposure to crisis situations, including burnout, feelings of isolation, insomnia, grief, emotional exhaustion, depression, post-traumatic stress, and depersonalization, some of which persisted over time (Garnett et al., 2023). These implications of the poor psychological health and well-being have influenced the quality of patient treatment and, indirectly, the patient outcomes.

Healthcare professionals around the world who treated severe COVID-19 cases were become vulnerable and experienced compassion fatigue as a result of their prolonged and intensive involvement in the treatment of the critically sick patients and families. Capacity constraints, staffing shortages, and supply chain issues all impeded care delivery and infection control methods. As characterized by the American and Canadian Medical Associations, an ethical health practitioner demonstrates assertiveness and states that; "a caring doctor acknowledges suffering and vulnerability, try to comprehend the distinct situations of every patient, aims to lessen the suffering of the sick, and goes along with the suffering and patient at risk". Healthcare professionals were subsequently prone to facing crises. During the recent COVID-19 pandemic when mass casualties happened, they were placed to administer prolonged care under resource-strained conditions, which place immense emotional and physical demands on their capacity to provide compassionate care (Billings et al., 2021).

Filipino healthcare professionals have also evidently experienced compassion fatigue during the COVID-19 pandemic; this is caused by prolonged duty schedules, changed in unit assignments, unfamiliarity with continually changing protocols, exhausted medical supplies, PPE, isolation, and quarantine-related protocols. In addition, they experienced first-hand symptoms as they encounter several co-workers and patient deaths, and they constantly feel threats in safety concern, leading to vicarious traumatization and compassion weariness. Continuous exposure to observing others' suffering without being able to relieve one's own sorrow, despite the desire to do so resulted in more frequent leaves of absence, role reassignments, and early retirement – contributing to shortage in healthcare professionals in the country (Chavez et al., 2020).

Dyrbye et al. (2020) stated that the psychological toll effects on healthcare professionals, particularly compassion fatigue, can have far-reaching consequences for the healthcare system in the future. Prolonged exposure to burnout, secondary trauma, and moral distress can possibly lead to an increasing number of healthcare workers leaving the profession, whether through early retirement, taking extended leaves, or switching profession. This depletion of the workforce can exacerbate existing staff shortages, creating a vicious cycle that compromises the quality of care, increases waiting times for patients, and can lead to overwhelmed facilities due to higher healthcare professional and patient ratio.

Burnout and secondary trauma of the felt by the healthcare providers directly affects the ability to deliver compassionate and effective care as they become more disengaged or emotionally exhausted. In addition, the patient experience likewise deteriorates, potentially resulting in poorer patient outcomes and a decline in overall healthcare quality. In our country, where healthcare access and resources are already limited, the inability to maintain an adequate staffed workforce during times of crisis hinders the country's capacity to respond effectively to future public health emergencies. The ripple effects could extend to increased healthcare costs due to the need for hiring temporary or less experienced staff, higher rates of medical errors, and greater reliance on foreign-trained professionals to fill gaps. This can further deepen health inequities, especially in rural and underserved areas, as healthcare providers may be less willing to work in high-risk, low-resource settings. Thus, addressing the psychological well-being of healthcare professionals is not only crucial for their health but also for the sustainability and resilience of the healthcare system itself.

The compounding effect of compassion fatigue rises the importance of the act of compassion as an essential component of an effective patient care. In times of crisis, healthcare professionals are required not only to

manage the immediate medical needs of patients but also to navigate the emotional and psychological challenges of working under pressure (Sinclair et al., 2016).

Maslach & Leiter (2016) states in their study titled "Understanding the burnout experience: Recent research and its implications for psychiatry" that during high-stress situations, maintaining compassion can become particularly challenging, as individuals may experience burnout, secondary trauma, and a sense of helplessness, all of which can detract from their ability to provide compassionate care. Thus, understanding how the work environment interacts, patients' expectations and personal coping strategies can inform interventions to support healthcare professionals. By examining this intersection, the study aims to identify effective practices to promote the healthcare professional's well-being, ultimately enhancing the quality of healthcare delivery.

Notwithstanding the patients and their families, their experiences during critical moments are profoundly influenced by the healthcare professionals' capacity exhibiting compassion. The inherent stressors of crisis scenarios—such as high patient acuity, resource limitations, and emotional exhaustion hinder the compassionate response of the healthcare professionals leading to feelings of neglect and distress among patients and their families (Lown et al. 2018).

Nevertheless, a growing effort to provide psychosocial support has been recognized as a critical element in helping healthcare professionals navigate the complexities of crisis care. Recent efforts composed of a combination of social and psychological interventions to alleviate stress, enhance coping strategies, and promote well-being. It is inherent that by providing such interventions, the healthcare professionals ability to manage stress, maintain emotional resilience, and feel adequate support can significantly improve the quality of care provided, and protect their well-being as well.

When healthcare professionals feel supported both personally and professionally, they are more likely to sustain their compassionate behaviors even in the most challenging circumstances. While there is a growing recognition of the importance of psychosocial support for healthcare workers, there is a gap in understanding the specific types of support that are most effective in sustaining compassion during crises. This gap not only affects the professionals' mental health but also affects work environment and compromises the quality of care delivered to patients, ultimately impacting patient satisfaction and outcomes. In addition, there is limited research on the development of a targeted framework that integrates compassion with psychosocial support and self-care for care providers specifically tailored for crisis contexts. This underscores the need for frameworks that offer psychosocial support to healthcare professionals during crisis situations (Sinclair et al., 2017).

Given these obstacles, it's crucial to picture a future where healthcare workers receive support for both their mental and physical health, accompanied by systems aimed at protecting their well-being to avoid compassion fatigue. It is ideal that the future healthcare workforce would have access to extensive mental health support, have sufficient staffing, and offered with practical coping mechanisms to handle the emotional strain of their challenging positions. This would empower them to deliver exceptional compassionate care while also safeguarding their own well-being.

Furthermore, fostering an environment that emphasizes empathy, teamwork, and acknowledgment within healthcare settings will be essential for alleviating compassion fatigue and cultivating a supportive workplace. By prioritizing these barriers, we can guarantee that healthcare workers can not only manage the challenges but also excel, resulting in enhanced patient care and a more robust, resilient healthcare system. Understanding how these barriers impede compassionate care to patients', the healthcare professionals will have the avenue to make positive changes to make the patients feel valued and respected. This will likely result to adherence to medical advice, showing up to follow-up appointments, and making necessary lifestyle changes for themselves.

The importance of the level of compassion demonstrated by healthcare professionals during crisis situations cannot be overstated, as compassion is considered a crucial factor for effective patient care. Its expression can

significantly influence patient outcomes and experiences. Acknowledging patients' perspectives create a more trusted patient-healthcare relationship, reduced treatment induced anxiety and promote holistic healing. More so, understanding the barriers that affect healthcare professionals' capacity to demonstrate compassion is critical. By identifying these barriers, the state and the healthcare institutions can gain insight into how to better support the healthcare professionals in maintaining compassionate care during even during crisis situations.

Additionally, developing a comprehensive framework tailored to the real-life hospital experiences can provide healthcare professionals with the necessary psychosocial support, coping strategies, and self-care mechanisms that will likely help sustain their emotional resilience. Such framework is essential not only for protecting their well-being of but also for safeguarding the quality of care provided to patients, which is crucial in mitigating the long-term effects of crises on the healthcare system.

Therefore, this study examined the role of compassion in crisis situations, focusing on the patient's perceived levels of compassion of the healthcare professionals, the barriers that impeded the optimum compassionate care delivery and how these factors influence healthcare professionals' ability to maintain compassionate care during times of crisis. Additionally, it explored the dynamics of compassion in such contexts, highlighting the need for a comprehensive framework to strengthen psychosocial support. The framework that was established aimed to enhance both healthcare professionals' resilience, patient satisfaction and the overall quality of patient care.

Statement Of The Problem

The main concern answered through this study was to determine the level of compassion of healthcare professionals as perceived by the patients, the barriers that impeded their ability to demonstrate compassion during crises, and to eventually come up with a psychosocial support framework to support healthcare professionals.

Specifically, this study answered the following research questions:

1. What is the profile of the following:

   A. Healthcare Professionals

      a. age;

      b. sex;

      c. civil status;

      d. religion;

      e. highest educational attainment;

      f. years of healthcare work experience; and

      g. financial background?

   B. Patients/Family

      a. age;

      b. sex;

      c. civil status;

d. religion;

e. highest educational attainment;

f. monthly household income; and

g. health background?

2. What is the level of compassion demonstrated by healthcare professionals during crisis situations as to:

a. care for patients;

b. competence to provide optimum care;

c. communication;

d. courage and accountability; and

e. commitment?

3. What are the barriers that affect healthcare professionals' ability to demonstrate compassion during medical crises?

4. Is there a significant relationship between the profile of the patients/family and their perceived level of compassion of the healthcare professionals?

5. What framework can be developed based on the result of the study?

Research Hypothesis

This study was tested the hypothesis at 0.5 alpha level of significance which stated that:

There is a significant relationship between the profile of the patients/family and their perceived level of compassion demonstrated by healthcare professionals.

Scope And Delimitation

This study dealt with compassion in crisis situations among healthcare professionals. The research focused on the level of compassion considering the aspects care, competence, communication, courage and commitment as demonstrated by healthcare professionals during crisis situations and perceived by the patients or their families. In addition, the barriers that affects the healthcare professionals' ability to demonstrate compassion during crises which comprises of burnout, external distractions, difficult patient/family and clinical complexity. The result served as a basis of the development of a comprehensive framework to support healthcare professionals cultivate and maintain compassion during medical crises.

The researcher has delimited the scope of the study to focus on two groups: the healthcare professionals and the patients/family. The healthcare professionals were comprises of the medical doctors or physicians and nurses who are affiliated in Bayambang District Hospital or Julius K. Quiambao (JKQ) Medical and Wellness Center, Inc. Representatives of the patient group were delimited to the patients who were admitted for at least two days in the abovesaid hospitals. In cases where the patients have limited decision-making capacity due to their age or other factors, their family represented them in the study.

The profile variables which are correlated with the level of compassion of the healthcare professionals were the patients age, sex, civil status, religion, highest educational attainment, monthly household income and health background.

Significance Of The Study

The findings of this study would surely have a deep significant on the healthcare profession, healthcare institutions and policymakers, patients and their families, future researchers and professional development trainers.

For Healthcare Profession. The findings of this study would be highly relevant to the healthcare profession in terms of improving their well-being and enhancing the quality of care provided to their patients. In addition, understanding how crises impact the ability of healthcare professionals to maintain compassion will provide valuable insights into the challenges they face and the emotional and psychological factors that influence their care practices.

For Healthcare Institutions and Policymakers. This research can inform healthcare institutions and policymakers regarding the importance of developing targeted interventions that address the specific needs of healthcare professionals during crises. Consequently, this could include the design for training programs, organizational policies, and support networks that focus on resilience-building, stress management, emotional well-being, and self-care. By developing a framework for psychosocial support, healthcare leaders and policymakers can implement strategies that would ensure that the healthcare professionals are adequately supported, which can ultimately lead to better patient outcomes, reduced burnout occurrences, and improved workforce retention.

For Patients and their Families. The results of this study would guide the patients and their families and offers them a deeper understanding of the importance of compassion in the care they received, particularly during crisis situations. As the emotional well-being and resilience of healthcare professionals examined has a compounding effect on patient care during times of crisis, this research would provide insights that would help patients and families better navigate the challenges they face during such stressful times.

For Future Researchers. Future researchers may include other variables which they deem vital to the study to navigate comprehensively other factors and traits in healthcare, particularly in the areas of compassion, psychosocial support, and crisis management that can possibly explain the variances found in this study. Also, the study would open several pathways for further exploration and investigation into healthcare professionals' emotional health, its impact to healthcare work environment and its effect on patient care. It can inform new research directions for cross-disciplinary exploration and offers a standardized framework for compassionate care.

For Professional Development Trainers. The result of this study will be beneficial for trainers and facilitators of continuing professional development programs. Through this study, they may opt for creation of specific training courses and materials, specifically related in providing psychosocial support to healthcare professionals.

Definition Of Terms

The researcher defined the following terms lexically and/or operationally for the readers to have a clearer understanding of the concepts used in this study.

Compassion. According to Merriam-Webster Dictionary (2025), compassion is the feeling of deep sympathy and sorrow for another's suffering, accompanied by a desire to alleviate that suffering. In the context of this study, compassion is an intentional and sustained emotional engagement by healthcare professionals in response to a patient's suffering. It involves recognizing the patient's distress, expressing empathy, and offering support to alleviate their pain.

Crisis situations. It refers to an unexpected, often catastrophic events that disrupt normal functioning and create significant distress or danger (Merriam-Webster Dictionary, 2025). For the purpose of this study, crisis

situation is caused by health emergency, patient influx due to black code and/or sudden death resulting negative impacts to the patient's family and healthcare professionals' well-being.

Healthcare professionals. Consist of the people who offer medical and therapeutic services for patients in crisis (Public Health Scotland, 2016). In this study, these compromises of professionals such as, physicians, nurses and social workers.

Psychosocial support. The American Psychological Association (2017) stated that psychosocial interventions are therapeutic actions aimed at addressing the emotional, social, and psychological well-being of individuals or groups. For the purpose of this study, it is defined as the courses of action implemented for both the patient and the healthcare professionals to help process trauma, manage stress, and maintain psychological well-being during or after a crisis.

Barriers. An obstacle, impediment, obstruction, boundary, or separation (Tabers Medical Dictionary, 2025). In this study, these barriers are the factors affecting the healthcare professionals including but not limited to four factors and its underlying indicators which are burnout, external distractions, difficult patient/family and clinical complexity.

Burnout. According to Ora, et al. (2020) burnout is a state of physical, emotional, and mental exhaustion caused by prolonged stress or overwork, typically characterized by feelings of fatigue, cynicism, and reduced personal accomplishment. In healthcare, it may be a result of persistent encounter of crisis situations without sufficient support. Healthcare professionals who encounter constant crises may experience prolonged exhaustion and detachment from work which eventually result to reduced compassionate care and a reduced sense of personal accomplishment.

External Distractions. Distraction in psychology refers to the diversion of attention away from a primary task or stimulus towards a secondary, often irrelevant, one. It's not merely a lack of focus, but an active redirection of our cognitive resources (NeuroLaunch, 2024). In the context of this study, it involves factors that affects the healthcare professionals' compassion such as but not limited to; inadequate work-life balance, personal challenges, pressure from institutional policies, financial or resource constraints and lack of sufficient support services.

Difficult Patient/Family. Hull & Broquet (2007) states that difficult patient/family were characteristics that all contribute to difficult clinical encounters. In the context of this study, it refers to difficult, rude or obnoxious patients who refused and non-compliant to treatment plans.

Clinical Complexity. As stated by Clinical Education and Training Queensland (2020), it is characterized by multiple dimensions, including co-occurring or multifaceted medical conditions, age, frailty, socio-economic realities, culture, environment, behavior and systems factors. Clinical complexity in this study refers to high acuity of patient conditions requiring immediate attention and overlapping symptoms or multiple conditions.

Care. Care is at the core of what nurses do and the care they deliver helps to improve the health of our entire community (Michael Bowyer, 2021). In this study, care entails the proactive involvement of medical experts in providing patients experiencing extreme stress or suffering with clinical therapies as well as demonstrating understanding, concern, and compassion.

Competence. Competence is the natural ability to understand the patient's health and social needs and having the relevant expertise, clinical, and technical knowledge to deliver effective care and treatments based on research and evidence (Michael Bowyer, 2021). In this study, it is the ability of the healthcare professionals in applying their knowledge, skill set, and clinical judgement in an effective manner.

Communication. As stated by Michael Bowyer (2021), communications are crucial to healthcare success, as it fosters strong relationships with patients, enhances teamwork with colleagues, and ensures patients feel informed and heard through active listening. In healthcare, it involves verbal and non-verbal interactions that

fosters a clear and empathetic listening to ensure that patients and healthcare professionals are aligned in their goals.

Courage. Courage enables healthcare professionals to make right choices and do what is best for patients (Michael Bowyer, 2021). In the context of this study, courage involves stepping up and being accountable in providing compassionate care and advocating for patients' needs even in difficult situations.

Commitment. Healthcare professionals have a commitment to their patients and this helps them take the necessary steps to improving the quality of care they receive and ensuring they have a positive care experience (Michael Bowyer, 2021). In this context, commitment refers to the readiness of healthcare professionals to continuously attend to the requirements of patients, keep their attention on the health of patients, and continue to offer care and support even in the face of personal, emotional, or professional difficulties during emergency situations.

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter provided a summary of related literature and studies which have a significant bearing on the research study. Such materials provided a background for discussion and aided the researcher in conceptualizing ideas and drawing up a clear understanding of the research study.

Related Literature

These chapter includes a comprehensive review of the literature relevant to the research topic that provide a thorough background by synthesizing the key theories, concepts pertinent to the study.

Legal Basis In Providing Compassion

Compassion in healthcare goes beyond medical treatment; it ensures that services are accessible, equitable, and aligned with the inherent right and dignity of all citizens. Stated in the article II, section 15 of the 1987 Philippine Constitution that "The state shall protect and promote the right to health of the people and instill health consciousness among them". The code of ethics of the Philippine Medical Association article I, section 1 stated that "The primary objective of the practice of medicine is service to mankind irrespective of race, age, disease, disability, gender, sexual orientation, social standing, creed or political affiliation." These legal mandates emphasize the beneficence and non-maleficence principle in healthcare. Even when under stress, healthcare providers are expected to treat all patients with empathy and kindness; addressing not only the physical needs of the patient but also recognizing the emotional and psychosocial challenges they face without any act of discrimination. While providing the best care possible for patients' it is also essential not to withstand the healthcare providers. The Republic Act No. 7305, or the Magna Carta of Public Health Workers, gives importance of providing healthcare providers with support, security and career development. This likely prevents burnout and fosters resilience for the healthcare providers to be better equipped to provide empathetic and effective care.

Compassion plays a critical role in improving the quality care provided to all patients. It aligns to the sustainable development 3: good health and well-being, specifically, target 3.8 "achieve universal health coverage". This includes financial risk protection, access to quality essential healthcare services that is safe, effective, quality and affordable (United Nations Development Program, 2015). In addition, compassionate healthcare also directly improves the metal health of the healthcare providers themselves. Giving them the support necessary is likewise ensuring that healthcare providers remain capable of providing optimum quality care in long-term, eve under extreme pressure.

Compassion Fatigue And Compassion Satisfaction

Crisis situations, such as natural disasters, pandemics, and mass casualty events, can significantly affect healthcare professionals' emotional well-being. The prolonged exposure to stress, patient suffering, and the emotional toll of crisis situations often exacerbates the symptoms of compassion fatigue. For example, during

the COVID-19 pandemic, many healthcare workers reported high levels of psychological distress, anxiety, and emotional exhaustion due to the unprecedented demands placed on them (Lluch et al., 2020).

Moreso, during the COVID-19 pandemic experienced significant psychological distress, leading to higher rates of burnout and compassion fatigue. The study emphasized that the severity of trauma experienced by healthcare workers increased with the number of patient deaths and the overwhelming strain on resources. The study also found that, while many healthcare workers experienced compassion fatigue, those who reported higher levels of compassion satisfaction were better able to maintain emotional resilience during the pandemic (Savitsky et al., 2019).

Similar to this, a Alharbi (2019) revealed that emergency nurses found that those working during a mass casualty event experienced heightened levels of burnout and compassion fatigue, which were exacerbated by the constant exposure to traumatic injuries and deaths. These findings suggest that healthcare workers in crisis situations are at increased risk of emotional exhaustion and disengagement, but that interventions aimed at increasing compassion satisfaction may provide a buffer against these negative outcomes.

Moreso, Baker et al. (2019) found that a strong social support systems and a healthy work environment were correlated with higher levels of compassion satisfaction. When healthcare workers feel supported by their colleagues and institutions, they are better able to manage the emotional demands of their work. The importance of continuous education and training was also underscored in fostering compassion satisfaction. Training that emphasizes emotional resilience and patient-centered care was shown to enhance the fulfillment that healthcare workers experience in their roles, which may buffer the negative effects of working in crisis conditions.

The above literature has emphasized the complex relationship between compassion fatigue and compassion satisfaction. While compassion fatigue is a risk factor for burnout, compassion satisfaction can serve as a buffer against these negative outcomes.

Emotional Healing And Human Connection

Compassion is the cornerstone of any successful mental health care system because it fosters a culture of humanity and equity for all (Sengupta & Saxena, 2024). The literature has extensively discussed the relevant function of compassion in relation to mental health, but its use in practical contexts appears to be less than ideal. The vague notion of compassion and its culturally variable applicability could be one reason for this discrepancy between theory and practice. It is possible to find instances of compassion in the healthcare system, as well as its lack, by taking a broad look at its history. Better clinical results, treatment compliance, and client happiness are all associated with compassionate healthcare. Additionally, because compassion is linked to both psychological and spiritual healing, its application in palliative care has been shown to be enormous. Fascinatingly, reports of the lack of empathy in medical care have also been brought to light.

Bowyer (2021) in the NHS Professionals introduced the 6 Cs of care to represent core values essential for all staff in patient-facing roles across health and social care settings. These principles apply not only to registered healthcare professionals but also to clinical support and non-clinical staff who interact with patients or the public. Thus, these compromises of care, compassion, competence, communication, courage and commitment. Care is at the heart of what we do; it is fundamental to the mission of our organizations and central to improving both individual well-being and community health. Caring is what defines us and the work we do, ensuring that people receive consistent, quality care throughout their lives. Compassion is the way care is delivered through relationships grounded in empathy, respect, and dignity. Often described as "intelligent kindness," it plays a pivotal role in how patients experience and perceive their care. Competence refers to the ability to understand and address an individual's health and social needs. It involves having the necessary clinical and technical expertise to deliver effective, evidence-based care and treatment. Communication is key to building strong relationships and ensuring successful teamwork. Active listening is just as important as what we say, and clear communication ensures that patients are involved in their care decisions. A positive communication culture also benefits both patients and staff. Courage is the ability to do what is right for those

in our care, including speaking up when we have concerns. It also encompasses the personal strength and vision to innovate and embrace new approaches to care. Commitment reflects our dedication to improving patient care and experiences. It involves taking proactive steps to turn visions and strategies into reality, ensuring we meet the evolving challenges of health and social care.

In medicine, compassion is a desire of patients, necessitated by medical regulatory bodies, and increasingly correlated with positive outcomes for patients and their families, healthcare workers, and healthcare systems. It has been defined as a sentiment, a motivation, and an exemplary response. At the very least, compassion involves both feeling and action components. The awareness of suffering and acting to alleviate it. More autonomy, a quicker recovery, less need for intensive care, and more responsible healthcare administration are all predicted by compassionate care. Similarly, quantifiable advantages like improved disease control and fewer metabolic problems in diabetic patients have been linked to compassion-related structures. As a result, compassion is crucial to both the practice of successful medicine and the preferences of those who are being treated by professionals (Baguley et al. 2022).

A systematic review by Sinclair et.al (2016) examined the role of compassion in healthcare settings, particularly focusing on its expression under crisis conditions. The study found that compassion significantly influences the quality of care provided by healthcare workers, particularly in emergency and high-stress environments such as hospitals during pandemics or natural disasters. Compassion was found to improve patient outcomes, enhance communication, and foster better patient-provider relationships. However, the review also pointed out that healthcare workers in crisis situations often struggle to maintain compassion due to emotional and physical exhaustion, which highlights the critical need for self-care strategies and organizational support systems.

Kunzler, A. et al. (2020) found that although healthcare workers are often subjected to severe emotional distress in these settings, many continue to demonstrate remarkable compassion toward their patients. The researchers identified several factors that helped healthcare professionals maintain compassion despite the challenging circumstances, including strong team cohesion, personal values of empathy, and institutional support.

In the context of emergency healthcare, Huggard (2014) explored the impact of compassion fatigue on professionals working in high-stress environments such as emergency departments and during disaster response. This study found that the intense pressure of working in these crisis settings can lead to heightened levels of compassion fatigue among healthcare workers. Factors contributing to this include long working hours, exposure to traumatic events, and the emotional burden of treating patients in life-threatening conditions. The study emphasized that fostering resilience through proper training and mental health support is crucial to mitigating compassion fatigue in these environments.

Fostering Compassion In Crisis Situations

The profound role compassion plays in maintaining the quality of care during health crises. Estrella (2021) suggests that a younger nursing workforce, likely driven by recent graduates entering the profession. For medical doctors, although the age distribution is slightly older, a notable 28.6% still fall within the 26–35 age range, indicating a steady influx of younger doctors. Nurses show a higher proportion of single individuals which reported that 49.5% of Filipino staff nurses are single and in the prime of their careers (Jabonete, 2023). Murgia (2022), in the numerous research carried out that majority of the healthcare professionals, particularly nurses, continuously identify as Roman Catholic Christians Regardless of the age, compassion is shown to be fostered. Woodward (2024) found a significant proportion of doctors in practice are notably married, creating a "dual-doctor families." Alibudbud (2023) brought that brought recent graduation of medical and nursing students entering the workforce to meet growing healthcare demands, especially following the COVID-19 pandemic, which accelerated retirements and created staffing shortages. Regardless of these factors, compassion was still fostered. Compassion has been associated with improved patient satisfaction, better patient-provider relationships, and even enhanced health outcomes (Dewar & Mackay, 2021). Moreover, in a crisis situation, compassionate actions by healthcare professionals can provide emotional support, promote a

sense of safety for patients, and reduce anxiety, fostering trust between patients and the healthcare team (Lown et al., 2018). Furthermore, in the context of trauma or emergency care, fostering compassion also supports professional development by enhancing teamwork, communication, and shared decision-making.

Fernando & Consedine (2017), found that obstacles to physician compassion are not one-dimensional but rather can be divided into four distinct and trustworthy categories. Their research found that the following key factors together lessen physicians' emotional availability and empathy when providing crisis care: Burnout/Overload, External Distractions, Difficult Patient/Family, and Complex Clinical Situations.

In addition, it was also emphasized mindfulness and self-compassion practices as key methods for fostering compassion among healthcare professionals. Mindfulness, defined as the practice of being present and non-judgmental in the moment, helps healthcare professionals regulate their emotions and respond to patients with empathy and kindness during crises. Additionally, promoting self-compassion among healthcare professionals enables them to better manage stress and emotional exhaustion, ultimately enhancing their capacity to offer compassion to others (Krasner et al., 2020). Peer support and reflective practices evidently and increasingly recognized as effective methods to foster compassion in crisis situations. Reflective practices, such as debriefing sessions after difficult patient care events, provide opportunities for HCPs to share emotional experiences, process difficult decisions, and reinforce compassionate care values. Peer support systems, whether informal or structured, help to buffer the emotional toll of crisis situations, reduce feelings of isolation, and encourage compassionate behaviors by normalizing emotional responses.

Adding to the crucial factor and approaches to foster compassion during crises is having an effective leadership. Leaders who model compassionate behaviors set an example for their teams, thereby creating a ripple effect of care and empathy. Leadership that provides emotional support, demonstrates active listening, and encourages a compassionate response to crises can significantly influence the organizational culture and, consequently, the compassion shown by healthcare professionals during crises. Additionally, supportive leadership reduces burnout, helping healthcare professionals maintain their ability to provide compassionate care (Harrison et al., 2021).

Kak (2001) mentioned in the paper “Measuring the Competence of Healthcare Providers” was unlike any other. Stated in the paper that measuring competency is crucial to ensure that healthcare professionals have the required skills, knowledge and the attitude in performing their assigned duties and responsibilities, and able to meet performance standards. “Administering medications accurately and safely: monitoring untoward effects, reactions, therapeutic responses, toxicity, incompatibilities”.

In the basis of communication in fostering compassion, Eben (2022) mentioned that effective communication is essential to the success of healthcare because it builds trusting relationships with patients, improves teamwork among coworkers, and makes sure patients feel heard and educated through active listening. Kwame & Petrucka (2021) also determined that effective communication between patients and healthcare professionals is crucial to patient care and healing. It is described in their study that communication should be “personal” and “exploratory”. In addition, Baguley et al. (2022) revealed that listening and paying attention is a crucial aspect for patient satisfaction. Patient-centered communication is therefore essential to guaranteeing the best possible health results (Kwame & Petrucka, 2021).

Notwithstanding the accountability, Bowyer (2021) describes that stepping up and being accountable in providing compassionate care and advocating for the patients’ needs is what enables the healthcare professionals to make the right choices and do what is best for their patients. In addition, moral courage has a crucial role in promoting safe nursing care. 54% of the safe nursing care variance is predicted through moral courage, gender and work experience (Kashani et al., 2023).

Commitment is also a crucial factor in fostering compassion to the patients. Garcia & Gonzalez et al. (2022) examined the extent of primary health professionals’ commitment connection to patient satisfaction; it was found that commitment of healthcare professionals has indeed resulted to a positive influence on the satisfaction of patients or users of the health centers. Jafaraghaee (2017) states that commitment is a principle

that resonates within the healthcare profession, specifically, nursing. Nurses who embody commitment understands that their responsibility extends far beyond their job description.

Jeong & Seo (2022), founds that healthcare professionals, specifically nurses, with high competency have high patient-centered care. Nurses has shown positive compassionate behavior by not only doing medical interventions through prescription medication or nursing processes (competence) but also prioritizing the patients' needs (care), listening to and empathizing with their concerns (communication), ensuring autonomy (courage), and upholding, empowering and advocating for their rights.

Challenges To Compassion During Crisis Situations

One of the most prominent challenges to compassion in crisis situations is burnout, which can be exacerbated by the intense pressures of working in high-stress environments such as emergency rooms, intensive care units, and during pandemics (Morse et al., 2019). Burnout is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, all of which undermine the ability of healthcare professionals to offer compassionate care (Sinclair et al., 2017). For instance, a study by Baker et al. (2020) highlighted that burnout among healthcare professionals is closely linked to a decrease in compassionate behaviors, as individuals become overwhelmed by emotional exhaustion and begin to disengage from patient needs. Similarly, studies of healthcare workers during the COVID-19 pandemic revealed significant increases in burnout and compassion fatigue, resulting in diminished capacity to demonstrate empathy and care under crisis conditions (Perry et al., 2021). Patients' characteristics likewise a factor which may contribute to the success, or impede compassionate care delivery.

Franco et al. (2022) reported that out of 146 respondents, 40% of Internal Medicine physician trainees were engaged, 4% had burnout, and the majority were at-risk for burnout in the country's largest government hospital. Healthcare burnout is currently a result of a heavy workload, Safaeian et al. (2022) concluded in their study. Similar to this, Domingo & Alvarado (2021) revealed that the overwhelming number of patient cases, coupled with the prolonged nature of the recent pandemic, contributed to the high levels of burnout and compassion fatigue among healthcare workers. In addition, Alharbi et al. (2019) revealed that emergency nurses found that those working during a mass casualty event experienced heightened levels of burnout and compassion fatigue, which were exacerbated by the constant exposure to traumatic injuries and deaths.

The urgency of patient care, compounded by high patient volumes and limited resources is also noted as one of the challenges for it creates a high-pressure environment for healthcare professionals. Studies have identified time pressure and workload as significant barriers to compassion. When Healthcare Professionals are under time constraints, the demands of efficiency often take precedence over emotional and relational aspects of care, leading to a decrease in compassionate interactions (Harrison et al., 2021). For instance, in emergency departments, where the need to triage patients quickly and address immediate medical issues is paramount, there may be limited opportunities for healthcare professionals to engage in the empathetic communication and holistic care that compassion requires (Dewar & Mackay, 2021). Such environments can also lead to depersonalization, where patients are seen as cases to be managed rather than individuals in need of care, further exacerbating the challenge to compassionate behavior. Burnout is not something to be set aside for it may lead to resignations, change of profession, and migration to other countries, exacerbating the shortage of local nurses and posing a significant threat to the Philippine healthcare system (Alibudbud, 2023).

In the context of external distractions, Fowler et al. (2020), which states that lack of support and organizational challenges is a crucial factor that affects the compassion of healthcare professionals. In addition to these factors are the lack of emotional support from peers, supervisors, or institutions can exacerbate feelings of isolation, stress, and frustration, all of which undermine compassion. Listed also are resource limitations. It is in both staffing and medical supplies. Shortages of healthcare workers and inadequate equipment can make it difficult to provide the level of care that is needed, leading to emotional strain and frustration among Healthcare Professionals. These resource constraints often exacerbate stress, which can directly affect the quality of care provided and the ability to demonstrate compassion. When faced with insufficient resources, Healthcare Professionals may experience feelings of helplessness and guilt, which in turn can hinder

compassionate responses (Lown et al., 2018). For example, during the COVID-19 pandemic, many healthcare systems worldwide were overwhelmed, forcing professionals to make difficult decisions, such as triaging patients based on severity. These morally challenging situations can cause significant stress and emotional fatigue, detracting from healthcare workers' ability to provide compassionate care (Perry et al., 2021). Studies have shown that when healthcare organizations do not prioritize staff well-being, HCPs are less likely to engage in compassionate care. For instance, when hospital administrators fail to provide sufficient staffing or implement wellness programs, healthcare workers may experience heightened stress and disengagement, which in turn limits their ability to act compassionately (Harrison et al., 2021).

Kiwanuka et al. (2019) stated that restraints in time with consultation, challenging patients or family, disagreements with caregivers, medical professionals discouraging family discussion, lack of support from other care professionals, outside practice, visiting policy, no family visits, communication barriers between experienced physicians and nurses, irate family members, unrealistic family expectations, ppersonal difficulty in dealing with the family, lack of private space for family, and language barriers. Cerit et al. (2020) in their investigation of whether medical personnel's interactions with challenging patients might be divided into three categories: unfavorable, supportive, and ethical findings reveal that difficult patients are affected negatively due to the negative beliefs, perception and attitudes shown towards them.

Another factor is moral distress, it occurs when healthcare professionals are unable to act in ways, they believe are ethically appropriate due to external constraints, such as institutional policies or resource limitations. In crisis situations, healthcare workers often face ethical dilemmas that challenge their core values, such as deciding who receives limited resources or how to provide care under severe conditions. These dilemmas can generate moral distress, which may reduce healthcare professionals' ability to engage in compassionate care (Morse et al., 2019). A study by Sinclair et al. (2017) explored how moral distress is particularly heightened in crisis situations where HCPs feel they are unable to provide the level of care they wish to give due to circumstances beyond their control. This distress can lead to emotional burnout, frustration, and disengagement, further hindering compassionate interactions. Moreover, ethical dilemmas during crises, such as the COVID-19 pandemic, have been shown to challenge healthcare professionals' ability to act compassionately, as they are forced to prioritize life-saving interventions over emotional and supportive care (Morse et al., 2019).

Lack of support and organizational challenges has also been seen as one of the crucial factors affecting the compassion of the healthcare professionals. Lack of emotional support from peers, supervisors, or institutions can exacerbate feelings of isolation, stress, and frustration, all of which undermine compassion. Leadership and organizational culture play a critical role in supporting healthcare professionals, but in many crisis situations, institutions fail to provide adequate mental health support or debriefing opportunities, which are essential to mitigating the emotional impact of the crisis (Fowler et al., 2020). Studies have shown that when healthcare organizations do not prioritize staff well-being, HCPs are less likely to engage in compassionate care. For instance, when hospital administrators fail to provide sufficient staffing or implement wellness programs, healthcare workers may experience heightened stress and disengagement, which in turn limits their ability to act compassionately (Harrison et al., 2021). Furthermore, organizational structures that promote high efficiency and cost-cutting measures over staff welfare can create environments where compassion is viewed as a secondary concern (Baker et al., 2020).

Drawing things to a close, psychological impact and emotional toll of constant working in crisis has evidently create a significant barrier to compassion. Healthcare workers are frequently exposed to traumatic events, suffering, and death, which can lead to secondary trauma or post-traumatic stress disorder (PTSD). These emotional burdens can reduce their emotional capacity to engage with patients in a compassionate manner (Krasner et al., 2020). Additionally, the repetitive nature of trauma in high-stress environments can lead to desensitization, further decreasing empathetic engagement with patients (Lown et al., 2018). This emotional toll often results in a decrease in overall job satisfaction and an increased likelihood of leaving the profession, which ultimately affects the healthcare system's ability to deliver compassionate care (Fowler et al., 2020).

Clinical complexity is also one of the many factors affecting compassionate care delivery towards patients. Malenfant et al. (2022) underscored that providing compassionate care to people with various diseases can be challenging. According to the scope of the study, issues like organizational culture, time limits, high workloads, and a lack of staffing are common in healthcare settings, especially when patients have overlapping symptoms. Healthcare professionals frequently have to make life-or-death decisions in emotionally taxing circumstances. According to a study conducted by Babaei & Taleghani (2019) on intensive care unit nurses, their capacity to deliver compassionate care is impacted by both personal and professional aspects, such as stress and emotional reactions. Although nurses aim to be sympathetic, the emotional toll of such choices can make it difficult for them to respond in a caring manner.

Patients' Needs And Preferences For Medical Services

In order to integrate patient preferences effectively into health care delivery, it is crucial that patients can articulate and communicate their preferences, that these insights are shared with the clinician during care, and that these preferences significantly influence care practices. If healthcare professionals had a better understanding of patients' health-related choices, care would likely be more affordable, more efficient, and aligned with individuals wishes. Personal factors like age, sex, religion and other needs to considered. Understanding the patient's background will make it much easier for the healthcare professional to connect and meet the patients on their level. Azizam & Shamsuddin (2015), discovered that patients with higher levels of education were less satisfied with the communication from their HCPs. It's possible that this is related to the higher expectations and literacy levels of more highly educated patients, which lead to their higher levels of communication dissatisfaction as compared to patients with lower levels of education. In addition, Pavlova et al. (2022), also stated that patient's satisfaction may be impacted by the gender of healthcare professionals even after controlling for patient characteristics, visit duration, and physician practice style habits, a study revealed that patients of female doctors were more satisfied than those of male doctors.

Patient satisfaction with the service given by the healthcare professionals were significantly correlated with age, marital status, education, diagnosis, length of hospital stays, and verbal communication between nurses and patients $P<0.001$, (Sadeghi-Gandomani et al., 2018). Furthermore, patient-health provider relationship was significantly associated with the patient's age and religiosity, the apprehension of pastoral intervention was significantly associated with the patient's religiosity and denomination. Increased in religious involvement is linked to how patients differently interact with the healthcare providers (Winter-Pfändler & Morgenthaler, 2011). With regards to the medical history, Ohm et al. (2013) revealed that the number of medical histories gathered in a patient and his or her respective empathy score given by the standardized CARE questionnaire has no correlation with their expectations to compassionate care. Healthcare professionals are continuously exhibiting compassionate behaviors across a range of patient health profiles. Regardless of the healthcare professionals medical experience, they show fairly a nondiscriminatory treatment and an equitable attitude to compassion, which speaks well of the professionalism and ethical standards in patient care.

Effective communication between patients and healthcare providers has seen to be a crucial for the provision of patient care and recovery (Kwame & Petrucka, 2021). The communication content is characterized as being both "personal" and "explanatory". Healthcare professionals built significant connections with patients and their caregivers, comprehends patients concerns, needs, and problems, and utilize open-ended questions to motivate patients or caregivers to share their thoughts and emotions regarding care scenario. Healthcare professionals communicate care routines, patients' health conditions, and management strategies in simple terms to patients and caregivers using person-centered communication.

Process attributes were typically the most significant for patients. The attributes and levels of these characteristics in the discrete choice experiments were determined through literature research, qualitative studies, expert interviews or examination of policy documents.

Theories On Compassion

Watson's Theory of Human Caring. The essence of Theory of Human Caring o Jean Watson relies on the

belief that humans should never be treated as objects and cannot be detached from their own self, others, nature, and the larger community. This theory spans the entire field of healthcare, specifically, nursing, with a strong focus on the interpersonal interactions with the care recipient. It emphasizes the importance of human caring and highlights the transformative healing potential of the caring relationship, which benefits both the caregiver and the recipient of care. Jean Watson's Theory of Human Caring can be applied to the study of compassion in crisis situations among healthcare professionals by guiding the development of psychosocial support strategies that prioritize empathy, human connection, and holistic care. Watson's principles can help ensure that healthcare providers not only offer compassionate care to patients but also receive the support they need to sustain their well-being and continue providing effective care, especially during high-stress, crisis situations.

Compassion competence theory. The Compassion Competence Theory by Sigridur Halldorsdottir offers a useful framework for comprehending how healthcare professionals can give compassionate treatment while preserving their own health during crises. By highlighting the convergence of competence, attentiveness, empowering communication, and self-awareness, the theory can direct the creation of frameworks for psychological support or healthcare profession. The study investigates methods for improving healthcare providers' capacity to handle the relational, emotional, and psychological difficulties of crisis care by integrating these principles, which would ultimately be advantageous to both care providers and care users.

Pattern theory of compassion. Compassion Pattern Theory (CPT) provided a useful framework for understanding and improving compassion among healthcare professionals in crisis situations by investigating how compassion develops, matures, and is exhibited both individually and collectively (Gallagher et al., 2024). It assists in identifying triggers and barriers to compassion, such as systemic issues or emotional tiredness, as well as emphasizing adaptive and maladaptive habits in dealing with pain. Using CPT, the study can create psychosocial support frameworks that promote long-term compassion using tactics such as mindfulness, emotional regulation, and team-based therapies. Furthermore, CPT can help lead the evaluation of these interventions by monitoring changes in compassion patterns, thereby encouraging resilience and reducing burnout in high-stress situations.

Related Studies

The following researches are pertinent as they provide a foundational understanding of key concepts that can guide the study. Additionally, they offer valuable insights that help contextualize the findings, refine hypotheses, and support the interpretation of results of this study.

Strauss (2016) in his study titled "What is compassion and how can we measure it? A review of definitions and measures" found that there is no universally accepted definition of compassion, however, it can be generally understood by the assist them is known as compassion. In addition to being an emotion, it can also be thought of as having five parts: acknowledging suffering, realizing that human suffering is universal, empathizing with the person experiencing it, putting up with uncomfortable emotions, and being motivated to take action to lessen suffering. The study reviewed various tools used to measure compassion, including self-report questionnaires and behavioral assessments. In addition, the study has highlighted the link between compassion and positive psychological outcomes which are manifested on increased well-being and reduced symptoms of mental health disorders. Further restating that cultivating compassion can therefore promote emotional resilience and improve interpersonal relationships. However, compassion is likely influenced by cultural contexts. The ways it is expressed and understood can vary widely across cultures, influencing how interventions should be tailored. With the above findings, Strauss et al., 2016 recommended standardization of measures, further research on compassion training, cultural considerations and integration of compassion in clinical settings.

Ondrejková (2022), discovered on his study titled "Prevalence of compassion fatigue among helping professions and relationship to compassion for others, self-compassion and self-criticism" found that a statistically significant positive, medium-strong correlation between compassion fatigue and self-criticism's inadequate self-component. This finding suggests that individuals who experience higher levels of compassion

fatigue are also more likely to experience higher levels of self-criticism, particularly in relation to their perception of not being good enough or failing to meet their own standards. The second component of self-criticism disliked self was found to have a substantial, positive, and statistically significant connection with compassion fatigue. The general self-criticism scores also showed a high, positive, and significant correlation with compassion fatigue. Tolerating uncomfortable feelings and motivation to act are two aspects of self-compassion that were found to have a negative, medium strong, and statistically significant association with compassion fatigue. Furthermore, there was a negative, medium-strong, and significant correlation with the total self-compassion score. Additionally, the association between Burnout and Secondary traumatic stress was statistically significant, positive, and very strong. It was determined that there was a statistically significant, medium-strong, and unfavorable connection with compassion satisfaction. The other relationships were minor or inconsequential. Only the self-compassion and self-criticism SOCS-O Feeling for Suffering and practice duration showed a statistically significant association. In a nutshell, manifestations of self-criticism were found the best predictor of compassion fatigue. Based on the results, Ondrejková recommend to design programs specific to combating compassion fatigue that may teach helping professionals to better manage their work time and workload (hours per week with clients/patients) and learn healthier inner talk (less self-critical and more self-compassionate).

Notwithstanding the patient's view of compassionate care, a study titled Baguley et al. (2022). in their study "More than a feeling? What does compassion in healthcare 'look like' to patients?" revealed that seven significant categories of physician behaviors were perceived by patients as compassionate surfaced descriptively: listening and paying attention (71% of responses), testing and follow-up (11%), continuity and holistic care (8%), respecting preferences (4%), genuine understanding (2%), body language and empathy (2%) and counseling and advocacy (1%). Patients described compassionate care as involving tangible actions, such as being treated with respect, receiving clear and empathetic communication, and being treated as an individual rather than just a medical case. In addition, non-verbal behaviors, like eye contact, physical touch, and body language, were highlighted as critical indicators of compassion. The study also found that when patients perceive their healthcare providers as compassionate, they report higher levels of satisfaction and trust in their care. This was especially true for patients with chronic conditions, who may require long-term care and rely on compassionate relationships with healthcare providers. With the results, the study recommends implementing training programs for healthcare providers to enhance compassionate behaviors, particularly focusing on non-verbal communication and patient-centered care. The researchers also suggest that there is a need for healthcare organizations to create environments that promote compassion, ensuring that staff members have the time and support needed to demonstrate compassionate behaviors. Further recommendation necessitates healthcare organizations to incorporate compassion and empathy as core values within their mission statements and organizational policies, with an emphasis on making these values observable and measurable.

Reynolds (2019) in the study "Fighting the flinch: Experimentally induced compassion makes a difference in health care providers" revealded that healthcare professionals have been less involved with individuals who displayed repulsive symptoms and were accountable for their disease. Qualified health professionals were more compassionate and eager to assist patients than medical students, and induced compassion countered disengagement. Some of the distinctions between seasoned and novice physicians were removed by the compassion introduction. Furthermore, it was found that clinical engagement is affected by disdain and patient responsibility and that medical students are more affected by these situations than licensed healthcare professionals. As recommended, these disparities might be lessened by eliciting compassion, and more research into techniques that encourage interaction with challenging patients is necessary. All patients must get ongoing care from healthcare professionals, but some patients are more challenging to interact with than others. Patients who exhibit repulsive symptoms and/or take responsibility for their own health issues seem to have a negative effect on clinical involvement.

To identify the most effective workplace-based strategies for lowering compassion fatigue directly or by altering its acknowledged individual and organizational risk factors, Cocker & Joss (2016) gathered research on treatments intended to reduce Compassion Fatigue in health, emergency, and community service workers.

Although quantifying the prevalence of compassion fatigue in the worker cohort has received a lot of interest, little is known about the efficacious therapies intended to lower compassion fatigue in these occupational categories. Although secondary trauma exposure is known to be harmful to the mental health and wellness of some at-risk occupational groups' wellness programs are in place to combat compassion fatigue and related concepts. Even though there are wellness programs in place to address the issue and exposure to secondary trauma is recognized as a danger to the mental health and well-being of some at-risk occupational groups, the results discovered that they are stringent.

In addition, the study has been able to identify promising interventions in the area, as well as evidence gaps and areas that require further study attention, by combining the limited quantity of existing evidence. With interventions such as mindfulness, meditation, therapy, and transcranial direct current stimulation, the care provider support program has electively retained a healthy, productive employee who provides healthcare to those in need. The ensuing evidence-based workplace-based interventions have the potential to lower compassion fatigue and more severe, chronic, and financially costly mental disorders, which would benefit individual employees, employers, and the larger society and economy.

Furthermore, the role of compassion fatigue in emergency healthcare, specifically in environments where workers are exposed to frequent trauma and high patient volumes were like in emergency settings; the healthcare professionals experience heightened stress levels that may impair their ability to provide compassionate care. Given that, healthcare institutions should develop strategies for managing compassion fatigue, such as regular debriefing sessions and fostering a supportive work environment, to help reduce the psychological toll on staff and ensure the continued delivery of quality care. Similar with the other studies, the authors of the study also recommended training programs, peer support and supervision, workplace cultural changes, and promote organizational self-care policies to encourage time off, adequate breaks, and manageable workloads that will be beneficial for employees not only to have an opportunity to recharge but also to return to work with renewed energy and compassion.

The study of Safaeian et.al (2022) titled "Investigating the effectiveness of innovative intervention based on compassion, awareness, resilience, and empowerment on burnout in nurses of two educational hospitals in Isfahan" investigate the effect of a method called compassion, awareness, resilience, and empowerment (CARE) on nurses' burnout.

With this approach, exercises relate to compassion and deals with emotional weariness symptoms can be effectively reduced by awareness exercises of emotional fatigue, and resilience training aids in deal with depersonalization and emotional weariness, and empowerment activities work better on personal performance. The study's findings demonstrated the efficacy of this approach to burnout can be utilized ways lessen or avoid nurse burnout as a practical approach in nursing preservice and in-service training. Healthcare burnout is currently a result of a heavy workload particularly in the recent COVID-19 pandemic, thorough it's critical to control this syndrome, CARE is a practical approach since it is a combination of earlier techniques and taking into account all the reasons behind burnout and the use of short exercises that are easily applicable.

As stated by De Los Santos (2023), "Compassion fatigue is a true phenomenon experienced by overworked and exhausted nurses". It was found in her study that the perceived stress levels of healthcare professionals, especially nurses, were high. Both the degree of compassion fatigue and the intention to leave the organization were moderate. Notably, the participants were reported to have good mental health. However, the findings showed that stress had a positive correlation with compassion fatigue and organizational turnover intention and a negative correlation with the participants' mental health. The more stress the participants endure, the more probable it is that their mental health will deteriorate, that they will develop compassion fatigue, and that they will want to quit their occupations. The intention to leave the organization and compassion fatigue were strongly correlated with stress and organizational turnover, respectively. There was an inverse relationship between compassion fatigue and mental health. The findings imply that nurses get more anxious as their compassion fatigue experiences increase, the more likely they desire to quit their jobs.

The authors suggests that proactive steps be taken by healthcare institutions to reduce the high levels of stress and compassion fatigue that nurses face. This entails putting stress management plans into place, providing mental health assistance, and fostering an environment at work that supports workers' wellbeing. According to the study, compassion fatigue can be lessened, turnover intentions can be reduced, and job satisfaction can be increased by lowering stress and enhancing mental health resources. In order to retain nurses and increase their general emotional resilience, it is also crucial to provide a friendly work environment and offer chances for professional development.

In a study of De Leon & Santos (2022) titled "Compassion fatigue and resilience among Filipino healthcare workers during the COVID-19 pandemic in Metro Manila", found that healthcare workers in Metro Manila experienced significant compassion fatigue during the COVID-19 pandemic, but those who received institutional and peer support were better able to maintain their emotional well-being. The study highlighted the role of emotional resilience and self-care practices in mitigating the effects of compassion fatigue, suggesting that providing healthcare workers with access to mental health resources and creating a supportive work culture are essential for maintaining compassion during crisis situations.

According to De Leon & Santos (2022), healthcare institutions in Metro Manila should prioritize providing mental health services and fostering a supportive work culture to assist healthcare personnel in managing compassion fatigue, particularly during crisis situations like as the COVID-19 epidemic. It implies that institutional and peer support, as well as promoting emotional resilience and encouraging self-care behaviors, are critical in reducing the negative impacts of compassion fatigue. Ensuring access to these services can improve emotional well-being and compassion among healthcare personnel in high-stress situations.

In addition, Javier & Reyes (2018) discussed the experiences of Filipino nurses working in the aftermath of natural disasters, particularly in the context of typhoon relief efforts. The study found that despite facing overwhelming challenges, nurses were able to provide compassionate care by relying on a sense of shared responsibility and community. However, the emotional demands of disaster response led to compassion fatigue among many of the nurses, underscoring the need for mental health services and institutional support to help healthcare workers cope with the psychological burden of providing care in disaster-stricken areas.

To help nurses deal with the psychological strain of their profession, Javier & Reyes (2018) recommends healthcare organizations to offer them strong mental health resources and support, especially during disaster response operations. According to the study, treating compassion fatigue and emotional strain requires institutional support in the form of counseling services and debriefing sessions. Furthermore, resilience can be strengthened by encouraging a feeling of community and shared responsibility among healthcare professionals. The study highlights the value of training nurses to handle the emotional strain of disaster assistance and fostering a positive work atmosphere that puts mental health first.

The reviewed studies underscore the complex relationship between compassion satisfaction and compassion fatigue. Burnout, high patient volume, time constraints, resource limitations, moral distress and lack of organizational support are just of the many mentioned emotional challenges that are frequently faced by healthcare professionals, particularly in crisis situations. Compassion fatigue has become a pervasive issue that affects healthcare workers worldwide, especially during periods of heightened stress such as pandemics, natural disasters, or emergency medical crises. Both local and foreign studies highlight that prolonged exposure to patient suffering, long working hours, and limited resources can contribute to emotional exhaustion and burnout, diminishing the ability of healthcare workers to provide compassionate care. Thus, reducing compassion satisfaction.

In addition, the studies reveal similar aspects reiterating that compassion remains a central element of healthcare practice, even in the most trying circumstances. Healthcare workers even amidst significant psychological stress and heightened level of burnout still often rely on intrinsic motivations, such as a sense of duty and empathy, to continue providing care despite overwhelming stress. This necessitates that resilience-building, emotional support, and institutional interventions are vital in helping healthcare workers to manage

the psychological toll of their work. Better clinical results, treatment compliance and client happiness are all associated with compassionate healthcare. With that, the literature all suggests that the healthcare organizations must focus on enhancing resilience, providing mental health resources, and fostering a supportive work culture to mitigate the effects of compassion fatigue. The studies differ on concepts used but all adds up in the notion that "compassion is both a feeling and an action".

Furthermore, it examines the external challenges to compassion during crisis situations, which will furtherly re-examined through this study by examining related factors like workload, stress, burnout, organizational support and additional internal factors comprises of personal well-being, professional experiences, and personal values. By addressing these issues, healthcare institutions can better support their workforce, improve the quality of care provided to patients, and help ensure the long-term well-being of healthcare professionals in crisis situations. Most of the acquired literature focuses on the challenges and satisfaction in connection to the healthcare well-being. However, there are only few studies on patient-centered recovery, addressing the needs and preferences of the patients for medical services. The central theme is communication in personal and explanatory basis. This study will try to investigate additional factor as perceived and stated in the 6C's of care. The existing frameworks discussed in the related studies provides a valuable foundation for developing a new framework for training, education, and psychosocial support, particularly in the context of fostering compassion among healthcare professionals in crisis situations based on the findings that will be revealed in this study on level of compassion and the barriers that impedes healthcare professionals compassionate care delivery.

Conceptual Framework

The study focused on proposing a psychosocial support framework for healthcare professionals. The primary objectives were to identify the profile of the two groups of respondents: the healthcare professionals and the patient, determine the level of compassion of the healthcare professionals as perceived by the patients, and the barriers impeding the healthcare professionals' compassionate care deliver towards patients. In addition, this study analyzed the relationship between the profile of the patients and their perceived level of compassion from the healthcare professionals. This research aimed to bridging the gap and further enhancing the healthcare professional's capacity in providing compassion to patient, in order to achieve a more resilient and patient-centered care. The complex interplay of the patient's perception on the healthcare level of compassion required a thoughtful theoretical contextualization. Thus, the identified significant correlations informed a tailored and personalized framework.

The indicated conceptual paradigm depicted in Figure 1 reveals the input, process, and the output of the study.

The figure 1 research paradigm investigates the level of compassion demonstrated by healthcare professionals as perceived by the patients or their family, as well as the barriers that influence the healthcare professionals' level of compassion. The process examines the compassion levels and the barriers that affect healthcare professionals' ability to demonstrate compassion during crises. The study evaluates the elements that influence compassion, and suggests areas where healthcare professionals may need assistance.

The output is the development of a Framework for Psychosocial Support to help healthcare professionals cultivate and sustain compassion during crisis situations. This framework is an intervention technique that can assist healthcare professionals manage burnout, external distractions, difficult patient/family and clinical complexity without deferring their well-being.

The whole concept was illustrated on the paradigm presented in below.

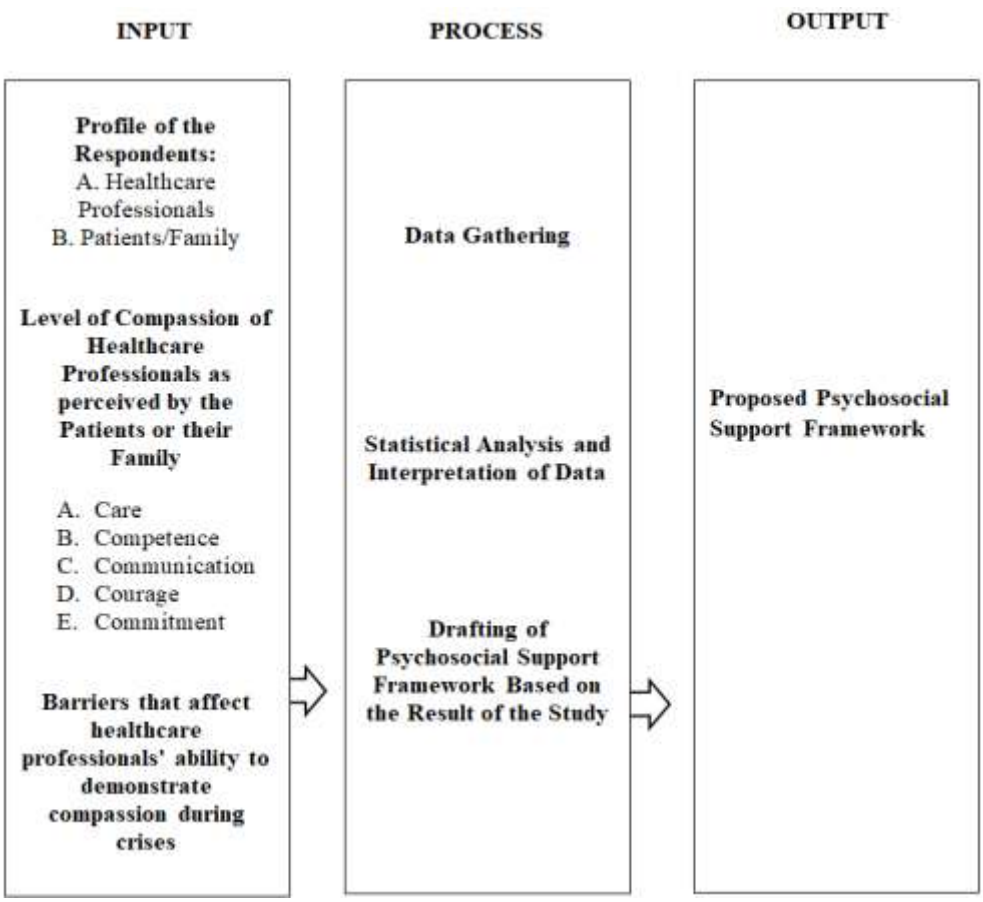


Figure 1: Research Paradigm

RESEARCH METHODOLOGY

This chapter outlined the research methodology employed to investigate the research problems stated in this study. The research design was explained at the beginning of the chapter, along with population and sample, data gathering instrument, data gathering procedure, statistical treatment of the data, and ethical considerations.

Research Design

This study adopted a quantitative research design utilizing a descriptive-correlational approach to provide a comprehensive analysis of the role of compassion in healthcare settings. The descriptive aspect addressed the profile of the healthcare professionals and patients, the level of compassion demonstrated by healthcare professionals during crisis situations as perceived by the patients and the barriers that are likely impeding the healthcare professionals' level of compassion.

In addition, correlational aspects investigated the relationship between the patient's profile and their perceived level of compassion by which informed the development of psychosocial framework aimed at supporting and fostering compassionate care towards patients, specially, during crisis situations.

The approach provided a comprehensive overview of the healthcare situation and enabled systematic documentation of the aspects investigated.

Population And Sample

The population of this study consisted of two groups: 1) the healthcare professionals and 2) the patient or their immediate family. For healthcare professionals, eligible respondents are the doctors and nurses that are affiliated in Bayambang District Hospital or Julius K. Quiambao (JKQ) Medical and Wellness Center, Inc., particularly those who were providing direct patient care for the admitted patients.

With regard to the data provided by the two hospital there were 21 doctors from Bayambang District Hospital and 39 from Julius K. Quiambao (JKQ) Medical and Wellness Center, Inc., comprising a total of 60 doctors. Meanwhile, there are 215 nurses by which 110 were from Bayambang District Hospital and 105 from Julius K. Quiambao (JKQ) Medical and Wellness Center, Inc.

The sample size was determined using the Cochran's formula with a 95% level of confidence and 5% degree of error. The computation for each group's sample size was shown below.

$$n_0 = \frac{(Z^2 pq)}{e^2}$$

Where:

n_0 = sample size (384)
Z = Z-value for desired confidence level (1.96 for 95% confidence)
p = estimated proportion of the population (0.5 is used when unknown)
q = $1 - p$ (0.5)
e = margin of error (0.05)

Given such, finite population correction formula was applied:

$$n = \frac{n_0}{1 + \frac{n_0 - 1}{N}}$$

Where:

n = adjusted sample size for finite population
n_0 = initial sample size (384)
N = total population size

$$n = \frac{384}{1 + \frac{384 - 1}{273}}$$

The final sample size computed using the Cochran's formula is 160 healthcare professionals. In order to proportionally distribute the sample between doctors (60) and nurses (215), stratified sampling technique was utilized. Thus, a total of 35 doctors and 125 nurses will be the sample of this study. To break this down further by the hospital, the final allocation was as follows:

Group	**BDH**	**JKQ**	**Total**
Doctors	12	23	**35**
Nurses	63	62	**125**
Total:	**75**	**85**	**160**

For patients or their immediate family, the eligible respondents are the ones admitted to Bayambang District Hospital or Julius K. Quiambao (JKQ) Medical and Wellness Center, Inc. and have stayed in the hospital for at least two days. Based on the latest bed occupancy, Bayambang District Hospital has a total of 89 patients, while Julius K. Quiambao (JKQ) Medical and Wellness Center, Inc. has 102. The sample size was also determined using the Cochran's formula with a 95% level of confidence and 5% degree of error. The computation for each group's sample size is shown below.

$$n_0 = \frac{(Z^2 pq)}{e^2}$$

Where:

n_0 = sample size (384)
Z = Z-value for desired confidence level (1.96 for 95% confidence)
p = estimated proportion of the population (0.5 is used when unknown)
q = $1 - p$ (0.5)
e = margin of error (0.05)

Likewise, finite population correction formula was applied:

$$n = \frac{n_0}{1 + \frac{n_0 - 1}{N}}$$

Where:

n = adjusted sample size for finite population
n_0 = initial sample size (384)
N = total population size

$$n = \frac{384}{1 + \frac{384 - 1}{191}}$$

The sample size consisted of 130 patients or their family. In order to proportionally distribute the sample to the two hospitals, stratified sampling technique was utilized.

Hospital	**n**
BDH	61
JKQMWC	69
Total	**130**

Data Gathering Instrument

The researcher, in order to gather the data pertinent for this study, constructed a survey questionnaire for the two groups of participants; the healthcare professionals and the patients/family.

The survey questionnaire for the healthcare professionals composed of two-parts. The Part I included questions to gather demographic information of the healthcare professionals in terms of age, sex, civil status, religion, highest educational attainment, years of healthcare work experience and monthly income. Part II dealt with the barriers that impact the healthcare professionals' level of compassion toward patients in crisis situations. A structured Likert scale ranging from (5) always, (4) often, (3) sometimes, (3) rarely, and (1) never were used to systematically assess the occurrence of the barriers influencing the ability of the healthcare professionals to demonstrate compassion toward patients in crisis situations. Sub-factors include: burnout, external distractions, difficult patients/family, and clinical complexity (Fernando & Consedine 2017). This approach facilitates how frequent these key factors impede compassionate care, providing valuable insights into the challenges faced by healthcare providers in high-pressure environments.

Furthermore, the survey questionnaire for the patients/family consisted of two parts. The part I included questions to gather their profile in terms of their age, sex, civil status, religion, highest educational attainment, monthly household income and health background. The part II dealt with their perceived level of compassion

demonstrated by the healthcare professionals. A five-point Likert scale were utilized to enable respondents to indicate how often and to what degree does the healthcare professionals show compassion. The compassion-related statements scale provided a variety of response alternatives, ranging from (5) always, (4) often, (3) sometimes, (3) rarely, and (1) never; providing for more nuanced insights into how the patients or their family perceived the level of healthcare professionals' compassionate behaviors and attitudes as to care, competence, communication, courage, and commitment, particularly during challenging and crisis situations.

To determine the validity of the instrument, the researcher sought expertise from five validity evaluators consisting of Physician/Medical Doctors and Nurses. The validators in accordance to the criteria were all residing in Pangasinan, working within the jurisdiction of the province and not affiliated in the hospitals located in Bayambang. The researcher selects the healthcare professionals in terms of these criteria: 1) must be on managerial or supervisory level, and 2) with at least five years of healthcare work experience. An assessment checklist was used by the evaluators to establish the content validity of the instrument. The instrument was considered valid since the ratings of the evaluators obtained an average of 4.9, interpreted as very highly valid.

Since there were no comments and suggestions after the instrument validation, the researcher prepared the final copy of the instrument.

Data Gathering Procedure

The researcher sought necessary permissions and approvals from the relevant authorities of Pangasinan State University – School of Advance Studies, including the Research Adviser, Specialization Chair, Program Dean and Executive Director. Upon securing these approvals, the researcher proceeds to seek approval to conduct from the authority of the locale of the study.

The researcher submitted a formal letter to the President/CEO of Julius K. Quiambao (JKQ) Medical and Wellness Center, Inc., and the Chief of the Hospital of Bayambang District Hospital. After securing an endorsement to conduct study, the researcher sent out the finalized version of the research questionnaire to the healthcare professionals and the patients/family.

The survey was accomplished through in-person dissemination of survey questionnaire and conducted the data gathering to healthcare professionals after office hours to ensure non-disruption of duty adhering to the guidelines stated in the endorsement. The researcher respected confidentiality and ethical standards throughout the procedure, and remained accessible to answer any questions that the respondents have had while completing the survey.

After the data collection, the researcher collates, organize the responses to check the completeness of data, and ensure that the data is appropriately coded for analysis. The data was processed using the approved statistical treatment methods that were outlined in the research design.

Statistical Treatment Of Data

To analyze and interpret the data gathered in the study, a variety of statistical tools and techniques was employed to ensure a comprehensive and accurate examination of the research questions.

The demographic profile of the two group of respondents indicated in *problem 1* was analyzed through frequency counts and percentage distribution.

Frequency counts, percentage, and weighted mean were used to assess *problem 2*, the healthcare professionals' level of compassion in crisis situations as perceived by the patients. The method allowed an improved evaluation by weighting responds relative in accordance to importance or significance of the statement. By computing the weighted mean, the researcher obtained an average score that accurately represents the level of compassion of the healthcare professionals.

The technique assisted researcher to better understand how the patients/family perceived the compassion of the healthcare professionals in high-pressure situations.

The researcher utilized the following scales, mean ranges and descriptive rating based on the five-point Likert scale shown on the next page.

Rate	Mean Grade Ranges	Descriptive Equivalent	Interpretation
5	4.51 – 5.00	Always	Very Highly Compassionate
4	3.51 – 4.50	Often	Highly Compassionate
3	2.51 – 3.50	Sometimes	Moderately Compassionate
2	1.51 – 2.50	Rarely	Fairly Compassionate
1	1.0 – 1.50	Never	Not Compassionate

Likert scale was likewise utilized in *problem 3* to gather data on the barriers that affect the healthcare professionals' compassion during crisis situations, the researcher employed frequency counts, percentage and weighted mean as key statistical tools. The researcher utilized the following scales, mean ranges and descriptive rating based on the five-point Likert scale:

Rate	Mean Grade Ranges	Descriptive Equivalent	Interpretation
5	4.51 – 5.00	Always	Debilitating
4	3.51 – 4.50	Often	Severe
3	2.51 – 3.50	Sometimes	Moderate
2	1.51 – 2.50	Rarely	Mild
1	1.0 – 1.50	Never	Minimal

In order to explore whether there is a significant relationship between the patients' or their family's demographic background and the perceived level of compassion exhibited by healthcare professionals; the researcher employed Spearman rank correlation, chi-square test of significance and cramer's v as effect size. The statistical test was appropriate for analyzing categorical data and helps determine whether the observed distribution of compassion levels is associated with the demographic variables and of the respondents.

Based on the findings of the study, the researcher develops COMPASSion Framework for Healthcare Professionals. The framework aimed to guide healthcare professionals in maintaining and improving compassionate care, particularly in times of crisis, where emotions, stress, and psychological strain are high for both patients, their families and the care providers. The framework focused on the integration of psychosocial strategies that healthcare professionals can use to ensure they provide empathetic, supportive, and compassionate care even in the most challenging situations.

Ethical Considerations

Ethical considerations was paramount in this study which ensures voluntary participation, safety, privacy, and dignity of the respondents. All respondents were provided with an informed consent before data gathering, explaining the context of the study, the voluntary nature of participation, and their right to withdraw at any point without consequence.

The researcher ensure that the respondents are protected from any physical or psychological harm, discomfort, or danger during the research process. The respondents were informed of the confidentiality and anonymity measures in place.

Identifiable information was kept confidential, and respondents were assigned pseudonyms. Data collected was be securely stored, and only aggregated data was reported in the final analysis to ensure the participants anonymity. Every effort was made to ensure that participation in the study does not cause distress to the respondents.

Presentation, Analysis Of Data, And Interpretation Of Findings

This chapter presents the data gathered given the established research questions, as arranged in graphic presentations, accompanied with the corresponding analysis and interpretations. The sequence of the presentation adheres to the chronology based on the presumptive research problems.

Profile Of The Respondents

Profile Of The Healthcare Professionals

Table 1 in the next page shows the profile of the healthcare professionals which includes age, sex, civil status, religion, highest educational attainment, years of healthcare work experience and financial background.

Age

The age distribution of medical doctors and nurses in the table 1 shows distinct differences in workforce demographics. Among the doctors, the largest age group are the 36–45 years old (31.4%). The nursing workforce, on the other hand, consisted of ages 26–35 (48.8%), and there were no nurses aged 56 and above noted in the study.

There were no noted doctors ages 25 and below, nurses 56-year-old and above were also not noted in the data.

The data implies that the medical doctors in the study tend to be older and more experienced, while the nursing workforce is predominantly younger, indicating a newer generation of professionals possibly early in their careers and with less experience. The healthcare professionals consist of age group that are generally technologically proficient and receptive to modern protocols. However, their age group may require additional mentorship and supervision, in order to adapt resiliency particularly in high-pressure and complex clinical situations.

The study by Estrella (2021) on the Filipino healthcare workforce complements the current findings by reinforcing the trend that the majority of health workers in the Philippines are relatively young. Estrella's data shows that 60% of healthcare workers fall within the 25–39 age range, specifically 22% in the 25–29 bracket, 25% in the 30–34 bracket, and 13% in the 35–39 bracket. This aligns closely with the current study's observation that a significant proportion of nurses (76.8%) were aged 35 and below, particularly concentrated in the 26–35 age range (48.8%) and 25 and below (28%). This suggests a younger nursing workforce, likely driven by recent graduates entering the profession. For medical doctors, although the age distribution is slightly older, a notable 28.6% still fall within the 26–35 age range, indicating a steady influx of younger doctors.

Sex

It was revealed in the table 1 that among doctors, males consisting of 54.3% slightly outnumbered females which only consists of 45.7%. Meanwhile, among nurses, females dominate significantly, consisting a total of 64%, while male nurses only consist of 36%.

This implies and aligned with the global trends where nursing continues to be a predominantly female profession. Although female healthcare workers may bring strength in communication and empathy, gender imbalance may possibly persist segregation in healthcare occupational obligation.

Table 1 Profile of the Healthcare Professionals N=160

		Medical Doctors (n=35)		**Nurses (n=125)**	
Profile	**Categories**	**Frequency**	**Percent**	**Frequency**	**Percent**
Age	25 years old and below	0	0.0%	35	28.0%
	26-35 years old	10	28.6%	**61**	**48.8%**
	36-45 years old	**11**	**31.4%**	25	20.0%
	46-55 years old	5	14.3%	4	3.2%
	56 years old and above	9	25.7%	0	0.0%
Sex	**male**	**19**	**54.3%**	45	36.0%
	female	16	45.7%	**80**	**64.0%**
Civil Status	**single**	9	25.7%	**62**	**49.6%**
	married	**25**	**71.4%**	55	44.0%
	separated/annulled/widowed/widower	1	2.9%	8	6.4%
Religion	**Roman Catholic**	**30**	**85.7%**	**81**	**64.8%**
	Iglesia Ni Kristo	2	5.7%	10	8.0%
	Born again	3	8.6%	27	21.6%
	Other religious affiliation (Jehovah, Baptist, Islam)	0	0.0%	7	5.6%
Years of Health care Experience	**5 years and below**	**8**	**22.9%**	**62**	**49.6%**
	6 to 10 years	7	20.0%	26	20.8%
	11 to 15 years	5	14.3%	24	19.2%
	16 to 20 years	6	17.1%	9	7.2%
	21 to 25 years	6	17.1%	2	1.6%
	26 to 30 years	3	8.6%	2	1.6%
Highest Educational Attainment	college graduate	-	-	**116**	**92.8%**
	master level or equivalent	-	-	9	7.2%
	doctoral level of equivalent	-	-	0	0.0%
	doctor	11	31.4%	-	-
	Diplomate	6	17.1%	-	-
	Fellow	**18**	**51.4%**	-	-

Financial Background	Php 15,000 and below	0	0.0%	14	11.2%
	Php15,001 to Php25,000	0	0.0%	**56**	**44.8%**
	Php 25,001 to Php 35,000	0	0.0%	29	23.2%
	Php 35,001 to Php 45,001	0	0.0%	25	20.0%
	Php 45,001 to Php 55,000	4	11.4%	1	0.8%
	Php 55,001 and above	**31**	**88.6%**	0	0.0%

Supported by the findings of the University of the Philippines Population Institute (2020) which states that the health profession is dominated by women (75%). While doctors, though historically male-dominated, has been seen a gradual shift toward gender parity. For instance, female doctors currently make up more than half of the medical workforce in the UK, where the number of female doctors has finally overtaken that of male doctors (Devlin, 2025).

Civil Status

The data in table 1 shows that there is significantly higher percentage of doctors (71.4%) are married. On the other hand, nurses have a larger proportion of single (49.6%). Both groups have a low percentage of individuals who are separated, annulled, widowed, or widowers, with nurses (6.4%) showing a slightly higher proportion in this category than doctors (2.9%).

This means that doctors reflect greater age and career stability, thus, married, while nurses in this study are still in their early career stages. This significant difference may influence work-life balance dynamic. Nurses who are noted to be single may have greater flexibility in scheduling than with married doctors which have dual roles.

Aligning closely with Jabonete's (2023) study which reported that 49.5% of Filipino staff nurses are single and in the prime of their careers. Moreover, supporting the findings of Woodward (2024) where a significant proportion of doctors in practice are notably married, creating a "dual-doctor families."

Religion

The table 1 shows that among doctors, the overwhelming majority identify as Roman Catholic consisting of 85.7%. In one hand, the religious affiliations of nurses also reveal that majority were Roman Catholics, comprising of 64.8%. Other religious affiliation got the lowest percentage with only 5.6% in combination.

These suggest stronger religious homogeneity within the medical group. Religion is a significant factor which can influence decision-making, since religious foundations is what shapes a person's moral beliefs and at some point, professional practices. Religion may also foster a sense of compassion, moral responsibility and service, aligning with the values of holistic patient care.

The finding of the study along these aspects supports the findings of Murgia (2022), in the numerous research carried out that majority of the healthcare professionals, particularly nurses, continuously identify as Roman Catholic Christians. This is consistent with the general demographic trends in Western societies where Christianity, especially denominations like Catholicism, Protestantism, and Evangelicalism, continues to be the most common faith tradition.

Highest Educational Attainment

Table 1 data on the educational attainment of the respondents shows that among the nurses, the majority (92.8%) are college graduates, with only 7.2% having achieved a master's degree and none holding a doctoral

degree. While the doctors, 51.4% are noted fellows, indicating advanced specialization and 17.1% were diplomate.

This distribution reflects a high level of post-doctoral training and specialization within the medical profession, setting doctors apart from nurses in terms of both academic and professional progression. Greater numbers of fellows in hospitals indicates a strong prominence on advanced medical training in certain areas of medicine, implying that the hospital provides high quality of services in depending on the doctor's area of specialization.

Years of Healthcare Work Experience

The data on the table 1, revealed that a large portion of the doctor respondents (22.9) has 5 years and below of healthcare work experience with only 8.6% with 26 to 30 years of work experience. Complementing to this, majority of the nurses were also noted to have 5 years and below of healthcare work experience comprising of 49.6% with only 1.6% that have 21-25 and 26-30 of healthcare work experience.

The predominance of early career workforce reflects fresh perspectives, higher adaptability in new technologies and practices and service enthusiasm. The years of experience they had influence their openness to continuous learning and innovation. However, this implies this may impact the level of clinical experience, mentorship needs, and training requirements within healthcare settings. It may also reflect recent hiring trends or workforce turnover in the healthcare sector underscoring the importance of retention strategies and support systems to build a stable, experienced healthcare team over time.

This indicates in the study of Alibudbud (2023) which was brought by different factors including recent graduation of medical and nursing students entering the workforce to meet growing healthcare demands, especially following the COVID-19 pandemic, which accelerated retirements and created staffing shortages. High turnover rates, particularly among nurses due to burnout and poor working conditions, further contribute to the predominance of less experienced staff. Furthermore, the expansion of healthcare services generates more entry-level jobs. Seasoned healthcare professionals move to pursue their healthcare career in other nations which leaves voids and filled by younger professionals.

Financial Background

The income of the healthcare professionals, as shown in table 1, reflects that majority of the doctors earns Php55,001 and above on monthly basis, consisting of 88.6%. No doctors report earning less than Php45,000. Meanwhile, an average of 44.8% of the nurses earns about Php15,001 to Php25,000 with only 0.8% that has Php45,001 and above income.

Due to variations in occupation, specialization, and earning potential, nurses are concentrated in lower income categories, whereas doctors occupy the high-income category. This illustrates a considerable salary difference between two professionals. This salary gap reflects not only the expertise, length of education and training required, and even differences in clinical responsibility. Doctors typically undergo long education and training, and doctors are responsible for decision-making on complex medical cases. Still yet, comparatively loe-income of nurses, despite critical role in providing care makes the majority of them decide to pursue a pathway to greater financial security and stability, opting to move abroad for income opportunities. Addressing this disparity through fair compensation and career advancement opportunities can help support and sustain the nursing workforce.

The result finds similarity in the study of Estrella (2021) where it was found that the maximum amount of salary of doctors or physicians is Php30,000 in one hospital alone, increase depends mostly on affiliation basis as they work in various hospitals. While, nurses in public hospitals receive a higher salary than those in private hospitals. Estrella (2021) added that the observed salary disparities between healthcare professionals highlight systemic inequalities within the healthcare sector. Some doctors earn as little as Php30,000 in a single hospital, with income growth depending on multiple affiliations, suggests that individual institutions may not provide adequate compensation, compelling physicians to seek additional work across facilities. Meanwhile, nurses in

public hospitals reportedly earn more than those in private institutions, indicating a reverse trend likely influenced by government-regulated salary grades and benefits. These findings, supported by Estrella's study, suggest that professional compensation is driven more by institutional affiliation and sector than by qualifications or workload.

Profile Of The Patients

Table 2 in the next page shows the profile of the patients/family which includes age, sex, civil status, religion, highest educational attainment, monthly household income and health background.

Age

It can be gleaned from the table 2 that the patient's ages range widely, with the largest group being those between the ages of 26 and 35, who made up 26.9% of the total. Followed by 46–55-year-old (15.4%). The age range with lowest average falls between 25-year-old below with only 10.8% in average.

This suggests that young individuals, especially those between the ages of 26 and 35, make up the majority of patient responses. This could indicate that this demographic is more likely to actively seek healthcare services, accompanying a parent or a child, or generally more accessible and open to taking part in surveys The patient population's expectations, communication preferences, and healthcare needs may be impacted by this age concentration.

The data shows a noticeable concentration of people in the prime working-age range. This supports the findings of the Philippine Statistics Authority in the 2020 Census of Population and Housing which states that working-age or the economically-active encompasses the highest percentage which totaled to 69.40 million or roughly 63.9%.

Table 2 Profile of the Patients N=130

Profile	**Categories**	**Frequency**	**Percent**
Age	25 years old and below	14	10.8%
	26-35 years old	**35**	**26.9%**
	36-45 years old	21	16.2%
	46 to 55 years old	23	17.7%
	56 to 65 years old	20	15.4%
	66 years old and above	17	13.1%
Sex	male	39	30.0%
	female	**91**	**70.0%**
Civil Status	single	43	33.1%
	married	**76**	**58.5%**
	separated/annulled/widowed/widower	11	8.5%
Religion	**Roman Catholic**	**105**	**80.8%**
	Islam	2	1.5%
	Iglesia Ni Cristo	6	4.6%
	Born again	11	8.5%
	Other religious affiliation (Baptist, Jehovah etc.)	6	4.6%

Highest Educational Attainment	Elementary	26	20.0%
	Secondary	**53**	**40.8%**
	Vocational	22	16.9%
	Tertiary education	24	18.5%
	Post Baccalaureate	5	3.8%
Monthly Household Income	**10,957 and below**	**73**	**56.2%**
	10,968 to 21,214	39	30.0%
	21,215 to 43,838	18	13.8%
	above 43,838	0	0.0%
Medical Background	**cardiovascular diseases**	**28**	**21.5%**
	respiratory diseases	23	17.7%
	gastrointestinal and hepatic disorders	16	12.3%
	renal and urinary disorders	15	11.5%
	metabolic and metabolid disorders	6	4.6%
	neurological disorders	6	4.6%
	oncoligal conditions (cancers and tumors)	8	6.2%
	infectious diseases	7	5.4%
	obstetrics and gynecology	10	7.7%
	surgical/trauma cases	5	3.8%
	others (fever, boil, dizzy, etc)	6	4.6%

Sex

The data in table 2, indicates a significant gender imbalance among the 130 patients, with females comprising 70.0% of the group and males making up only 30.0%.

This may suggest that women might be more proactive in seeking out healthcare services. However, this might also underrepresent male patients. Females naturally have greater health seeking behavior, gives importance to preventive care and tend to access services in healthcare more frequently indicating a higher health awareness and caregiving responsibilities, prompting subsequent and more active engagement in healthcare.

Similar to the institutional population findings of Philippine Statistics Authority in Cordillera Administrative Region (CAR) in their census, it was revealed that females outnumbered the males in hospitals and nurses' homes (74.9%).

Civil Status

The majority of the patients as shown in table 2 are married (58.5%), 33.1% are single, while the smallest percentage (8.5%) are separated, annulled, widowed, or widowers. The prevalence of married status gathered in this study may imply that respondents are seeking healthcare for themselves or accompanying a spouse, a child, younger siblings, or aging parents. Increased family responsibilities imposed with marriage lead to more frequent healthcare interaction, whether for simply check-ups. Managing chronic conditions, or supporting the medical of one member of the family.

This negates to the data of Philippine Statistics Authority of marital status in 2020 which is states that 39.2% of Filipinos were married, which is a little lower than those who are single or had never been married which consists of 39.7% of the population.

Religion

The table 2 reveals that 80.8% of the patients were Roman Catholics, followed by Born Again Christian religion with 8.5%. Islam religion on the other hand makes up the smallest group which comprises of only 1.5%.

Catholicism is a reflection of the most prevalent religion in the society, which may have an impact on patients' values, health views, and choices about medical treatment. Healthcare professionals can give more culturally and spiritually sensitive care that is in line with patients' values by having a better understanding of this religious context.

This aligned to the findings of Philippine Statistics Authority Religious Affiliations in the Philippines (2023) that nearly four fifth or 78.8 percent of the household population were Roman Catholics.

Highest Educational Attainment

Table 2 also reflects that the majority of patients have finished secondary which comprises 40.8%. Elementary school graduates coming in second at 20.0%. Post-baccalaureate education is only attained by 3.8% of participants.

These implies that even though the majority have basic to intermediate levels of education, comparatively few of the respondents have pursued further education beyond college. Patients seeking professional health advice only finished a basic level of formal education, which can affect their health literacy, understanding of medical information, and ability to navigate healthcare services.

The demographic data on education may also highlights the need to using simple and clear language in patient communication on the end of the healthcare professionals, possibly explain diagnosis and treatment options in layman’s term to ensure comprehension and compliance.

This supports the findings of the Philippine Statistics Authority in the 2020 Census of Population and Housing that one in three members of the household completes secondary school or high school, this consists a total of 34.3% of the population.

Monthly Household Income

The majority of the patients (56.2%) as shown in table 2, make Php10,957 or less per month, according to the data on household income, followed by Php10,958 to Php21,214 with 30% indicating a predominantly low-income population. None of the respondents makes above Php43,838 in a monthly basis.

These implications may have a major effect on their general health, access to medical treatment, and capacity to pay for prescription drugs and hospital bill. This emphasizes the necessity of accessible and reasonably priced healthcare programs in the Philippine setting, since lack of funds might result in postponed treatment, less preventative care, and increased dependence on public health services.

According to preliminary findings from the 2021 Family Income and Expenditure Survey (FIES), 18.1% of Filipinos lived in poverty, which was defined as the percentage of the population whose per capita income is insufficient to cover their basic necessities, and so as medical expenses.

Medical Background

The table 1, medical background, revealed that the most prevalent health conditions reported by participants

are cardiovascular diseases (21.5%) followed by respiratory diseases (17.7%). Surgical/trauma cases have the lowest average with only 3.8%.

This indicates a significant prevalence of chronic, lifestyle-related, or environmental health problems in the general population. The following health issues are linked with factors such as poor diet, physical inactivity, stress, substance use, or exposure to environmental pollutants.

The findings support the World Health Organization (2021) report indicating that 17.9 million people died from cardiovascular disease, accounting for 32% of all global deaths. Cardiovascular diseases were responsible for 38% of the 17 million premature deaths (before the age of 70) from noncommunicable diseases in 2019. In fact, more than three quarters of cardiovascular deaths occur in low and middle-income nations, including the Philippines.

Level Of Compassion Of The Healthcare Professionals

Tables 3 to 7 present the summary of the computations of the frequency and weighted means of the indicators of compassion as to care for patients, competence to provide optimum care, communication, courage and accountability and commitment.

Level Of Compassion Along Care For Patients

The data in table 3 presented on the next page, revealed the level of care demonstration from the healthcare professionals as perceived by the patients. The results yielded an average weighted mean of 4.08, interpreted as highly compassionate. This suggests that, overall, patients strongly observed and felt that healthcare professionals exhibited high degree of concern, empathy and attentiveness.

Patients indicated that healthcare professionals respond promptly to their medical needs, ranking first with 50.0% of patients rating very highly compassionate. Following closely was monitoring the patients progress with 44.6% of the patients rating the healthcare professionals highly compassionate.

The high ranking on the prompt response and monitoring progress reveals that healthcare professionals ensure patient safety by enabling early detection and timely intervention. Fast and consistent tracking of patient's condition, healthcare professionals can make informed decisions, adjust care if need and optimize resource use in a timely manner leading to a more efficient and effective care delivery.

The lowest-rated indicator of care was offering comforting words and reassurance when the patients feel anxious with 40% patients rating very highly compassionate. This suggests that while the physical care is well addressed, emotional support for patients needs attention for a greater emphasis on compassionate communication that could enhance patient care further. Low-ranked in offering comforting words is evidence of a discernible lack of verbal support, such as consoling and reassurance, which the patients crucially needed during difficult times. This raises prioritization of clinical responsiveness and comprehensive, compassionate communication. To enhance this area training initiative focusing on emotional support to increase overall patient happiness and well-being. In the Philippines where interpersonal warmth is culturally prized, this is a crucial concern.

Table 3 Level of Compassion from Healthcare Professionals along Care for Patients N=130

Care for Patients	**A**	**O**	**S**	**R**	**N**
Indicators					
1. **Consistently checks** how the patient feels.	**56**	48	22	2	2
Palaging na kinu-kumusta ang karamdaman ng pasyente.	**43.1%**	36.9%	16.9%	1.5%	1.5%
2. **Monitor** the patients healing progress.	**58**	38	29	3	2

Binabantayan ang pag-galing ng pasyente.	**44.6%**	29.2%	22.3%	2.3%	1.5%
3. **Offers comforting words** and reassurance when the patient feels anxious on his health.	**52**	32	32	10	4
Pinapalakas ang loob ng pasyente tuwing ito'y nababahala sa kanyang kalusugan.	**40.0%**	24.6%	24.6%	7.7%	3.1%
4. **Responds promptly** to the patient's medical needs.	**65**	24	32	4	5
Agarang tinutugunan ang medical na pangangailangan ng pasyente.	**50.0%**	18.5%	24.6%	3.1%	3.8%
5. **Prioritize patient's decisions** and care preferences.	**55**	41	27	4	3
Inuuna ang desisyon at kagustuhan sa pangangalaga ng pasyente.	**42.3%**	31.5%	20.8%	3.1%	2.3%
Average Weighted Mean 4.08 Often HIGHLY COMPASSIONATE					

Highest frequency counts and percentage are in boldface.

Legend:

4.51-5.00 – (A) – Very Highly Compassionate *3.51-4.50 – (O) – Highly Compassionate*
2.51-3.50 – (S) – Moderately Compassionate *1.51-2.50 – (R) – Fairly Compassionate*
1.00-1.50 – (N) – Not Compassionate

Joolaee (2013) mentioned that caring is something done with people, for people, to people and as people and this is what makes it unique. Findings of the study reiterates that feeling "cared for" is even more important than really providing "care," and that in order to provide zealous and authentic care, caregivers and nurses must have a thorough understanding of the person they would be caring for. Attention to matter, quickness to respond in accordance to the patient's needs and consistently checking how they feel were crucial components of feeling cared for.

In addition to being an essential component of patients' rights, caring relationships is found to be the most significant theme of Joolaee's study. Informed participation, or the active involvement of patients in decisions about their care based on thorough, transparent, and truthful information from healthcare professionals, is a crucial component of this relationship. The indicator prioritizes patient's decisions and care preferences, which places a strong emphasis on respecting the patient's autonomy, values, and unique requirements, is quite similar to this idea. Kunzler, A. et al. (2020) found that although healthcare workers are often subjected to severe emotional distress, many continue to demonstrate remarkable compassion toward their patients.

Level Of Compassion Along Competence

Table 4 in the next page reflects the demonstration of the healthcare professional's competence in providing optimum care, with an average weighted mean of 4.15, indicating that the healthcare professionals are highly compassionate in the area of competence to provide optimum care.

Having a good bedside manner ranked first with 52.3% of the patients noted to observe a very highly compassionate manner of level of compassion from the healthcare professionals. Closely followed by using medical equipment efficiently in a way that made the patient feel safe and confident with 51.5% of the patients observed likewise a very high compassion. This indicates that healthcare professionals are generally perceived as respectful and courteous in interacting with patients, hence, building trust and comfort among patients. In addition, healthcare professionals show technical proficiency, hereby contributing to patient confidence in the care being provided.

Table 4 Level of Compassion from Healthcare Professionals along Competence to Provide Optimum Care N=130

Competence to Provide Optimum Care	**A**	**O**	**S**	**R**	**N**
Indicators					
1. **Able to perform** needed procedures (e.g., injections, blood draws) with care and precision.	**63**	30	31	3	3
Maingat at wastong naisasagawa ang mga kinakailangang prosidyur.	**48.5%**	23.1%	23.8%	2.3%	2.3%
2. **Able to complete** procedures in a timely manner without rushing.	**60**	31	32	5	2
Nagagawang kumpletuhin ang mga prosidyur sa tamang oras ng hindi nagmamadali.	**46.2%**	23.8%	24.6%	3.8%	1.5%
3. **Use medical equipment efficiently** in a way that made the patient feel safe and confident.	**67**	28	27	3	5
Gumagamit ng mga kagamitang medical ng ligtas at may kumpiyansa ang pasyente.	**51.5%**	21.5%	20.8%	2.3%	3.8%
4. **Manage patient's pain** effectively during treatments.	**59**	33	33	3	2
Epektibong napapamahalaan ang sakit na nararamdamanng pasyente sa gamutan.	**45.4%**	25.4%	25.4%	2.3%	1.5%
5. Have a **good bedside manner.**	**68**	32	26	3	1
Maayos ang pakikitungo sa pasyente.	**52.3%**	24.6%	20.0%	2.3%	0.8%
Average Weighted Mean 4.15 Often HIGHLY COMPASSIONATE					

Highest frequency counts and percentage are in boldface.

Legend:

4.51-5.00 – (A) – Very Highly Compassionate *3.51-4.50 – (O) – Highly Compassionate*
2.51-3.50 – (S) – Moderately Compassionate *1.51-2.50 – (R) – Fairly Compassionate*
1.00-1.50 – (N) – Not Compassionate

Managing patient's pain effectively during treatments, however, rank the lowest among the indicators with only 45.4% indicating a high compassion. While rated as very high compassion, this raises potential gap between patients' expectations and current clinical practice. This perception might lead to missed opportunities to strengthen patient-worker bond, thus, needing attention.

Altogether, these findings implies that healthcare professionals constantly exhibit the necessary skills in a very highly compassionate manner along all indicators of competence including the quality and efficiency, expertise and competent in performing procedures and using of medical equipment, managing patient pain, timely completion of needed intervention and good bedside manner.

Kak (2001) mentioned in the paper "Measuring the Competence of Healthcare Providers" was unlike any other. Stated in the paper that measuring competency is crucial to ensure that healthcare professionals have the required skills, knowledge and the attitude in performing their assigned duties and responsibilities, and able to meet performance standards. "Administering medications accurately and safely: monitoring untoward effects, reactions, therapeutic responses, toxicity, incompatibilities" was one key competency mentioned in the Kak study were similar to the current study.

In addition, Zaitoun (2003) conducted a systematic review aimed to evaluate the literature concerning the relationship between self-reported competencies and the perception of patient safety among nurses in their workplace concluded that "patient safety competencies are a core competency in the continuum of professional development activities that protect patients from unnecessary risks and hazards."

Though competency complex, constantly evolving, and contextualized by specific knowledge, skills, attitudes, and values, there are broad guidelines for healthcare workers and measures to map competence, these metrics' quality, dependability, and measurement properties differ. In order to enhance competence and continuously provide optimum care along with practical skills, continuous investment in professionals development trainings through integration of evidence-based practice, simulation learning and interpersonal collaboration is essential to maintaining and elevating standards of care.

Level Of Compassion Along Communication

Table 5 Level of Compassion from Healthcare Professionals along Communication N=130

Communication	**A**	**O**	**S**	**R**	**N**
Indicators					
1. **Actively listens** to the patient's sentiments and concerns. *Aktibong nakikinig sa saloobin at alalahanin ng pasyente.*	**57** **43.8%**	34 26.2%	30 23.1%	7 5.4%	2 1.5%
2. **Explains** the diagnosis **calmly and clearly.** *Malumanay at malinaw na ipinaliliwanag ang mga diagnosis.*	**60** **46.2%**	38 29.2%	24 18.5%	3 2.3%	5 3.8%
3. **Communicates** treatment options **in an understandable way.** *Ipinapaliwanag ang mga opsyon sa paggamot sa paraang madaling maintindihan.*	**61** **46.9%**	30 23.1%	30 23.1%	7 5.4%	2 1.5%
4. **Regularly gives update** with the treatment progress and changes in medical plan. *Palaging nagbibigay ng mga balita tungkol sa progresong paggamot at mga pagbabago sa planong medikal.*	**55** **42.3%**	34 26.2%	31 23.8%	6 4.6%	4 3.1%
5. Are **approachable and engaged** (e.g., uses eye contact and body language) *Maaasahan at madaling lapitan.*	**58** **44.6%**	30 23.1%	34 26.2%	6 4.6%	2 1.5%
Average weighted mean 4.06 Often					

Highest frequency counts and percentage are in boldface.

Legend:

4.51-5.00 – (A) – Very Highly Compassionate *3.51-4.50 – (O) – Highly Compassionate*
2.51-3.50 – (S) – Moderately Compassionate *1.51-2.50 – (R) – Fairly Compassionate*
1.00-1.50 – (N) – Not Compassionate

It can be gleaned from table 5 that indicators of compassion under communication obtained an overall weighted mean of 4.06 which was interpreted as highly compassionate. The data indicates that healthcare professionals generally demonstrate good communication practices in connecting with the patients and their family.

Communicates treatment options in an understandable way gained the highest rank with 46.9% of patients rating the healthcare professionals with very high compassion. Followed closely with explaining the diagnosis calmly and clearly with 46.2% of patients indicating a very high compassion.

This implies that healthcare professionals are particularly skilled in demythologizing medical knowledge so that patients can make well-informed decisions regarding their treatment. Healthcare professionals also able to communicate with empathy clarity and professionalism. The us of non-technical language helps a lot in the context of the study, since the majority of the patients does not purse higher education, clear and compassionate communication make them feel respected, involved and empowered.

In the other hand, actively listening to the patient's sentiments and concerns, got the lowest among frequency among the indicators with only 55 (43.8%), highlighting an area for improvement for the healthcare professionals. The low-rank on active listening implies that while simplifying treatments is done well, listening actively and engaging with emotional and personal concerns of the patients may not be consistently observed.

This raises the possibility of a breakdown of a two-way communication by which the healthcare professionals deliver information but does not completely receive or accept sentiments from the patients. This suggests a greater need for engagement and stronger listening skills in order to promote trust, support and better patient outcomes.

Eben (2022) mentioned that effective communication is essential to the success of healthcare because it builds trusting relationships with patients, improves teamwork among coworkers, and makes sure patients feel heard and educated through active listening.

Similar to the study, Kwame & Petrucka (2021) determined that effective communication between patients and healthcare professionals is crucial to patient care and healing. It is described in their study that communication should be "personal" and "exploratory". Using personalized communication means that healthcare providers explain the patient's treatment procedures, medical conditions, and management techniques in a plain language.

In addition, Baguley et al. (2022), revealed seven significant categories in their study titled "More than a feeling? What does compassion in healthcare 'look like' to patients?". These categories included listening and paying attention (71% of responses). According to patients, compassionate care entails concrete acts like treating them with dignity, communicating with them in a clear and sympathetic manner, and treating them as an individual rather than merely a medical case.

Nevertheless, it is given that there will always be institutional, communication, environmental, and behavioral barriers that make it difficult to achieve patient-centered care and communication in nurse-patient clinical interactions. Given their links in clinical contacts, healthcare workers must recognize these facilitators and barriers of communication and patient-centered care in order to advance patient-centered care.

Reflecting to long-held nursing ideas that care must be anchored to each patient's beliefs, health concerns, and contextual factors. Patient-centered communication is therefore essential to guaranteeing the best possible health results (Kwame & Petrucka, 2021).

Level Of Compassion Along Courage And Accountability

Table 6 Level of Compassion from Healthcare Professionals Along Courage and Accountability N=130

Courage and Accountability	**A**	**O**	**S**	**R**	**N**
Indicators					
1. **Takes complex and critical cases** (e.g., severe or rare conditions, coexisting diseases) without hesitation.	**52**	30	36	8	4
Tumatanggap ng mga pasyenteng may kritikal na kondisyon ng	**40.0%**	23.1%	27.7%	6.2%	3.1%

walang pag-aalinlangan.					
2. **Provides care with a sense of urgency** without compromising the quality of care. *Nagbibigay ng agarang lunas nang hindi nakukumprimiso ang kalidad ng pangangalaga.*	**66**	26	33	3	2
	50.8%	20.0%	25.4%	2.3%	1.5%
3. **Ensures** that the **patient is well aware and fully informed** of the risks and possible treatment outcomes. *Tinitiyak na lubos na nauunawaan ng pasyente ang mga panganib at posibleng maging resulta ng paggamot.*	**61**	35	26	6	2
	46.9%	26.9%	20.0%	4.6%	1.5%
4. Are **quick to acknowledge their mistake** and work to find a solution without shifting blame. *Tinatanggap ang kanilang pagkakamali at nagsusumikap upang makahanap ng solusyon ng hindi iniiwasan ang pananagutan.*	**51**	20	52	5	2
	39.2%	15.4%	40.0%	3.8%	1.5%
5. **Ensures follow-up treatment** and make adjustments, if necessary, until the patient is fully recovered. *Sinusubaybayan ang pasyente at binabago ang gamutan kung kinakailangan hanggang ganap na gumaling ang pasyente.*	**60**	36	29	4	1
	46.2%	27.7%	22.3%	3.1%	0.8%
Average weighted mean: 4.04 Often					
Highest frequency counts and percentage are in boldface. *Legend:* *4.51-5.00 – (A) – Very Highly Compassionate* *3.51-4.50 – (O) – Highly Compassionate* *2.51-3.50 – (S) – Moderately Compassionate* *1.51-2.50 – (R) – Fairly Compassionate* *1.00-1.50 – (N) – Not Compassionate*					

Table 6 in the recent page presents the level of compassion demonstrated by healthcare professionals in the area of courage and accountability, garnering an average weighted mean of 4.04, indicating a notably high compassion shown towards patients.

Ranking the highest among the indicators was providing care with a sense of urgency without compromising quality with of 50.8% of patients indicating a very high compassion observed from the healthcare professionals. Next with 46.9% was ensuring that patient is well aware and fully informed of the risks and possible treatment outcomes, which also indicates a very high compassion. However, ranking the lowest amongst the indicators is the quickness of the healthcare professionals to acknowledge their mistake and work to find a solution without shifting blame with 39.2% of the respondents stating that the healthcare professionals are very highly compassionate.

It implies that while upholding high standards of care, healthcare professionals typically react swiftly to patients' needs. This shows a strong dedication to patient safety and prompt action, particularly in high-pressure or crisis situations. However, this also indicates that while accountability is present, there may still be a degree of hesitation or inconsistency when it comes to admitting clinical errors.

In connection to the current study, Bowyer (2021) describes that stepping up and being accountable in providing compassionate care and advocating for the patients' needs is what enables the healthcare professionals to make the right choices and do what is best for their patients. Bower also emphasized that courage along with accountability in healthcare is more than just professional duties: it extends to ethical conduct, transparency, and dedication to patient-centered care, all of which are essential for quality outcomes.

In the study of Kashani et al., (2023) it was indicated that moral courage has a crucial role in promoting safe nursing care. 54% of the safe nursing care variance is predicted through moral courage, gender and work experience. Thus, recognizing the determining factors of moral courage, elucidating, and initiating groundworks will create a moral environment reinforcing courageous acts in healthcare profession and promoting safe care.

Level Of Compassion Along Courage And Accountability

The data on table 7 on the next page reveals a consistent pattern that generally shows a strong level of commitment of the healthcare professionals with a weighted mean average of 4.01. This proves that the healthcare professionals are highly compassionate to their service to the patients, as it reflects to their commitment.

The highest rated indicator is encouraging the patient to take an active role in healthcare decisions, with 48.5% of patients noting a very high compassion from the healthcare professionals. Following the second highest rank indicator is striving to create a trusting and supportive patient-worker relationship and advocating for patient's best interest with 42.3% of respondents noting that the healthcare professionals were very highly compassionate. Meanwhile, maintaining a strong sense of duty was noted the lowest-rank with 39.2% of respondents stating a very high compassion.

These findings indicate that healthcare professionals frequently empower patients by promoting autonomy, participation and shared decision-making suggesting a trend toward patient-centered care and shared accountability. However, the lower score for maintaining a strong sense of duty, raises questions about motivation or constancy in professional dedication, which may compromise the dependability and integrity of care delivery. The discrepancy emphasizes the necessity of reinforcing professional principles and accountability to guarantee that all facets of compassionate and ethical care are constantly upheld in practice.

Similar to the study conducted by Garcia & Gonzalez (2022) to examine the extent of primary health professionals' commitment connection to patient satisfaction, it was found that commitment of healthcare professionals has indeed resulted to a positive influence on the satisfaction of patients or users of the health centers. It is noted in the study that the most of the committed professionals have less availability in their schedules for short term appointments. Based on the interviews, these was brought by spending more time with patients, leading to increase in overall satisfaction. The affective commitment of the healthcare professionals truly improves patient's satisfaction. Given that, it was recommended that healthcare professionals should use practices to strengthen commitment. Strauss (2016) in his study added that compassion, except to being an emotion, can also be thought of as having five parts: acknowledging suffering, realizing that human suffering is universal, empathizing with the person experiencing it, putting up with uncomfortable emotions, and being motivated to take action to lessen suffering.

Table 7 Level of Compassion from Healthcare Professionals along Commitment N=130

Commitment	**A**	**O**	**S**	**R**	**N**
Indicators					
1. **Maintains a strong sense of duty** (show up consistently and fully present in patient-care). *Palaging naririyan na nagbibigay ng pangangalaga at buong atensyon sa pasyente.*	**51**	40	26	12	1
	39.2%	30.8%	20.0%	9.2%	0.8%
2. Strives to **create a trusting and supportive patient-worker relationship.** *Nagsusumikap na mapagtibay ang tiwala at suporta sa pagitan niya at ng pasyente.*	**55**	35	28	8	4
	42.3%	26.9%	21.5%	6.2%	3.1%

3. **Encourages the patient** to take an active role in healthcare decisions. *Hinihikayat ang pasyente na magkaroon ng aktibong papel sa pagpapasya sa pangangalagang pangkalusugan.*	**63**	27	31	7	2
	48.5%	20.8%	23.8%	5.4%	1.5%
4. **Upholds ethical standards** in all aspects of patient care, ensuring fairness, respect, and transparency. *Itinataguyod ang mga etikal na pamantayan sa lahat ng aspeto ng pangangalaga sa pasyente, tinitiyak ang patas, paggalang at pagiging tapat.*	**53**	36	33	7	1
	40.8%	27.7%	25.4%	5.4%	0.8%
5. Advocates for the patient's best interest. *Itinataguyod ang interes ng pasyente.*	**55**	30	33	11	1
	42.3%	23.1%	25.4%	8.5%	0.8%
Average Weighted Mean: 4.01 Often					
Highest frequency counts and percentage are in boldface. *Legend:* *4.51-5.00 – (A) – Very Highly Compassionate* *3.51-4.50 – (O) – Highly Compassionate* *2.51-3.50 – (S) – Moderately Compassionate* *1.51-2.50 – (R) – Fairly Compassionate* *1.00-1.50 – (N) – Not Compassionate*					

Furthermore, the results support the article written by Jafaraghaee (2017) stating that commitment is a principle that resonates within the healthcare profession, specifically, nursing. Nurses who embody commitment understands that their responsibility extends far beyond their job description. It is recognizing that each interaction with the patients is an opportunity to make meaningful impacts, not just to offer expertise, but above all comfort, understanding, and support. With that, self-compassion should be manifested among healthcare professionals enables them to better manage stress and emotional exhaustion, ultimately enhancing their capacity to offer compassion to others (Krasner et al., 2020).

Table 8 in the next page presents the summary of the level of compassion exhibited by healthcare professionals across care, competence, communication, courage and commitment. Based on the mean scores derived from survey responses, each area was rated consistently with a higher mean indicating a higher level of compassion among healthcare professionals. The descriptive label shown in the table corresponds to the rating scale signifying that healthcare professionals are highly compassionate in each area assessed.

Table 8 Summary of Level of Compassion from Healthcare Professionals

Areas	**Mean**	**Interpretation**
Care for patients	4.08	Highly Compassionate
Competence to provide optimum care	4.15	Highly Compassionate
Communication	4.06	Highly Compassionate
Courage and Accountability	4.04	Highly Compassionate
Commitment	4.01	Highly Compassionate
Grand Mean	**4.07**	**Highly Compassionate**

A high level of compassion is frequently observed by patients in the care delivered by healthcare professionals. However, there remains room for improvement to achieve the highest possible standard of compassionate care.This speaks well of the way healthcare is currently provided, but it also emphasizes how important it is to

continue providing training, assistance, and institutional support in order to maintain and strengthen compassionate behaviors in all patient contacts, since compassion is the cornerstone of any successful mental health care system for it fosters a culture of humanity and equity for all (Sengupta & Saxena, 2024). It was found to improve patient outcomes, enhance communication, and foster better patient-provider relationships (Sinclair et al., 2016). The current results build upon recent work in field particularly the study of Jeong & Seo (2022), which founds that healthcare professionals, specifically nurses, with high competency have high patient-centered care. Nurses has shown positive compassionate behavior by not only doing medical interventions through prescription medication or nursing processes (competence) but also prioritizing the patients' needs (care), listening to and empathizing with their concerns (communication), ensuring autonomy (courage), and upholding, empowering and advocating for their rights.

Barriers That Affect The Healthcare Professionals' Ability To Demonstrate Compassion During Crisis Situations

Tables 9 to 13 present the summary of the computations of the frequency and weighted means of the indicators of barriers that affect healthcare professionals' ability to demonstrate compassion during crisis situations as to burnout, external distraction, difficult patient/family, and clinical complexity.

Burnout As A Barrier

Table 9 Burnout as a Barrier to Compassionate Care Delivery Among Healthcare Professionals N=160

Burnout	**A**	**O**	**S**	**R**	**N**
Indicators					
1. Overwhelming workload and administrative tasks	43	46	**63**	8	0
	26.9%	28.7%	**39.4%**	5.0%	0.0%
2. Emotional exhaustion from prolonged exposure to critical patients	15	64	**65**	15	1
	9.4%	40.0%	**40.6%**	9.4%	0.6%
3. Long shifts and heavy caseloads	10	61	**62**	25	2
	6.3%	38.1%	**38.8%**	15.6%	1.3%
4. Fear of making clinical errors	25	39	**65**	28	3
	15.6%	24.4%	**40.6%**	17.5%	1.9%
5. Decreasing motivation and detachment	13	42	**60**	39	6
	8.1%	26.3%	**37.5%**	24.4%	3.8%
Average Weighted Mean: 3.41 Sometimes MODERATE					
Highest frequency counts and mean average are in boldface.					
Legend:					
4.51-5.00 – (A) – Debilitating *3.51-4.50 – (O) – Severe* *2.51-3.50 – (S) – Moderate*					
1.51-2.50 – (R) – Mild *1.00-1.50 – (N) – Minimal*					

Table 9 in the recent page presents the data on burnout as a barrier to compassionate care among healthcare professionals. The results illustrate that while burnout felt by the healthcare professionals is not constant, it is a recurring and a significant factor affecting the profession, with an average weighted mean of 3.41, indicating that healthcare professionals moderately felt burnout. This challenge may potentially impede with the ability of the doctors and nurses to deliver compassionate care to their patients.

Among the indicators assessed, emotional exhaustion from prolonged exposure to critical patients was ranked the highest with 40.6% of healthcare professionals indicating that they moderately feel exhausted from prolonged exposure to patients. This shows that continuous exposure to crisis situations affects their emotional well-being and, in turn, their compassion towards patients. Fear of making clinical errors was also noted by the healthcare professionals to be moderately impeding the delivery of compassionate care toward patients with mean average of 40.6%, suggesting that internal pressures contribute to decrease in compassion. Lastly, 37.5% of healthcare professionals noted that they moderately felt a decreasing motivation and detachment. While it ranks the lowest, this still impedes patient-worker interaction in a long run.

The results implies that fear of clinical errors and emotional exhaustion are major internal pressures that impact healthcare workers which may compromise their ability to consistently deliver compassionate care. Given how frequently these symptoms occur, it is possible that extended exposure to stressful situations can cause compassion fatigue, diminished empathy, and elevated mental stress.

Even though decreasing motivation and emotional detachment receive the lowest rank, it nevertheless indicates a risk of chronic burnout and poor patient-provider relationships. These findings demonstrate how urgently organizational support networks, mental health treatments, and resilience-building initiatives are needed to protect healthcare professionals' emotional health and the standard of patient care.

In a study of De Leon & Santos (2022) titled “Compassion fatigue and resilience among Filipino healthcare workers during the COVID-19 pandemic in Metro Manila”, they found that healthcare workers in Metro Manila experienced significant compassion fatigue during the COVID-19 pandemic, but those who received institutional and peer support were better able to maintain their emotional well-being.

The findings of the study align with those of recent investigations, particularly the study of Franco et al. (2022) which reported that out of 146 respondents, 40% of Internal Medicine physician trainees were engaged, 4% had burnout, and the majority were at-risk for burnout in the country's largest government hospital. Many healthcare workers reported high levels of psychological distress, anxiety, and emotional exhaustion due to the unprecedented demands placed on them (Lluch et al., 2020). One of the most prominent challenges to compassion in crisis situations is burnout, which can be exacerbated by the intense pressures of working in high-stress environments such as emergency rooms, intensive care units, and during pandemics (Morse et al., 2019).

It was found that burnout in healthcare is a result of a heavy workload, Safaeian et al. (2022) concluded in their study. It is closely linked to a decrease in compassionate behaviors (Bakker et al., 2020). Domingo and Alvarado (2021) also revealed that the overwhelming number of patient cases, coupled with the prolonged nature of the recent pandemic, contributed to the high levels of burnout and compassion fatigue among healthcare workers. Huggard (2014) also found that the intense pressure of working in these crisis settings can lead to heightened levels of compassion fatigue among healthcare workers. These results in diminished capacity to demonstrate empathy and care under crisis conditions (Perry et al., 2021).

Moreso, Alharbi et al. (2019) revealed that emergency nurses working during a mass casualty event experienced heightened levels of burnout and compassion fatigue, which were exacerbated by the constant exposure to traumatic injuries and deaths. During high-stress situations, maintaining compassion can become particularly challenging, as individuals may experience burnout, secondary trauma, and a sense of helplessness, all of which can detract from their ability to provide compassionate care (Alharbi et al, 2019).

This suggests that providing adequate psychological support, promoting work-life balance, and fostering a culture of empathy and appreciation can help reduce the incidence of compassion fatigue and promote compassion satisfaction (Beaumont et al., 2016). In addition, Baker et al. (2019) found that a strong social support systems and a healthy work environment were correlated with higher levels of compassion satisfaction. Compassionate actions by healthcare professionals can provide emotional support (Lown et al., 2018). When healthcare workers feel supported by their colleagues and institutions, they are better able to manage the emotional demands of their work (Dewar & Mackay, 2021).

These findings suggest that healthcare workers in crisis situations are at increased risk of emotional exhaustion and disengagement, but interventions aimed at increasing compassion satisfaction may provide a buffer against these negative outcomes. Helping healthcare professionals maintain their ability to provide compassionate care found to decreased burnout (Harrison et al., 2021). Promoting self-compassion among healthcare professionals enables them to better manage stress and emotional exhaustion, ultimately enhancing their capacity to offer compassion to others (Krasner et al., 2020).

External Distraction As A Barrier

Table 10 External Distraction as a Barrier to Compassionate Care Delivery Among Healthcare professionals N=160

External Distractions	**A**	**O**	**S**	**R**	**N**
Indicators					
1. Inadequate work-life balance	45	**49**	46	19	1
	28.1%	**30.6%**	28.7%	11.9%	0.6%
2. Personal challenges (e.g., illness, mental health challenges)	11	45	**58**	39	7
	6.9%	28.1%	**36.3%**	24.4%	4.4%
3. Pressure from institutional policies (e.g., efficiency over patient care)	25	32	**71**	28	4
	15.6%	20.0%	**44.4%**	17.5%	2.5%
4. Financial or resource constraints (e.g., lack of facilities)	8	31	**61**	52	8
	5.0%	19.4%	**38.1%**	32.5%	5.0%
5. Lack of sufficient support services (e.g., psychosocial support, counseling)	8	33	**62**	56	1
	5.0%	20.6%	**38.8%**	35.0%	0.6%
Average Weighted Mean: 3.19 Sometimes MODERATE					

Highest frequency counts and mean average are in boldface.

Legend:

4.51-5.00 – (A) – Debilitating *3.51-4.50 – (O) – Severe* *2.51-3.50 – (S) – Moderate*
1.51-2.50 – (R) – Mild *1.00-1.50 – (N) – Minimal*

It can be gleaned in the table 10 in the recent page, the following findings that emerged from examining the indicators on the external distractions. With a 3.19 mean average indicating that the healthcare professionals were moderately impeded with the external distractions they experience. The indicators were experience in an intermittent but fairly basis just frequent enough to impact the healthcare professional's performance and well-being during crisis situations.

Findings indicate that 30.6% of the healthcare professionals noted that inadequate work-life balance is severely impacting their ability to provide compassionate care towards patients. This reflects that many of our healthcare professionals struggle to maintain personal and professional boundaries. Pressure from institutional policies moderately affects their compassion with 44.4% of healthcare professionals noting this concern as moderately impeding.

The results suggest that the capacity of healthcare workers to continuously provide compassionate care is moderately impacted by external distractions, especially insufficient work-life balance. Given how frequently the indicator was brought up, it is likely that a lack of clarity between personal and professional life might result in emotional burnout, exhaustion, and less empathy. According to these findings, healthcare

organizations must implement more humane working practices, such as flexible scheduling, wellness initiatives, and a culture that prioritizes employee welfare and patient-centered care.

In addition to that, a study by Thompson et al. (2019) found that when healthcare professionals face overwhelming workloads, they are more likely to prioritize technical and procedural tasks over emotional support for patients, resulting in a decreased focus on compassion. To help nurses deal with the psychological strain of their profession, Javier & Reyes (2018) recommends healthcare organizations to offer them strong mental health resources and support, especially during disaster response operations. Evidence suggests that providing adequate psychological support, promoting work-life balance, and fostering a culture of empathy and appreciation can help reduce the incidence of compassion fatigue and promote compassion satisfaction (Beaumont et al., 2016).

Ranking the least among indicators was personal challenges, with 36.3% of the healthcare professionals raising that it moderately impedes their capacity to show compassion towards patients. The lowest-ranked, while still significant, suggest that professional norms may possibly discourage healthcare professionals from acknowledging the impact of personal challenges. Low-rank may be a result of underreporting warranting further qualitative exploration.

Harrison et al (2021) established that when healthcare organizations do not prioritize staff well-being in both personal and professional aspect, HCPs are less likely to engage in compassionate care. For instance, when hospital administrators fail to provide sufficient staffing or implement wellness programs, healthcare workers may experience heightened stress and disengagement, which in turn limits their ability to act compassionately, disregarding their personal aspects of care. The findings compliment the study of Fowler et al. (2020), which states that lack of support and organizational challenges is a crucial factor that affects the compassion of healthcare professionals. In addition to these factors are the lack of emotional support from peers, supervisors, or institutions can exacerbate feelings of isolation, stress, and frustration, all of which undermine compassion. Leadership and organizational culture also play a critical role in supporting healthcare professionals, but in many crisis situations, institutions fail to provide adequate mental health support or debriefing opportunities, which are essential to mitigating the emotional impact of the crisis.

Difficult Patient/Family As A Barrier

Table 11 Difficult Patient/Family as a Barrier to Compassionate Care Delivery Among Healthcare Professionals N=160

Difficult Patient/Family	**A**	**O**	**S**	**R**	**N**
Indicators					
1. Patients' refusal of treatment / non-compliance with care Plans	30	43	**55**	25	7
	18.8%	26.9%	**34.4%**	15.6%	4.4%
2. Patients' unrealistic expectations of outcomes or treatment	8	53	**62**	34	3
	5.0%	33.1%	**38.8%**	21.3%	1.9%
3. Patient is difficult, rude or obnoxious	6	35	**79**	31	9
	3.8%	21.9%	**49.4%**	19.4%	5.6%
4. Cultural or language barriers with patients affecting communication	7	26	**62**	52	13
	4.4%	16.3%	**38.8%**	32.5%	8.1%
5. Negative past experiences of patients impacting patient-provider relationship	11	21	**71**	46	11
	6.9%	13.1%	**44.4%**	28.7%	6.9%

Average Weighted Mean:	**3.04**	**Sometimes**	**MODERATE**

Highest frequency counts and mean average are in boldface.

Legend:

4.51-5.00 – (A) – Debilitating	*3.51-4.50 – (O) – Severe*	*2.51-3.50 – (S) – Moderate*
1.51-2.50 – (R) – Mild	*1.00-1.50 – (N) – Minimal*	

Table 11 presents how difficult patients or families affects the delivery of compassionate care among healthcare professionals. The overall weighted mean of 3.04 is evidence of moderate impediment affecting the healthcare professional's capacity to provide compassionate care to patients.

The indicator with highest rated frequency is when the patient is difficult, rude, or obnoxious, with 49.9% of the healthcare professionals indicating that uncooperative behavior from patients or their family is a frequent experience barrier in providing compassionate care, therefore moderately impeding their compassion. Following by the negative past experiences of patients, with 44.4% of healthcare professionals stating that these moderately impedes compassionate care delivery. At last, cultural or language barrier is noted by 38.8% of healthcare professionals their least encountered factor, but still in a moderate impediment, present and enough factor to affect the compassionate care delivery to patients.

This implies that even while healthcare professionals generally try to remain understanding and empathetic, emotionally taxing situations may make it difficult for them to respond compassionately on a regular basis. Patients' refusal to treatment, unrealistic expectations of outcomes or treatment, rudeness, language barriers and negative experiences has a negative effect on compassionate care delivery. A notable frequency with nearly half of the healthcare professionals finds it difficult to deliver compassionate care to the patients that are difficult and uncooperative. This implies that interpersonal conflict and emotional strain are commonplace for healthcare professionals, which may make it difficult for them to maintain their empathy and patient-centeredness.

Recent studies, specifically by Kiwanuka et al. (2019) found similar to the current study states that restraints in time with consultation, challenging patients or family, disagreements with caregivers, medical professionals discouraging family discussion, lack of support from other care professionals, outside practice, visiting policy, no family visits, communication barriers between experienced physicians and nurses, irate family members, unrealistic family expectations, ppersonal difficulty in dealing with the family, lack of private space for family, and language barriers.

Although findings of the study are not entirely related to the finding of Van Keer et al. (2015), both of the study has strong link since it was found that conflicts and different expectations between healthcare professionals and patients strongly impacts the emotional involvement, information exchange, care practices and even end-of-life decision making. Cerit et al. (2020) in their investigation of whether medical personnel's interactions with challenging patients might be divided into three categories: unfavorable, supportive, and ethical findings reveal that difficult patients are affected negatively due to the negative beliefs, perception and attitudes shown towards them.

It was therefore recommended that healthcare professionals should be aware of managing strategies to handle challenging situations with difficult patients or their family. Healthcare workers' conduct should be positively changed, and their understanding of the moral implications of challenging situations should be raised. This is brought by the fact that patients and their families are more willing to disclose critical information, take part in choices about their care, and follow treatment plans when they feel valued and heard. Establishing a good relationship with the patients and their families found essential for providing compassionate care for it fosters trust, enhances communication, and ensures emotional support. Involving families as partners in care also improves the caring process, lessens miscommunications or conflicts, and provides emotional support for the patient.

Clinical Complexity As A Barrier

The results under clinical complexity in table 12 in the next page shows revealed that healthcare professionals encounter clinical complexity at a moderate level with an average weighted mean of 3.5. This indicates that clinical complexities, while not constantly encountered, still interferes with the delivery of compassionate care.

The indicator that is most significantly reported is overlapping symptoms or multiple conditions, with 46.9% of the healthcare professionals noting that their compassion was moderately impeded. Inability to involve patients in decision-making due to their condition or capacity was the second highest rated with 45.0% stating moderate impediment. Involvement in life-and-death situations that conflicts with emotional responses ranks the lowest in frequency with 41.9%, but still falls under moderate level of impediment.

This reflects the reality of managing comorbidities, prognosis and ambiguous clinical presentations is commonly encountered as a barrier in healthcare. Such complexity makes it harder to focused on individualized and empathetic care because time and cognitive resources are heavily invested in clear diagnosis and stabilization. Following closely is the inability to involve patients in decision-making due to their condition and capacity. In cases like these, doctors must often make decision without patient input or merely with the relative's decision, which reduce opportunities for compassionate engagement and informed consent. High acuity of patients' conditions, affects the process, prompting focus on urgency and rapid interventions over patient-centered communication, thus, deprioritizing compassion. These indicators are more situational but still has the possibility to occur and challenge the healthcare professionals emotionally and ethically, especially when consensus is hard to reach or personal beliefs conflicts with clinical imperatives.

Table 12 Clinical Complexity as a Barrier to Compassionate Care Delivery Among Healthcare Professionals n=160

Clinical Complexity	**A**	**O**	**S**	**R**	**N**
Indicators					
1. High acuity of patient conditions requiring immediate attention	35	**60**	49	16	0
	21.9%	**37.5%**	30.6%	10.0%	0.0%
2. Overlapping symptoms or multiple conditions	12	56	**75**	17	0
	7.5%	35.0%	**46.9%**	10.6%	0.0%
3. Disagreement regarding treatment goals with other health providers	6	26	**69**	55	4
	3.8%	16.3%	**43.1%**	34.4%	2.5%
4. Inability to involve patients in decision-making due to their condition or capacity	9	34	**72**	38	7
	5.6%	21.3%	**45.0%**	23.8%	4.4%
5. Involvement in life-and-death decisions that conflict with emotional responses	10	21	**67**	54	8
	6.3%	13.1%	**41.9%**	33.8%	5.0%
Average Weighted Mean: 3.15 Sometimes MODERATE					

Highest frequency counts and mean average are in boldface.

Legend:

4.51-5.00 – (A) – Debilitating *3.51-4.50 – (O) – Severe* *2.51-3.50 – (S) – Moderate*

1.51-2.50 – (R) – Mild *1.00-1.50 – (N) – Minimal*

The recent study of Malenfant et al. (2022) underscored that providing compassionate care to people with various diseases can be challenging. According to the scope of the study, issues like organizational culture,

time limits, high workloads, and a lack of staffing are common in healthcare settings, especially when patients have overlapping symptoms. Reynolds (2019) in the study "Fighting the flinch: Experimentally induced compassion makes a difference in health care providers" revealed that healthcare professionals might be be less involved with individuals who displayed repulsive symptoms and were accountable for their disease.

Healthcare professionals frequently have to make life-or-death decisions in emotionally taxing circumstances. According to a study conducted by Babaei & Taleghani (2019) on intensive care unit nurses, their capacity to deliver compassionate care is impacted by both personal and professional aspects, such as stress and emotional reactions. Although nurses aim to be sympathetic, the emotional toll of such choices can make it difficult for them to respond in a caring manner.

Table 13 Summary of Barriers that Affect Healthcare Professionals' Ability to Demonstrate Compassion During Crisis Situations

Barriers	**Weighted Mean**	**Interpretation**
Burn out	3.41	Moderately Impeding
External Distractions	3.19	Moderately Impeding
Difficult Patient/Family	3.04	Moderately Impeding
Clinical Complexity	3.15	Moderately Impeding
Grand Mean	**3.19**	**Moderately Impeding**

Shown in table 13 are the data that summarizes the key barriers affecting the healthcare professionals' ability to demonstrate compassion during crisis situations. The four identified barriers consisting of Burnout (3.41), External Distractions (3.19), Difficult Patient/Family, and Clinical Complexity (3.15) was identified to be moderately impeding. It was further confirmed in the grand mean of 3.19, that on average, these barriers are moderate impeding the capacity of the healthcare professionals to deliver compassionate care. The following factors are recurring challenges faced by the healthcare professional affecting their compassionate care level towards the patients.

These results closely resemble those of Fernando & Consedine (2017), who found that obstacles to physician compassion are not one-dimensional but rather can be divided into four distinct and trustworthy categories. Their research found that the following key factors together lessen physicians' emotional availability and empathy when providing crisis care: Burnout/Overload, External Distractions, Difficult Patient/Family, and Complex Clinical Situations.

Burnout stands out as the most significant barrier with a weighted mean of 3.41, suggesting that overwhelming workload and administrative tasks, emotional exhaustion, long shifts and heavy caseload, fear of making clinical errors and decreasing motivation and detachment through moderately experience, is significantly interfering with the healthcare professional's ability to provide compassionate care, especially during crisis situations. External distractions moderately affect meaningful engagement, clinical complexity leaving little to no time for compassionate interaction, and difficult patient or families also challenge the healthcare professionals. Although many healthcare workers may experience compassion fatigue, those who reported with higher levels of compassion satisfaction were better able to maintain emotional resilience during the pandemic (Savitsky et al., 2019).

These findings show that all these barriers are intermittent but influential, with burnout being the most dominant, emphasizing the need for support systems and wellness programs to support healthcare professionals a maintain compassion even in the most difficult time.

Relationship Between Patient Profile And Their Perceived Level Of Compassion From Healthcare Professionals

Table 14 Relationship Between Patient Age, Highest Educational Attainment, Monthly Household Income and Their Perceived Level of Compassion from Healthcare Professionals

Level of Compassion along…		**Age**	**Highest Educational Attainment**	**Monthly Household Income**
Care for patients	r_s	0.015	0.104	0.049
	Sig. (2-tailed)	0.865	0.237	0.577
Competence to provide optimum care	r_s	0.003	0.157	0.07
	Sig. (2-tailed)	0.972	0.074	0.431
Communication	r_s	-0.056	**.174***	0.041
	Sig. (2-tailed)	0.525	**0.048**	0.646
Courage and Accountability	r_s	-0.053	0.121	-0.006
	Sig. (2-tailed)	0.548	0.169	0.949
Commitment	r_s	-0.018	0.133	0.04
	Sig. (2-tailed)	0.835	0.132	0.653
Overall Level of Compassion	r_s	-0.023	0.133	0.037
	Sig. (2-tailed)	0.797	0.133	0.673
** Correlation is significant at the 0.01 level (2-tailed).			r_s= spearman rank correlation	
* Correlation is significant at the 0.05 level (2-tailed).				

Compassion which encompasses care, effective communication, competence, accountability, and commitment is essential the healing process and the patient experience in general. This part will take into account the relationship between the patient profile, which consist of age, sex, civil status, religion, highest educational attainment, monthly household income, and health background and their perceived level of compassion from the healthcare professionals.

Table 14 in the recent page presents the Spearman rank correlation (rs) between three demographic variables: age, highest educational attainment, and monthly household income of patients and their perceived level of compassion from healthcare professionals.

The analysis in table 14 shows that the patient age and their monthly household income have no significant correlation with their perceived level of compassion from healthcare professionals across care, competence, communication, courage and accountability and commitment. However, highest educational attainment shows a significant positive correlation (rs = 0.174, p= 0.048), suggesting that patients with higher education levels tend to rate the healthcare professionals more favorably in terms of communication.

The result implies that patients' perceptions of compassionate care were the same regardless of their age and income, indicating that healthcare professionals are offering a somewhat equal standard of care to all demographic groups. Nonetheless, a significant relationship was seen between higher educational attainment and communication. This raises the possibility that patients with greater education may comprehend, interpret, or value healthcare providers' communication efforts more fully. This might be the result of increased confidence in interacting with physicians with familiarity of medical terms and increased in health literacy.

In contrast with the study of Azizam & Shamsuddin (2015), they discovered that patients with higher levels of education were less satisfied with the communication from their HCPs. It's possible that this is related to the higher expectations and literacy levels of more highly educated patients, which lead to their higher levels of communication dissatisfaction as compared to patients with lower levels of education.

Table 15 Relationship Between Patient Sex and Their Perceived Level of Compassion from Healthcare Professionals

Profile Variable	**Pearson Chi square statistics**	**Sig.**	**Effect size**	**Sig.**
Care for patients	0.95	0.813	0.086	0.813
Competence to provide optimum care	2.05	0.562	0.126	0.562
Communication	0.217	0.975	0.041	0.975
Courage and Accountability	4.719	0.194	0.191	0.194
Commitment	**20.751**	**0.001**	**0.400**	**0.001**
Overall Level of Compassion	0.796	0.850	0.078	0.850
Note: level of compassion was re-grouped into 3 (often, rarely and sometimes) *Significant at .05 level of significance				

It is shown in table 15 from the recent page that there is generally no significant relationship between the patient's sex and their perceived level of compassion from healthcare professionals except in the area of commitment. There is no statistically relationship based on sex in perceptions of care for patients ($p = 0.813$), competence to provide optimum care ($p = 0.562$), communication ($p = 0.975$), and courage and accountability ($p = 0.194$). However, in the area of commitment, the Chi-square value was 20.751 with a p-value of 0.001, and effect size of 0.400, indicating a significant relationship. This suggests that professional's level of commitment is perceived differently based on the sex.

According to the findings, patients of both sexes perceive most aspects of compassionate care with no correlation. However, there is a significant difference in how male and female patients view the dedication of the healthcare professionals. Male and female patients may have different communication styles, expectations and needs, which could be the cause of this. With this regard, to ensure that regardless of the gender of all patients, their perceived level of commitment from the healthcare professionals are as equally strong and dependable. Thus, healthcare professionals may need to pay more attention to how they display their dedication and follow-through to patients of different sexes.

Similar to the findings of Pavlova et al. (2022), patient's satisfaction may be impacted by the gender of healthcare professionals even after controlling for patient characteristics, visit duration, and physician practice style habits, a study revealed that patients of female doctors were more satisfied than those of male doctors since it was evident that female healthcare providers are often perceived as more empathetic and nurturing. Conversely, male providers may be viewed as more clinical or authoritative, potentially affecting how their compassionate actions are interpreted care.

Table 16 Relationship Between Patient Civil Status and Their Perceived Level of Compassion from Healthcare Professionals

Level of Compassion	**Pearson Chi-square statistic**	**Sig.**	**Effect size**	**Sig.**
Care for patients	4.457	0.615	0.131	0.615
Competence to provide optimum care	5.065	0.535	0.14	0.535
Communication	7.763	0.256	0.173	0.256

Courage and Accountability	5.296	0.506	0.143	0.506
Commitment	2.485	0.870	0.098	0.870
Overall Level of Compassion	4.035	0.672	0.125	0.672

**Significant at .05 level of significance*

Note: level of compassion was re grouped into 3 (often, rarely and sometimes)

The findings from the analysis as shown in table 16 reveals that there is no significant relationship between patients' civil status and their perceived level of compassion from healthcare professionals across care for patients with 0.615 p-value, competence to provide optimum care (p = 0.535), communication (p = 0.256), courage and accountability (p = 0.506), commitment (p = 0.870).

These results suggests that the patient's civil status does not significantly influence how they perceive the compassion shown to then by the healthcare professionals in any of the assessed domains. It has a favorable impact on the equity of care provided, showing that a person's personal relationship status does not influence how compassion is shown or felt in a medical context.

A notable difference emerges when comparing with the findings of the study of Sadeghi-Gandomani et al. (2018) which states that ppatient satisfaction with the service given by the healthcare professionals were significantly correlated with age, marital status, education, diagnosis, length of hospital stays, and verbal communication between nurses and patients (P<0.001).

Table 17 Relationship Between Patient Religion and Their Perceived Level of Compassion from Healthcare Professionals

Religion	**Pearson Chi square statistic**	**Sig.**	**Effect size**	**Sig.**
Care for patients	12.72	0.176	0.181	0.176
Competence to provide optimum care	10.267	0.329	0.162	0.329
Communication	5.99	0.741	0.124	0.741
Courage and Accountability	6.262	0.713	0.127	0.713
Commitment	10.25	0.331	0.162	0.331
Overall Level of Compassion	9.415	0.400	0.155	0.400
Note: level of compassion was re grouped into 3 (often, rarely and sometimes)				

The results presented in table 17 indicates that there is no significant relationship between the religion of the patient and their perceived level of compassion from healthcare professionals. The p-values of care for the patient, competence to provide optimum care, communication, courage and accountability and commitment, respectively exceeds the 0.05 level of confidence, indicating a lack of significant association.

These findings imply that regardless of the religious affiliation of the patients their perceptions of compassion from the healthcare professionals across care, competence, communication, courage and commitment does not have significant relationship. Healthcare professionals typically provide compassionate care without prejudice and special treatment regardless of the patient's spirituality and beliefs. Furthermore, this might suggest that healthcare professionals are naturally predisposed or sufficiently prepared to uphold cultural sensitivity and professional neutrality, guaranteeing that religious diversity has no negative effects on the standard of interpersonal care.

Not in accord with the findings of the study of Winter-Pfändler & Morgenthaler (2011), whereas the patient-health provider relationship was significantly associated with the patient's age and religiosity, the apprehension of pastoral intervention was significantly associated with the patient's religiosity and denomination. Increased

in religious involvement is linked to how patients differently interact with the healthcare providers. These results suggests that healthcare professionals have to take account of the patients' religious affiliation in order to fully provide compassionate care, since religion is a meaningful factor in fostering trust and responsive patient-worker relationship. Thus, significantly associated with service satisfaction.

Table 18 Relationship Between Patient Medical History and Their Perceived Level of Compassion from Healthcare Professionals

Profile Variable	**Pearson Chi square statistic**	**Sig.**	**Effect size**	**Sig.**
Care for patients	11.957	0.918	0.214	0.918
Competence to provide optimum care	29.663	0.483	0.276	0.483
Communication	24.469	0.75	0.25	0.75
Courage and Accountability	34.272	0.27	0.293	0.299
Commitment	34.885	0.247	0.306	0.195
Overall Level of Compassion	21.652	0.866	0.281	0.427
Note: level of compassion was re grouped into 3 (often, rarely and sometimes)				

Table 18 in the last page shows that there is no significant relationship between the medical history of the patients and their perceived level of compassion from healthcare professionals. Care for the patients ($p = 0.918$), competence to provide optimum care ($p = 0.483$), communication ($p = 0.750$), courage and accountability ($p = 0.270$), and commitment ($p = 0.247$) does not generally have a significant relationship with the patients' medical history.

These indicates that while there may be some variation in perceptions on medical history, they are not consistent enough to draw meaningful conclusions. In summary, a patient's medical history does not appear to significantly influence how they perceive compassion from healthcare professionals.

The result implies that the level of compassion of the healthcare professionals shown towards patients is unaffected by a regardless if the diagnosis is acute, chronic, or non-significant. This also suggests that healthcare professionals are continuously exhibiting compassionate behaviors across a range of patient health profiles. Regardless of the healthcare professionals medical experience, they show fairly a nondiscriminatory treatment and an equitable attitude to compassion, which speaks well of the professionalism and ethical standards in patient care. This finding corroborates with the findings of the study of Ohm et al. (2013) which revealed no correlation between the number of medical histories gathered in a patient and his or her respective empathy score given by the standardized CARE questionnaire.

Framework For Psychosocial Support

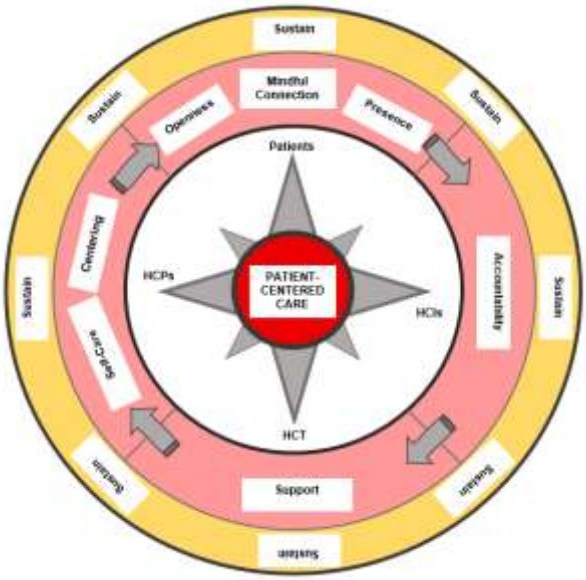
Compassion Framework For Care Providers

This study on compassion becomes the basis to help the healthcare professionals cultivate and instill compassion even during crisis situations. As it was revealed that across areas of care, competence, communication, courage and commitment; healthcare professionals exhibited high level of compassion. However, it was also noted that burnout, external distractions, difficult patient/family and clinical complexity moderately present and a recurring impediment faced by the healthcare professionals affecting compassionate care. There are gaps still needed to fill and weakness to address.

The framework directly supports the United Nations Sustainable Development Goals (SDG 3) - Good Health and Well-being by fostering environments where both patients and care providers can thrive, ensuring a more resilient and compassionate healthcare system. Guided with the following principles, which believed that; Every patient and provider are a human being deserving of dignity and care, compassion is not simply a trait but a professional's duty and ethical responsibility inherent to the practice of medicine. A collaborative setting

is the ideal setting for compassionate care, compassionate care needs to be culturally sensitive and sustaining compassion requires active investment in the emotional well-being of healthcare professionals.

The framework was illustrated in below.



The COMPASSion Framework serves as structured and person-centered guide to help the care providers stay oriented towards compassion through Centering, Openness, Mindful Communication, Presence, Accountability, Support and Self-Care.

C.O.M.P.A.S.S are the acronym of the development interventions are programs and processes made to solve specific problems. The purpose of these interventions is to cultivate compassion of the healthcare professionals to achieved the main goal as shown in the center of the framework – patient-centered care. The compass focuses on both interpersonal and external factors that needs to be enhanced to further exacerbate the optimum quality.

Heading to the west are interventions for the healthcare professionals (HCPs), to north are the interventions for the patients, to east are interventions for the healthcare institution (HCIs), and lastly to the sounds are the interventions for designed for the healthcare teams (HCTs). The following interventions are shown below:

C.O.M.P.A.S.S.	**Interventions**
Centering	Mindfulness training (reflections)
Openness	Active listening and empathy workshop; patient narrative sessions
Mindful Communication	Training in trauma-informed and nonviolent communication
Presence	Time management techniques to allow intentional interactions
Accountability	Leadership modeling
Support	Peer support circles and team-based emotional debriefing
Self-care	Access to wellness rooms, rest areas and employee assistance programs

The C.O.M.P.A.S.S. goes around one direction starting from the healthcare professionals (HCPs), which is centering. This interpersonal intervention consists of mindfulness training which includes grounding

techniques to help the HCPs to prepare themselves to remain calm prior interaction with the patients/family. For patients benefits, interventions for openness, mindful communication, and presence which includes active listening and empathy workshop, patient narrative sessions, training in trauma-informed and nonviolent communication, time management techniques will allow intentional patient-worker interaction. Moving forward to the interventions to be initiated by the healthcare institutions (HCIs) are accountability trainings which may include leadership modeling to improve patient outcomes by fostering a culture of safety, professionalism and compassionate, high-quality care among the healthcare professionals. Moreover, towards the healthcare team, is support which may include peer support circles and team-based emotional debriefing to empower the healthcare professionals and enhances teamwork for a safer, effective patient care. Lastly, back for the healthcare professionals is self-care, to main physical and mental well-being, enabling them to provide consistent optimum quality care to patients.

The largest outer circle is to sustain a resilient workforce and positive care environment that consistently delivers safe, compassionate and high-quality patient-centered care.

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary of findings based on the data obtained from the questionnaires given to the healthcare professionals and the patients or their family. The researcher came up with the conclusions and recommendations that follow.

Summary Of Findings

This study dealt on the level of compassion among healthcare professionals as perceived by the patients as well as the barriers that affects their level of compassion. It determined the profile of the respondents (healthcare professionals and patients/family), level of compassion of the healthcare professionals, barriers that affect the healthcare professionals' compassion, significant relationship between the patients' profile and their perceived level of compassion of the healthcare professional, lastly, framework for psychosocial support.

As a result of the investigation, the following findings are disclosed:

Profile of the Healthcare Professionals

There 35 doctors or 31.4 percent falling under the bracket 36-46 years old. 61 or 48.8 percent of the nurses, on the other hand, fall under the bracket of 26-35 years old. In the basis of sex, 19 are male consisting of 54.3 percent. Meanwhile, among nurses, females dominate significantly, consisting a total 80 or 64 percent.

There is significantly higher percentage of doctors (71.4%) or 25 in total are married while 62 of the nurses are single (49.6%). As to the religious affiliation, 30 of doctors identify themselves as Roman Catholic consisting of 85.7 percent. In one hand, 81 of the nurses were also Roman Catholics which comprises 64.8 percent. With regards to the healthcare work experience, 8 or 22.9 percent of the doctors has five years and below of healthcare work experience, complimenting to this, 62 or 49.6 percent of the nurses were also noted to have five years and below of healthcare work experience. In addition, among the nurses, 116 or 92.8% are college graduates, while a total of 18 or 51.4 percent of the doctors are fellows, indicating advanced specialization. Lastly, a total of 31 or 88.6 percent of the doctors earns Php55,001 and above on monthly basis while 56 or 44.8 percent of the nurses earns about Php15,001 to Php25,000 on average monthly.

Profile of the Patients

The total number of patients age bracket falls in between the ages of 26 and 35, which made up 26.9 percent in total. Female patients comprise of 91 respondents or 70.0 percent and males makes up 39 or only 30.0 percent. In accordance with the patient's civil status, 76 of the respondents are married comprising a total of 58.5% percent. In the area of religion, 80.8 percent or 105 of the respondents were Roman Catholics. Furthermore, a

total of 53 respondents have finished secondary which comprises 40.8 percent. 73 or 56.2 percent of the respondents makes 10,957 pesos or less per month. Finally, the most prevalent health conditions reported by the respondents are cardiovascular diseases (21.5%).

Level of Compassion of the Healthcare Professionals Along Care, Competence, Communication, Courage, and Commitment

The healthcare professionals are notably highly compassionate in the area of care for patients, as reflected by an average weighted mean of 4.08, which falls within the category often. The competence in providing optimum care with an average 4.15, healthcare professionals were also highly compassionate. All indicators of compassion under the communication, obtained an overall weighted mean of 4.06 was also interpreted highly compassionate. The level of compassion demonstrated by healthcare professionals in the area of courage and accountability garnered an average weighted mean of 4.04 was again noted as highly compassionate. Lastly, a consistent pattern generally shows a strong level of commitment of the healthcare professionals with a weighted mean average of 4.01, falling under the category often or highly compassionate.

Summary of Level of Compassion

Care, competence, communication, courage and commitment garnered a grand mean of 4.07 indicating that patients and their family rates the healthcare professionals as highly compassionate healthcare in each area assessed.

Barriers that Affect the Healthcare Professionals' Ability to Demonstrate Compassion During Crisis Situations Under the Factors: Burnout, External Distraction, Difficult Patient/Family

Burnout felt by the healthcare professionals is a recurring and a significant factor affecting the profession, with an average weighted mean of 3.41, indicating moderate impediment. External distractions have an average weighted mean of 3.19 which likewise indicates that it was moderately impeding to the healthcare professional’s compassion. The weighted mean average of difficult patient or family is 3.04, the result also noted moderate impediment of the healthcare professional’s capacity to provide compassionate care towards patients. At last, the healthcare professionals also encounter clinical complexity with an average weighted mean of 3.15 which also signifies moderate impediment.

Summary of Barriers

The four identified barriers consisting of Burnout (3.41), External Distractions (3.19), Difficult Patient/Family, and Clinical Complexity (3.15), all signifies moderate impediment. It was further confirmed in the grand mean of 3.19, that on average, these barriers are moderately present and recurring challenge faced by the healthcare professional affecting their compassionate care level towards the patients.

Relationship Between Patient Profile and Their Perceived Level of Compassion from Healthcare Professionals

The test of relationship between the patients’ profile and their perceived level of compassion from healthcare professionals across care, competence, communication, courage and commitment revealed different results. Based on the statistical analysis, while majority does not have a significant positive relationship, some domains was found to be statistically significant. Nevertheless, since majority of the domains has a respective significance value lower than .05 level, there is sufficient evidence to reject the research hypothesis.

The level of performance of the healthcare professionals in connection to the patients’ age has no correlation. There is generally no significant relationship between the patient’s sex and their perceived level of compassion from healthcare professionals except in the area of commitment where the Chi-square value was 20.751 with a p-value of 0.001, and effect size of 0.400, indicating a significant relationship. In addition, there is no

significant relationship between patients' civil status, religion monthly household income and health background from their perceived level of compassion from healthcare professionals. However, highest educational attainment shows a significant positive correlation (rs = 0.174, p= 0.048), suggesting that patients with higher education levels tend to rate the healthcare professionals more favorably in terms of communication.

COMPASSion Framework for Care Providers

This COMPASSion Framework for Care Providers is designed to help the healthcare professionals cultivate and instill compassion even during crisis situations. It serves as structured and person-centered guide to help the care providers stay oriented towards compassion through Centering, Openness, Mindful Communication, Presence, Accountability, Support and Self-Care.

Conclusions

The demographic profile of the respondents shows that the majority of the healthcare professionals belong to young adulthood, female, married, roman catholic, with five years and below of healthcare work experience. Most of the nurses are college graduates earning around Php15,000 to Php25,000, while the majority of the doctors are fellows earning Php55,000 and above monthly. On the other hand, the largest portion of the patients belong to young adulthood, female, married, roman catholic, finished secondary education, with Php10,957 and below monthly income. Majority of their diagnosis belongs to cardiovascular diseases.

The healthcare professionals are highly compassionate in the areas of care, competence, communication, courage and commitment, as perceived by the patients. However, barriers including burnout, external distractions, difficult patient/family and clinical complexity was shown to be a moderate impediment experience by the healthcare professionals.

Furthermore, the analysis on the test of relationship between the level of compassion and the patients' profile has shown no significant correlation. However, significant areas show a highest educational attainment somehow has an effect on the patient's perception in the areas of communication. These findings shows that even though healthcare professionals have shown to have qualities creating a compassionate environment that enhances healing and emotional comfort impediments still moderately exists thereby affecting their quality of care.

Therefore, the interconnected nature of data derived from the investigation necessitates the development of a structured and person-centered guide that targets not the only the healthcare professionals but also external contributors such as but not limited with patients, healthcare team and the healthcare institutions. Thus, COMPASSion Framework for Care Providers is proposed.

Recommendations

Based on the conclusions, the following recommendations are hereby offered:

1. For Healthcare Institutions and Hospital Administrators

Healthcare institutions should prioritize the institutionalization of compassion-centered care by integrating it into hospital policies, protocols, and performance standards. Hospital administrators may develop and implement structured compassion-focused programs that emphasize psychosocial support, emotional intelligence, and patient-centered communication, especially in high-pressure and crisis environments. Regular in-service training and workshops focusing on empathy, therapeutic communication, cultural sensitivity, and stress management should be conducted to reinforce compassionate behaviors among healthcare professionals.

Given the prevalence of burnout and workload-related stress identified in the study, hospital management is encouraged to strengthen workforce support systems. This may include improving staff-to-patient ratios, providing adequate rest periods, rotating staff in high-stress units, and ensuring access to mental health support services such as counseling, debriefing sessions, and peer support groups. Establishing wellness programs and resilience-building initiatives can help mitigate emotional exhaustion and promote sustained compassionate care.

Furthermore, hospital administrators should consider implementing routine patient feedback mechanisms that assess perceived compassion and quality of care. Patient and family feedback can serve as valuable indicators for monitoring healthcare professionals' performance and identifying areas for improvement. Incorporating compassion indicators into staff evaluation systems may further motivate healthcare professionals to maintain high standards of empathetic care.

2. For Healthcare Professionals

Healthcare professionals are encouraged to actively engage in self-care practices and continuous professional development to sustain their capacity for compassion. Awareness of personal stress levels, emotional triggers, and signs of burnout is essential in maintaining emotional availability to patients. Healthcare professionals should be encouraged to seek support when experiencing emotional strain and to participate in peer discussions and reflective practices that foster emotional resilience.

Strengthening communication skills remains vital, particularly in crisis situations where patients and families are emotionally vulnerable. Healthcare professionals are encouraged to practice active listening, provide clear and honest information, and demonstrate sensitivity to patients' cultural, spiritual, and socioeconomic backgrounds. Small but consistent acts of compassion—such as checking on patients' emotional well-being, offering reassurance, and involving patients in care decisions—can significantly enhance patients' healthcare experiences.

Additionally, interprofessional collaboration should be fostered to promote shared responsibility in compassionate care delivery. Team-based approaches can reduce individual burden, improve care coordination, and create a supportive work environment where compassion is collectively upheld.

3. For Nursing and Medical Education Institutions

Educational institutions offering nursing and medical programs should integrate compassion, empathy, and psychosocial care as core competencies within their curricula. Beyond technical and clinical skills, students should be trained in emotional intelligence, ethical decision-making, communication during crisis situations, and patient-centered care models. Simulation-based learning, role-playing scenarios, and reflective journaling may be utilized to help students develop practical compassion skills.

Clinical training programs should emphasize mentorship and supervision, particularly for younger and less experienced healthcare professionals. Experienced practitioners can serve as role models in demonstrating compassionate behaviors in real-world settings. Early exposure to compassionate care principles can help future healthcare professionals internalize these values as integral components of professional practice.

4. For Policymakers and Healthcare Authorities

Policymakers and healthcare authorities are encouraged to support policies that promote humane and compassionate healthcare delivery, especially in public hospitals serving low-income populations. Increased funding for healthcare infrastructure, human resources, and staff welfare programs is essential to address systemic issues such as understaffing, inadequate compensation, and resource constraints that hinder compassionate care.

Policies that promote fair compensation, career advancement opportunities, and job security for healthcare professionals—particularly nurses—may help reduce turnover and migration, thereby fostering a more stable and experienced workforce. Additionally, integrating compassion and patient satisfaction indicators into national healthcare quality standards may further institutionalize compassionate care practices across healthcare facilities.

5. For Patients and Families

Patients and their families should be empowered to actively participate in the healthcare process. Health education initiatives that improve health literacy can help patients better understand their conditions, treatment options, and healthcare rights. Encouraging open communication between patients and healthcare professionals can foster mutual respect, trust, and shared decision-making, which are essential components of compassionate care.

Hospitals may also consider providing patient orientation programs that explain hospital procedures, available support services, and communication channels to reduce anxiety and confusion, particularly during hospitalization and crisis situations.

6. For Future Researchers

Future studies may expand on the findings of this research by exploring compassion in different healthcare settings, such as rural hospitals, tertiary medical centers, or private healthcare institutions. Longitudinal research designs may be utilized to examine changes in compassionate care over time and assess the long-term effectiveness of compassion-focused interventions.

Further research may also investigate additional variables influencing compassion, including organizational culture, leadership styles, coping strategies, and emotional intelligence among healthcare professionals. Qualitative approaches, such as in-depth interviews or focus group discussions, may provide richer insights into the lived experiences of both healthcare providers and patients, complementing quantitative findings.

Finally, the proposed compassion Framework may be empirically tested and refined through intervention-based studies to determine its effectiveness in improving compassionate care outcomes in crisis situations.

BIBLIOGRAPHY

Online Sources

1. Alharbi, J., Jackson, D., & Usher, K. (2019). Compassion fatigue in critical care nurses. An integrative review of the literature. Saudi medical journal, 40(11), 1087–1097. Retrieved from: https://doi.org/10.15537/smj.2019.11.24569
2. Alibudbud, R. (2023). Addressing Burnout and Shortage of Nurses in the Philippines. Sage Journals. Retrieved from: https://journals.sagepub.com/doi/10.1177/23779608231195737
3. American Psychological Association. (2017). APA GUIDELINES for Psychological Practice With Older Adults. Retrieved from: https://www.apa.org/practice/guidelines/guidelines-psychological-practice-older-adults.pdf?
4. Azizam, N. A., & Shamsuddin, K. (2015). Healthcare Provider-Patient Communication: A Satisfaction Study in the Outpatient Clinic at Hospital Kuala Lumpur. The Malaysian journal of medical sciences: MJMS, 22(3), 56–64.
5. Babaei, S. & Taleghani, F. (2019). Compassionate Care Challenges and Barriers in Clinical Nurses: A Qualitative Study. ResearchGate. Retrieved from: https://www.researchgate.net/publication/332561918_Compassionate_Care_Challenges_and_Barriers_in_Clinical_Nurses_A_Qualitative_Study

6. Baker, D. A., Caswell, H. L., & Eccles, F. J. R. (2019). Self-compassion and depression, anxiety, and resilience in adults with epilepsy. Epilepsy & behavior: E&B, 90, 154–161. Retrieved from: https://doi.org/10.1016/j.yebeh.2018.11.025
7. Baker, S. M., Reid, S. J., & Simpson, L. (2019). The role of social support in enhancing compassion satisfaction in healthcare professionals. Journal of Health Psychology, 24(2), 197-205. Retrieved from: https://doi.org/10.1177/1359105318764302
8. Bakker, A. B., Demerouti, E., & Sanz-Vergel, A. I. (2020). Burnout and work engagement: The JD-R approach. Annual Review of Organizational Psychology and Organizational Behavior, 7, 431-459.
9. Baguley, S. I., Pavlova, A., & Consedine, N. S. (2022). More than a feeling? What does compassion in healthcare 'look like' to patients?. Health expectations: an international journal of public participation in health care and health policy, 25(4), 1691–1702. https://doi.org/10.1111/hex.13512
10. Beaumont, E., Durkin, M., Hollins Martin, C. J., & Carson, J. (2016). Compassion for others, self-compassion, quality of life and mental well-being measures and their association with compassion fatigue and burnout in student midwives: A quantitative survey. Midwifery, 34, 239–244. https://doi.org/10.1016/j.midw.2015.11.002
11. Billings, J. et al (2021). Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis. BMC Health Serv Res. 2021 Sep 6;21(1):923. doi: 10.1186/s12913-021-06917-z. PMID: 34488733; PMCID: PMC8419805.
12. Bowyer, M. (2021). What are the 6 Cs and why are they important?. Medical Staffing. Retrieved from: https://www.medicalstaffing.co.uk/blog/2021/12/the-6-cs-and-why-they-are-important?source=google.com
13. Campbell, D. (2025). Female doctors outnumber male peers in UK for first time. Retrieved from: https://www.theguardian.com/society/2025/mar/06/female-doctors-outnumber-male-peers-in-uk-for-first-time
14. Cerit, K. et al. (2020). Behaviours of healthcare professionals towards difficult patients: A structural equation modelling study. National Library of Medicine. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/31315514/
15. Chavez, J. et al. (2020). Magna carta for women health workers, teachers, and minimum-wage earners in the workplace: Policy awareness and organizational compliance. Retrieved from: https://www.researchgate.net/publication/379666349_Magna_carta_for_women_health_workers_teachers_and_minimum-wage_earners_in_the workplace Policy_awareness_and_organizational_compliance
16. Clinical Education and Training Queensland. (2020). Complexity and health care: health practitioner workforce services, roles, skills and training, to respond to patients with complex needs. Retrieved from: https://www.health.qld.gov.au/__data/assets/pdf_file/0027/150768/complexcarefull1.pdf
17. Cocker, F., & Joss, N. (2016). Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review. International journal of environmental research and public health, 13(6), 618. https://doi.org/10.3390/ijerph13060618
18. De Leon, A. R., & Santos, M. P. (2022). Compassion fatigue and resilience among Filipino healthcare workers during the COVID-19 pandemic in Metro Manila. Journal of Health Psychology, 27(8), 1061-1073. Retrieved from: https://doi.org/10.1177/13591053221112543
19. Delos Santos, J. (2023). Compassion Fatigue Influences the Mental Health and Turnover Intention of Nurses in the COVID-19 Pandemic. College of Nursing, Visayas State University. Retrieved from: https://doi.org/10.47895/amp.vi0.5137
20. Dewar, B., & Mackay, R. (2021). Compassionate care in healthcare: Reflections on a decade of learning. International Journal of Nursing Studies, 118, 103842.
21. Domingo, M. J., & Alvarado, L. S. (2021). Burnout and compassion fatigue among healthcare workers during the COVID-19 pandemic in the Philippines. Philippine Journal of Health Research and Development, 17(3), 112-125.

22. Duarte, J., Pinto-Gouveia, J., & Ferreira, C. (2017). The influence of self-compassion and psychological flexibility in the development of compassion fatigue in healthcare professionals. Journal of Clinical Psychology, 73(4), 438-453. Retrieved from: https://doi.org/10.1002/jclp.22348
23. Dyrbye, L. N., et al. (2020). Relationship Between Burnout, Professional Behaviors, and Cost-Conscious Attitudes Among US Physicians. Journal of general internal medicine, 35(5), 1465–1476. https://doi.org/10.1007/s11606-019-05376-x
24. Eben, T. (2022). Exploring the 6cs: An examination of the evidence and a personal reflection. ResearchGate. Retrieved from: https://www.researchgate.net/publication/362712631_Exploring_the_6cs_An_examination_of_the_evidence_and_a_personal_reflection
25. Estrella, R. et al. (2021). STUDY ON THE FILIPINO HEALTH WORKFORCE: A SEQUENTIAL EXPLORATORY ANALYSIS OF THE DECENT WORK OUTCOMES IN METRO MANILA, METRO CEBU, AND METRO DAVAO HOSPITALS. Retrieved from: https://pidswebs.pids.gov.ph/ CDN/OTHERS/ils_2021_hrh_study_-_powerpoint_presentation_-_for_serp-p_knowledge-sharing_webinar.pdf
26. Fernando, A. & Consedine, S. (2017). Development and initial psychometric properties of the Barriers to Physician Compassion questionnaire. Postgraduate medical journal, 90(1065), 388–395. https://doi.org/10.1136/postgradmedj-2013-132127
27. Figley, C. R. (2017). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. Brunner-Routledge.
28. Franco, P. et al. (2022). Burnout and Resilience of Internal Medicine Physician Trainees in a Tertiary Government Hospital in the Philippines during the COVID-19 Pandemic: A Mixed-method Study. Acta Medica Philippina. Retrieved from: https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/3535
29. Fowler, J. et al. (2020). Enhancing compassionate care through leadership in healthcare organizations: A systematic review. Leadership in Health Services, 33(2), 159-174.
30. Garcia & Gonzalez. (2022). Importance of health care personnel commitment for patient satisfaction in Primary Care. National Library of Medicine. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/35144182/
31. Gallagher, S., et al. (2024). The pattern theory of compassion. Trends in Cognitive Sciences Volume 28, Issue 6, June 2024, Pages 504-516. Retrieved from: https://www.sciencedirect.com/science/article/pii/S1364661324000846
32. Garnett, A., Hui, L., Oleynikov, C. et al. (2023). Compassion fatigue in healthcare providers: a scoping review. BMC Health Serv Res 23, 1336 (2023). Retrieved from: https://doi.org/10.1186/s12913-023-10356-3
33. Halldorsdottir, S. (2012). Nursing as Compassionate Competence: A Theory on Professional Nursing Care Based on the Patient's Perspective. International Journal of Human Caring Vol 16 Issue 2, Mar 2012, DOI: 10.20467/1091-5710.16.2.7. Retrieved from: https://connect.springerpub.com/content/sgrijhc/16/2/7
34. Harrison, D., Davies, M., & Shiflett, R. (2021). Organizational factors that promote compassionate care in high-pressure healthcare environments. Journal of Healthcare Management, 66(3), 193-208.
35. Hull & Broquet (2007). How to manage difficult patient encounters. Retrieved from: https://www.researchgate.net/publication/6238230_How_to_manage_difficult_patient_encounters
36. Jabonete, F. (2023). Socio-demographic profiles and nurse practice environment among Filipino Staff Nurses. World Journal of Advance Research and Reviews. Retrieved from: https://wjarr.com/
37. Javier, R, & Reyes, A. (2018). Compassionate care among Filipino nurses in typhoon-affected areas in the Philippines. Philippine Journal of Nursing, 68(1), 34-47.
38. Jafaraghaee, F. (2017). A professional commitment scale for clinical nurses: A study protocol. PubMend Central. Retrieved from: https://pmc.ncbi.nlm.nih.gov/articles/PMC6014805/#:~:text=Professional%20commitment%20is%20defined%20as,14%2C%2017%2D19).
39. Joolaee, S., et al. (2013). Caring relationship: the core component of patients' rights practice as experienced by patients and their companions. Journal of medical ethics and history of medicine, 3, 4.

40. Kak, N. (2001). Measuring the Competence of Healthcare Providers. USAID Quality Assurance Project. Retrieved from: https://www.hciproject.org/sites/default/files/Measuring%20_the%20Competence%20of%20HC%20Providers_QAP_2001.pdf
41. Kashani, M. et al. (2023). The relationship between moral courage and providing safe care in nurses: A cross-sectional study. Journal of education and health promotion, 12, 352. https://doi.org/10.4103/jehp.jehp_977_22
42. Kiwanuka, F. et al. (2019). Barriers to patient and family-centred care in adult intensive care units: A systematic review. Nursing open, 6(3), 676–684. https://doi.org/10.1002/nop2.253
43. Krasner, M. et al. (2020). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. JAMA, 313(12), 1225-1234.
44. Kwame, A. & Petrucka, P. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. BMC Nursing. Retrieved from: https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-021-00684-2
45. Kunzler, A. et al. (2020). Psychological interventions to foster resilience in healthcare professionals. Retrieved from: https://pmc.ncbi.nlm.nih.gov/articles/PMC8121081/#:~:text=Due%20to%20emotional%20stressors%2C%20such,McAllister%202009;%20McCann%202013).
46. Huggard, P. (2014). "Tired of caring": The impact of caring on resident doctors. Australasian Journal of Disaster and Trauma Studies. Retrieved from: https://www.researchgate.net/publication/282885860
47. Lown, B. (2018). Mission Critical: Nursing Leadership Support for Compassion to Sustain Staff Well-being. Nursing Administration Quarterly 42(3):217-222 DOI:10.1097/NAQ.0000000000000302
48. Lown, B. A., Manning, C. F., & Johnson, P. (2018). Compassionate healthcare: Fostering patient-provider relationships in a time of crisis. Journal of Healthcare Communication, 25(4), 132-140.
49. Lown, B. A., Rosen, J., & Marton, K. (2019). Compassion fatigue in healthcare professionals: A pandemic of exhaustion. Journal of Medical Education and Curricular Development, 6, 238212. Retrieved from: https://doi.org/10.1177/2382120519876739
50. Lown, B. A., Rosen, J., & Marttila, J. (2011). An agenda for improving compassionate care: a survey shows about half of patients say such care is missing. Health affairs (Project Hope), 30(9), 1772–1778. Retrieved from: https://doi.org/10.1377/hlthaff.2011.0539
51. Lluch, C. (2020). The Impact of the COVID-19 Pandemic on Burnout, Compassion Fatigue, and Compassion Satisfaction in Healthcare Personnel: A Systematic Review of the Literature Published during the First Year of the Pandemic. Healthcare (Basel, Switzerland), 10(2), 364. Retrieved from: https://doi.org/10.3390/healthcare10020364
52. Malenfant, S. (2022). Compassion in healthcare: an updated scoping review of the literature. National Library of Medicine. Retrieved from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9116004/
53. Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. World psychiatry: official journal of the World Psychiatric Association (WPA), 15(2), 103–111. https://doi.org/10.1002/wps.20311
54. Meier, J. A., Vermeulen, J., & Hempel, J. L. (2018). Compassion satisfaction and fatigue in emergency department healthcare professionals: A mixed-methods study. Journal of Emergency Nursing, 44(5), 444-451. Retrieved from: https://doi.org/10.1016/j.jen.2018.03.006
55. Merriam Webster (2025). Retrieved from: https://www.merriam-webster.com/
56. Moran, M. (2024). Compassion Fatigue and Burnout in the Helping Professions. Retrieved from: https://aihcp.net/2024/12/04/compassion-fatigue-and-burnout-in-the-helping-professions/
57. Morse, J., et al. (2019). Compassion fatigue: A review of the literature and implications for healthcare. Journal of Advanced Nursing, 75(4), 807-820.
58. Murgia, C., et al. (2022). Spirituality and Religious Diversity in Nursing: A Scoping Review. National Library of Medicine. Retrieved from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9498726/
59. Nurolaunch. (2024). Distraction in Psychology: Understanding Its Definition, Types, and Impact. https://neurolaunch.com/distraction-definition-psychology/?

60. Ohm, F. et al. (2013). Details acquired from medical history and patients' experience of empathy – two sides of the same coin. BMC medical education, 13, 67. https://doi.org/10.1186/1472-6920-13-67
61. Ondrejková, N., & Halamová, J. (2022). Prevalence of compassion fatigue among helping professions and relationship to compassion for others, self-compassion and self-criticism. Health & social care in the community, 30(5), 1680–1694. Retrieved from: https://doi.org/10.1111/hsc.13741
62. Ora, et al. (2020). Burnout in nursing: a theoretical review. Retrieved from: https://human-resources health.biomedcentral.com/articles/10.1186/s12960-020-00469-9
63. Pavlova, A. et al. (2022). Predictors of Physician Compassion, Empathy, and Related Constructs: A Systematic Review. Journal of general internal medicine, 37(4), 900–911. https://doi.org/10.1007/s11606-021-07055-2
64. Perry, R., Kolb, K., & Jones, T. (2021). Moral distress and burnout in healthcare professionals during the COVID-19 pandemic. Journal of Healthcare Ethics, 42(3), 144-156.
65. Perry, S. J., McGinnis, M., & Lu, C. (2017). Compassion satisfaction and burnout among healthcare workers: A study of emergency room nurses. Nursing Administration Quarterly, 41(3), 249-257. Retrieved from: https://doi.org/10.1097/NAQ.0000000000000227
66. Philippine Medical Association. Code of Ethics. Retrieved from: https://www.philippinemedicalassociation.org/wp-content/uploads/2017/10/FINAL-PMA-CODEOFETHICS2008.pdf
67. Philippine Statistics Authority. (2018). INSTITUTIONAL POPULATION OF CORDILLERA (Results from the 2015 Census of Population). Retrieved from: https://rssocar.psa.gov.ph/content/institutional-population-cordilleraresults-2015-census-population
68. Philippine Statistics Authority. (2021). Census of Population and Housing. Retrieved from: https://psa.gov.ph/content/2020-census-population-and-housing-2020-cph-population-counts-declared-official-president
69. Philippine Statistics Authority. (2023). Four Out of Ten Persons Were Never Married (2020 Census of Population and Housing). Retrieved from: https://psa.gov.ph/content/four-out-ten-persons-were-never-married-2020-census-population-and-housing
70. Philippine Statistics Authority. (2023). Religious Affiliation in the Philippines (2020 Census of Population and Housing). Retrieved from: https://psa.gov.ph/content/religious-affiliation-philippines-2020-census-population-and-housing
71. Philippine Statistics Authority. (2024). Literacy and Educational Attainment Among Persons Five Years Old and Over in the Cordillera (Based on the 2020 Census of Population and Housing). Retrieved from: https://rssocar.psa.gov.ph/education
72. Public health Scotland. (2016). Healthcare Professional. Retrieved from: https://publichealthscotland.scot/resources-and-tools/health-intelligence-and-data-management/national-data-catalogue/data-dictionary/search-the-data-dictionary/healthcare-professional/?utm_source=chatgpt.com
73. Redlands Community Hospital. (2025). Jean Watson's Theory of Human Caring. Retrieved from: https://www.redlandshospital.org/nursing-excellence/jean-watsons-theory-of-human-caring/
74. Reynolds, L. M. et.al (2019). Fighting the flinch: Experimentally induced compassion makes a difference in health care providers. British journal of health psychology, 24(4), 982–998. Retrieved from: https://doi.org/10.1111/bjhp.12390
75. Sabo, B. M. (2016). Compassion fatigue and secondary traumatic stress: A review of the literature. Journal of Nursing Scholarship, 48(5), 528-535. Retrieved from: https://doi.org/10.1111/jonm.12327
76. Sadeghi-Gandomani, H. (2018). Predictors of Patient Satisfaction with Nursing Care in an Orthopedic and Urologic Population. Galen medical journal, 7, e1305. https://doi.org/10.22086/gmj.v0i0.1305
77. Safaeian, A. et al. (2022). Investigating the effectiveness of innovative intervention based on compassion, awareness, resilience, and empowerment on burnout in nurses of two educational

hospitals in Isfahan. Journal of education and health promotion, 11, 65. https://doi.org/10.4103/jehp.jehp_411_21

78. Santos, R. B., & de Guzman, R. P. (2019). Compassion fatigue among Filipino healthcare workers. Philippine Journal of Nursing, 15(2), 45-58.
79. Sengupta, P., & Saxena, P. (2024). The art of compassion in mental healthcare for all: Back to the basics. Indian Journal of Psychological Medicine, 46(1), 72–77. https://doi.org/10.1177/02537176231158126
80. Savitsky, B. et al. (2019). Anxiety and coping strategies among nursing students during the covid-19 pandemic. Nurse Education in Practice, Volume 46, 2020, 102809, ISSN 1471-5953. Retrieved from: https://doi.org/10.1016/j.nepr.2020.102809.
81. Sinclair, S. et.al (2016). Compassion fatigue: A meta-narrative review of the healthcare literature. International Journal of Nursing Studies, Volume 69, Pages 9-24, ISSN 0020-7489. Retrieved from: https://doi.org/10.1016/j.ijnurstu.2017.01.003.
82. Strauss, C., Lever Taylor, B., Gu, J., Kuyken, W., Baer, R., Jones, F., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. Clinical psychology review, 47, 15–27. Retrieved from: https://doi.org/10.1016/j.cpr.2016.05.004
83. Supreme Court E-Library. THE MAGNA CARTA OF PUBLIC HEALTH WORKERS. Retrieved from: https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/2/3194
84. Tabers Medical Dictionary. (2025). Taber's Medical Dictionary. Retrieved from: https://www.tabers.com/tabersonline/view/Tabers-Dictionary/752994/all/barrier#:~:text=1.,health%20care%20providers%20and%20patients.
85. The LawPHIL Project. 1987 Philippine Consititution. Retrieved from: https://lawphil.net/consti/cons1987.html
86. Thompson, C. (2019). Compassion in healthcare: How training can foster compassionate responses in crisis care. Journal of Healthcare Education, 18(2), 45-51.
87. University of the Philippines Population Institute. (2020). Human Resource for Health in the Time of the COVID-19 Pandemic: Does the Philippines Have Enough?. Retrieved from: https://www.uppi.upd.edu.ph/research/covid-19/rb8
88. UNDP Human Development Reports. Sustainable Development Goals. Retrieved from: https://hdr.undp.org/content/human-development-report-2015
89. Van Keer, I. et al. (2015). Conflicts between healthcare professionals and families of a multi-ethnic patient population during critical care: an ethnographic study. Critical Care. Retrieved from: https://ccforum.biomedcentral.com/articles/10.1186/s13054-015-1158-4
90. Winter-Pfändler, U., & Morgenthaler, C. (2011). Patients' satisfaction with health care chaplaincy and affecting factors: an exploratory study in the German part of Switzerland. Journal of health care chaplaincy, 17(3-4), 146–161. https://doi.org/10.1080/08854726.2011.559857
91. Woodward, C. (2024). When a physician marries a physician: Effect of physician-physician marriages on professional activities. ResearchGate.
92. World health Organization. Cardiovascular diseases. Retrieved from: https://www.who.int/health-topics/cardiovascular-diseases#tab=tab_1