



Integrating compassion and empathy into nursing education: enhancing patient-centred care

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Abstract

Compassion and empathy are foundational to nursing education, influencing patient outcomes and fostering holistic care. Despite their critical role, integrating these values into curricula often encounters challenges, such as limited standardisation, institutional constraints, and the difficulty of assessing emotional competencies. This article critically explores these challenges and presents a structured framework to embed compassionate pedagogy into nursing education. Key contributions include the application of experiential learning techniques, such as simulation-based scenarios, reflective practice using structured tools like the Gibbs Reflective Cycle, and the integration of the NURSE framework to enhance empathetic communication. The article also highlights the role of faculty as emotional intelligence role models and the benefits of interdisciplinary collaboration in fostering a culture of compassion. By addressing gaps in current practices and offering innovative strategies, this work provides actionable insights for curriculum developers, educators, and policymakers aiming to cultivate patient-centred care in nursing and beyond.

Keywords: compassion; empathy; nursing education; curriculum development.

Introduction

Compassion and empathy are foundational aspects of nursing care, essential for promoting patient well-being and recovery. However, translating these qualities into daily practice can be challenging amidst the demands of modern healthcare environments (Reis da Silva, 2022). This case study delves into innovative methods employed to embed

compassion and empathy in nursing practice, drawing attention to their transformative potential. It explores the importance of compassion and empathy in nursing practice, highlighting the need for their inclusion in educational programmes. It examines the impact of compassionate care on patient outcomes and discusses strategies for incorporating compassion and empathy into the nursing curriculum. Nursing, at its core, is a profession driven by compassion and empathy, essential qualities that underpin effective patient care (Fitzpatrick et al., 2022; Reis da Silva, 2024c). However, the cultivation of these attributes requires intentional integration into nursing education curricula (Richardson, Percy and Hughes, 2015). Nurses are entrusted with the care of individuals during their most vulnerable moments, requiring not only clinical competence but also a deep understanding of human emotions and experiences (Reis da Silva, 2022; 2024d; 2024i). As such, compassion and empathy must be integral components of nursing education to prepare students for the complex realities of healthcare delivery (Richardson, Percy and Hughes, 2015; Reis da Silva, 2022; 2024k). As the world's population ages, the demand for healthcare services for older adults continues to rise (Reis da Silva, 2023a; 2023b; 2024e). Nursing students entering the profession must be equipped with the skills and attitudes necessary to provide compassionate and empathetic care to this growing demographic (Richardson, Percy and Hughes, 2015; Reis da Silva, 2022; Fitzpatrick et al., 2022; Reis da Silva, 2024k).

Nursing education plays a pivotal role in equipping students with both technical proficiency and the emotional intelligence required for compassionate, patient-centred care. However, as healthcare systems grow increasingly complex, the integration of compassion and empathy into educational practices often takes a backseat to clinical competency (Richardson, Percy and Hughes, 2015; Reis da Silva, 2022).

This article critically examines the current state of compassionate pedagogy in nursing education, focusing on the challenges and opportunities associated with embedding these values. It seeks to answer two key questions: (1) What are the gaps in integrating compassion and empathy into nursing curricula? (2) How can innovative pedagogical strategies address these gaps? By addressing these questions, this article contributes to broader discussions on humanistic education in healthcare and offers transferable insights for other disciplines.

The importance of empathy and compassion in nursing education

Compassion and empathy are foundational to nursing practice, underpinning effective communication, trust-building, and patient advocacy. Empathy involves the ability to understand and share the feelings of others, while compassion is characterised by a proactive desire to alleviate suffering (Low, Hammett and Nelson, 2019; Teófilo et al., 2018). Despite their recognised importance, the conceptualisation and practical integration of these qualities into nursing education remain underexplored, highlighting the need for structured approaches to embed them effectively within clinical and academic settings (Patel et al., 2019).

Research has shown that empathy can be taught and cultivated within nursing education. For example, interventions designed to enhance empathy among nursing students have demonstrated positive outcomes, suggesting that structured educational programmes can effectively promote these essential qualities (Patel et al., 2019). Structured educational programmes have demonstrated significant promise in cultivating empathy among nursing students through diverse, evidence-based approaches. Simulation-based and immersive experiential interventions, which include role-play and carefully constructed clinical scenarios, facilitate the integration of cognitive and affective components of empathy (Reis da Silva and Mitchell, 2024). Community-based health practice further enriches this process by exposing students to real-world patient interactions, thereby enhancing both communication skills and positive attitudes towards vulnerable populations such as the older population (Reis da Silva, 2025f). Additionally, nonviolent communication-based programmes have been shown to improve empathic abilities by promoting perspective-taking and reflective emotional engagement, ultimately leading to improved clinical competence (Sung and Kweon, 2022). These varied pedagogical strategies underscore that empathy is a modifiable skill, supporting the integration of multifaceted interventions in nursing education to foster effective nurse–patient relationships and improve healthcare outcomes (Reis da Silva, Hammett and Low, 2025).

Furthermore, the role of self-compassion has emerged as a protective factor against compassion fatigue, indicating that fostering self-compassion among nurses can enhance their ability to provide empathetic care without compromising their well-being (Şahin et al., 2023). This is particularly crucial in high-stress environments, where the emotional demands of nursing can lead to burnout and diminished capacity for empathy (Şahin et al.,

2023; Reis da Silva, 2025d). Moreover, the integration of compassion and empathy into nursing education is not merely beneficial for patient care; it also contributes to the overall well-being of nursing professionals. Studies reveal that nurses who engage in compassionate care report higher levels of job satisfaction and lower levels of burnout, underscoring the reciprocal relationship between caregiver well-being and patient outcomes (Straughair, Clarke and Machin, 2019; Reis da Silva, 2025d).

Although innovative teaching strategies that incorporate experiential learning, role modelling, and reflective practice are linked to enhanced understanding of empathy and compassion (Younas and Maddigan, 2019) this relationship is not strictly direct or universally guaranteed. Evidence suggests that while such pedagogies can facilitate emotional resilience and skill integration (Vang'ota and Masika, 2024; Reis da Silva, 2025f), their effectiveness is influenced by contextual factors such as educator competence, curriculum design, and individual student engagement (Nistor and Samarasinghe, 2019; Reis da Silva, 2025e). The translation of these strategies into improved patient care relies on a complex interplay between cognitive and affective domains (Uswahzulhasanah and Arofiati, 2021). Therefore, while these approaches are valuable, their impact on compassion and empathy must be understood as one component within a broader, context-dependent educational framework (Younas and Maddigan, 2019; Nistor and Samarasinghe, 2019; Uswahzulhasanah and Arofiati, 2021; Vang'ota and Masika, 2024).

Integrating compassion and empathy into the nursing curriculum is essential for preparing future nurses to address the complex needs of patients, particularly in the context of geriatric care. The increasing prevalence of conditions such as chronic kidney disease (CKD), dehydration, and loneliness among older adults necessitates a nursing workforce that is not only clinically competent but also emotionally attuned to the experiences of their patients (Reis da Silva, 2024b; 2024g; 2024j). Research indicates that empathy training can significantly enhance the interpersonal skills of nursing students, allowing them to better understand and respond to the emotional and physical challenges faced by older adults (Chen, 2024). For instance, understanding the implications of fluid balance and dehydration is critical in managing CKD, where nurses must navigate the delicate balance of hydration while being sensitive to the patient's emotional state and potential feelings of isolation (Reis da Silva, 2024b; 2024j).

For example, loneliness is a pervasive issue among the older population, often exacerbated by chronic health conditions and mobility limitations (Reis da Silva, 2024g). By embedding empathy into the curriculum, nursing students can learn to recognise signs of loneliness and develop strategies to foster social connections, thereby improving overall patient outcomes (Reis da Silva, 2024g). Simulation-based learning environments have been shown to effectively cultivate empathy, enabling students to engage in role-playing scenarios that mirror real-life situations involving older patients (Reis da Silva and Mitchell, 2024a; 2024b). This experiential learning approach not only enhances clinical skills but also reinforces the importance of compassionate care, ultimately leading to a more holistic understanding of patient needs (Percy and Richardson, 2018). Therefore, integrating these components into nursing education is crucial for developing a workforce capable of delivering empathetic, patient-centred care that addresses both the physical and emotional dimensions of health (Reis da Silva and Mitchell, 2024a).

Compassion and empathy are not merely soft skills or non-technical; they are fundamental pillars of quality nursing care (Reis da Silva, 2022; 2024k). The capacity to effectively comprehend and constructively respond to the conveyed feelings, ideas, actions, and needs of others is the definition of empathy, according to Low, Hammett, and Nelson (2019). Research consistently demonstrates that compassionate care leads to higher patient satisfaction, improved treatment adherence, and better clinical outcomes (Reis da Silva, 2024f; 2024h; Reis da Silva, Hammett and Low, 2025). Moreover, compassionate nurses experience greater job satisfaction (Tural Büyük and Nazlı, 2021) and reduced burnout (Kaplan Serin, Özdemir, and Işık, 2021) contributing to a more resilient healthcare workforce. In order to demonstrate accurate empathy, one must actively listen to the other person with patience, compassion, and nonjudgment while conveying to them that they are being heard, understood, and valued as a human being (Low, Hammett and Nelson, 2019). Being empathetic makes one appear sincere, kind, and reliable. In social and leadership roles, honesty and successful communication require a critical emotional trait called empathy. A manager or leader cannot build healthy connections with staff members without empathy (Low, Hammett and Nelson, 2019).

Empirical evidence supports the notion that empathy is a capacity that can be progressively acquired and refined through increased social interactions. Research has established that empathy is a complex, trainable phenomenon, with studies demonstrating that structured educational programmes and diverse interpersonal encounters significantly

enhance empathic skills (Troncoso et al., 2023). For instance, longitudinal evaluations in medical and educational settings have shown progressive improvements in empathic abilities when individuals are exposed to varied social and narrative experiences over time (Fernández-Rodríguez et al., 2020; Rohm, Hopp and Smit, 2021). Additionally, factors such as socio-demographic variables and external influences further underline the role of social interactions in shaping empathy (Leshchuk, 2021). These findings collectively suggest that continual engagement with a wide range of people, along with targeted developmental interventions, fosters the growth of empathy throughout one's lifetime.

Since empathy is necessary for positive and productive work interactions, it has gained importance in corporate and professional contexts (Low, Hammett, and Nelson, 2019). Empathy conveys compassion and understanding in relationships with peers, close relatives, and friends. In order to foster empathy for persons with high sensitivity, feelings for others, and strong empathy, the ability of assertiveness may need to be cultivated (Low, Hammett, and Nelson, 2019). Research led by Carl Rogers (1957; 1975; 1980) established empathy as a necessary component of wholesome interactions. The most crucial elements of a happy, fruitful relationship were empathy along with congruence or sincerity, caring for the other person, and unconditional positive regard (Low, Hammett, and Nelson, 2019). Empathy is necessary for both accepting oneself and accepting others. Relationships work better when you show empathy to other people (Low, Hammett, and Nelson, 2019). Your relationships will not become better if you do not do so. Developing empathy as an emotional intelligence skill is crucial to excelling in both work and life (Low, Hammett, and Nelson, 2019; Reis da Silva, 2022). This happens at individual and team levels (Low, Hammett, and Nelson, 2019; Bradshaw et al., 2022). It has been determined that a significant deficiency in empathy exists in both huge organisations and education (Low, Hammett, and Nelson, 2019). Companies that cultivate a widespread empathy for their clientele stand to gain from things like being able to identify new business prospects before rivals, adjusting to change more quickly, and fostering a more productive workplace (Martin and Heineberg, 2017).

In the domains of business, government, and education, empathy is one of the most potent predictors of ethical leadership conduct and senior executive performance. Empathic Chief Executive Officers typically foster a goal and purpose that is recognised, embraced, and widely shared throughout their organisations (Martin and Heineberg, 2017; Low, Hammett, and Nelson, 2019). Empathy and compassion are integral components of

effective nursing care (Reis da Silva, 2022), particularly in the care of older adults who often experience complex health challenges and psychosocial needs (Reis da Silva, 2024a; 2024e; 2024i). Teaching these qualities to nursing students is essential for fostering patient-centred care and promoting positive health outcomes among ageing populations (Reis da Silva, 2023a; 2023b; 2024a).

Nursing and caring are generally synonymous with the population (Percy and Richardson, 2018; Reiss da Silva, 2022); however, in recent years, the UK's nursing workforce has been found to be lacking in caring, and the profession has been called chaotic (Prince et al., 2015; Percy and Richardson, 2018). According to the NMC (2018b; 2023), student nurses in the UK are expected to complete 2300 hours of practice in which they assist with patients in a variety of clinical settings. The difficulty facing university nursing lecturers is making sure that, even as the intricacies of contemporary healthcare are recognised, students' innate compassion and desire to become nurses are encouraged and valued (Percy and Richardson, 2018). Promoting the value of empathy, caring, and compassion with evidence-based practice in the curriculum is one way to do this. Thus, nursing professors and university nursing programmes must support the value of nursing therapeutics in addition to skilfully provided evidence-based care (Richardson, Percy and Hughes, 2015).

The integration of compassion and empathy into nursing education faces several significant challenges that hinder the effective teaching and assessment of these essential qualities. One of the primary challenges is the lack of standardisation in curricula. Many nursing programmes do not have consistent frameworks for teaching and assessing compassion and empathy, which can lead to varied educational outcomes across institutions (Quay, 2023). This inconsistency makes it difficult to ensure that all nursing students receive adequate training in these critical areas, which are vital for fostering effective nurse-patient relationships and improving patient care (Chen, 2024).

A framework for integrating compassion and empathy

To effectively address the challenges of integrating compassion and empathy into nursing education, a comprehensive framework is proposed, grounded in experiential learning, reflective practice, role modelling, and interdisciplinary collaboration. Each component of

this framework plays a crucial role in fostering an environment where nursing students can develop these essential qualities:

1. **Experiential Learning:** simulation-based scenarios are vital for allowing nursing students to practice compassionate care in controlled environments. For instance, role-playing activities that involve older patients with chronic conditions can significantly deepen students' understanding of issues such as loneliness and vulnerability (Zia, Sabeghi and Mahmoudirad, 2023). This hands-on approach not only enhances students' clinical skills but also cultivates their emotional intelligence, enabling them to connect with patients on a deeper level. Research indicates that experiential learning methods, such as simulations, can lead to improved empathetic responses and better patient care outcomes (Kalánková et al., 2021; Reis da Silva and Mitchell, 2024).

2. **Reflective Practice:** encouraging students to critically analyse their experiences fosters self-awareness and empathy. Structured reflection tools, such as the Gibbs Reflective Cycle, can be effectively incorporated into clinical debriefings (Alomari et al., 2020). Reflective practice has been shown to minimise stress and anxiety while enhancing learning, competency, and self-awareness among nursing students (Pérez-Vergara et al., 2021; Reis da Silva, 2022). By engaging in reflective practices, students can better understand their emotional responses and develop the capacity to empathize with patients, ultimately leading to more compassionate care (Froneman, Plessis and Graan, 2022).

3. **Role Modelling:** faculty members play a crucial role in demonstrating empathetic behaviours. By prioritising emotional intelligence in their interactions, educators can create a culture of compassion that permeates learning environments (Khoiriyati and Sari, 2022). Research highlights the importance of faculty as role models in shaping students' attitudes towards empathy and compassion (Morton, 2023). When educators embody these qualities, they not only teach students the importance of empathy but also inspire them to integrate these values into their future practice (Guzys, 2021).

4. **Interdisciplinary Collaboration:** partnerships with other healthcare disciplines enrich students' understanding of patient-centred care. Interprofessional education

initiatives, such as joint workshops, have been shown to enhance empathy and teamwork among nursing students (Thomsen, 2024). Collaborative learning experiences allow students to appreciate diverse perspectives and approaches to care, fostering a more holistic understanding of patient needs (Gipson, Delello and McWhorter, 2020). This interdisciplinary approach not only prepares nursing students to work effectively in diverse healthcare teams but also reinforces the importance of compassion and empathy in collaborative practice (Betriana, Kongsuwan and Mariyana, 2022).

This framework is underpinned by a rigorous synthesis of empirical research in compassionate care education. Evidence draws from systematic reviews, qualitative studies, and mixed-method research that collectively highlight the effectiveness of experiential learning, reflective practice, role modelling, and interdisciplinary collaboration in nursing education (Sinclair et al., 2016; Coffey et al., 2019). For instance, experiential learning is validated through simulation-based studies that show a measurable enhancement in empathetic responses and patient outcomes (Coffey et al., 2019). Reflective practice is supported by studies that demonstrate the critical role of structured tools like the Gibbs Reflective Cycle in increasing self-awareness and reducing stress (Sinclair et al., 2016). Moreover, qualitative analysis confirms educators' role as compassionate role models is a significant predictor of students' future practice (Zamanzadeh et al., 2017). Finally, interdisciplinary collaborations have been empirically shown to foster a deeper, holistic understanding of patient care (Jakimowicz, Perry and Lewis, 2018). Thus, this framework is based on robust, multi-source empirical evidence ensuring its relevance and effectiveness in nursing education.

To effectively instil compassion and empathy in nursing students, these qualities must be deliberately integrated into the curriculum. This can be achieved through various means (Table 1).

Table 1. Teaching strategies to integrate compassion and empathy into the nursing curriculum.

| Strategy | Examples | Literature |
|----------------------|---|---|
| Didactic Instruction | Incorporating lectures, seminars, and workshops that explore the concepts | Percy and Richardson, 2018; Daryazadeh et al., 2020; Dev, Fernando and Consedine, 2020; Taylor, |

| | | |
|---------------------------------|---|---|
| | of compassion, empathy, and patient-centred care. Student-guided instruction to allow for the concentration of learning on significant events. | Thomas-Gregory and Hofmeyer, 2020; Menezes, Guraya, and Guraya, 2021. |
| Experiential Learning | Providing clinical experiences that emphasise holistic care and encourage students to connect with patients on an emotional level. The use of service users in simulation. Peer-to-peer assistance and learning that emphasises experiences. Facilitating methods. Role-playing games and other interactive teaching methods. | Daryazadeh et al., 2020; Dev, Fernando and Consedine, 2020; Taylor, Thomas-Gregory and Hofmeyer, 2020; Menezes, Guraya and Guraya, 2021; Reis da Silva and Mitchell, 2024c. |
| Role Modelling | Faculty members serving as role models of compassionate practice, demonstrating empathy and respect in their interactions with students and patients alike. Giving the other person the tools they need to act, like coaching. | Taylor, Thomas-Gregory and Hofmeyer, 2020; Menezes, Guraya and Guraya, 2021. |
| Reflective Practice | Encouraging students to engage in reflective exercises to process their emotions, identify biases, and develop self-awareness. Applying critical analysis and thought to the process of comprehending practical experiences. Sincere, inquisitive talks that securely reveal the concerns. | Daryazadeh et al., 2020; Dev, Fernando and Consedine, 2020; Taylor, Thomas-Gregory and Hofmeyer, 2020; Menezes, Guraya and Guraya, 2021. |
| Interprofessional Collaboration | Collaborating with other healthcare disciplines to foster a culture of compassion and empathy across the healthcare continuum. | Menezes, Guraya and Guraya, 2021. |

Table 1 articulates several pivotal instructional strategies – including didactic instruction, experiential learning, role modelling, reflective practice, and interprofessional collaboration – that are integral to fostering compassionate, patient-centred care in nursing education (Younas and Maddigan, 2019; Reis da Silva, 2025c). Didactic instruction and reflective practice serve to align theoretical knowledge with clinical experience, though challenges such as didactic dissonance can arise (Mardian et al., 2023). Experiential learning modalities, including simulation and peer-assisted activities, promote emotional connection and practical application, while role modelling by educators reinforces professional attitudes essential in clinical settings (Younas and Maddigan, 2019; Reis da Silva, 2025c). Furthermore, the integration of interprofessional collaboration highlights the necessity of team-based care approaches, supporting the patient-centred medical home model (Swihart, 2016). Despite their effectiveness, implementing these diverse strategies may require significant institutional support and faculty development to overcome resource constraints and ensure cohesive curriculum integration (Mardian et al., 2023).

Innovative pedagogical approaches

Simulation-based learning, reflective practice, and interprofessional education are discussed as effective strategies for developing empathy and enhancing interpersonal skills among nursing students. Case studies and experiential learning opportunities can deepen students' understanding of older adults' perspectives and promote empathetic responses.

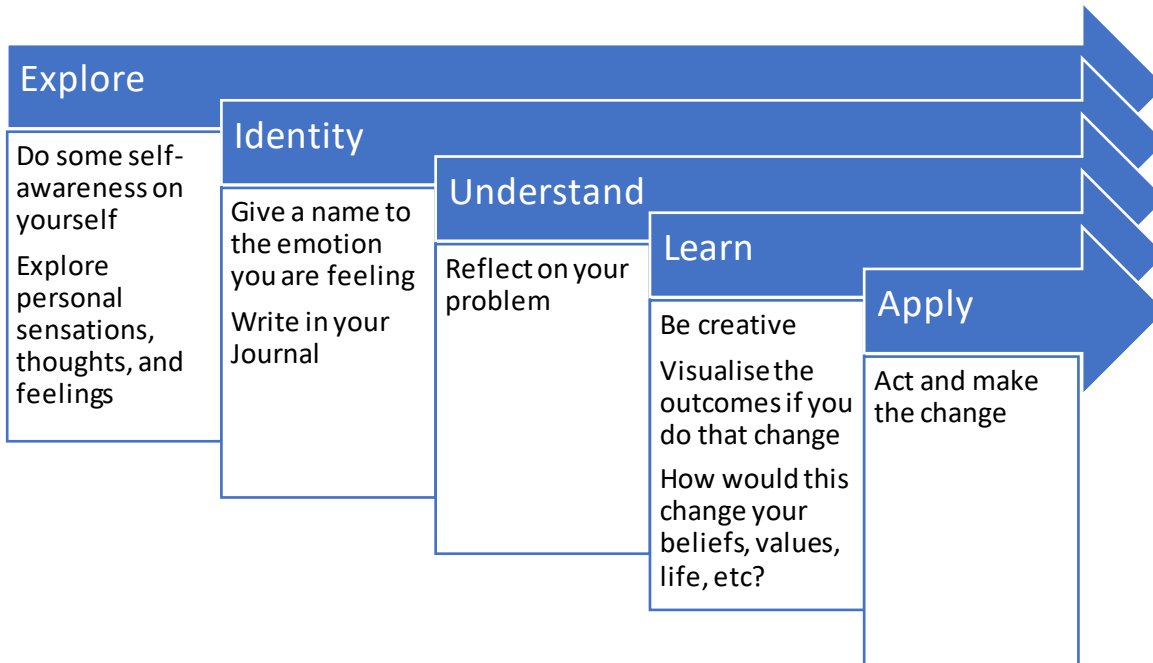
Hudnall and Kopecky (2020) developed a framework called NURSE to develop empathy (see Table 2).

Table 2. NURSE framework, Hudnall and Kopecky (2020).

| NURSE category | Example statements | Emotion |
|----------------------|---|--------------------------------------|
| Naming | ‘I can see this is really upsetting for your family’. ‘This is really scary’. ‘It sounds like you are feeling guilty about that’. | Grief. Fear. Guilt. |
| Understanding | ‘This is so hard!’ ‘I know you already met with several professionals about this in the past’. ‘The delay of the discharge is very frustrating’. | Grief. Overwhelm. Frustration. |
| Respecting | ‘You have done a fantastic job taking care of your mom’. ‘I am impressed with how you keep all this information updated about your dad. This is very useful!’ ‘It looks like you are looking after the whole family’. | Worry. Overwhelm. Guilt. |
| Supporting | ‘I will be with you every step of the way’. ‘It can be very confusing this environment. I am working here until tonight. Please call; use this button, anytime you need!’ | Worry. Fear. |
| Exploring | ‘What did you mean when you said that we are all the time giving you orders?’ ‘What is the hardest part of this process for you?’ ‘What are you most afraid of?’ | Frustration. Anger. Fear. |

Low, Hammett and Nelson (2019) designed a framework and called it 'Reflective Action' (Figure 1):

Figure 1. Reflective Action, Low, Hammett and Nelson (2019).



The NURSE and Reflective Action models serve as pedagogical exemplars that translate compassion and empathy into teachable, assessable behaviours. NURSE structures empathic communication, while Reflective Action fosters critical emotional engagement and ethical responsiveness. Both models reflect and extend the earlier themes of emotional intelligence and experiential learning but are not without limitations, including risks of superficial application or contextual mismatch. Their inclusion sets the stage for the following discussion on implementation challenges, where the feasibility and sustainability of such models are critically examined in relation to institutional, pedagogical, and cultural barriers in nursing education.

Challenges and opportunities

Despite the clear benefits of integrating compassion and empathy into the nursing curriculum, several challenges exist. The challenges identified include resistance from faculty and institutional barriers to curriculum change (Reis da Silva, 2024h). Faculty resistance may stem from a reluctance to alter established teaching practices, scepticism about integrating affective elements like compassion and empathy, and possible concerns

about increasing workload or shifting traditional educational paradigms (Reis da Silva, 2025c). Institutional barriers refer to the bureaucratic and administrative obstacles within educational systems that inhibit curriculum development, such as rigid regulatory frameworks, limited resources for curriculum redesign, and inflexible institutional policies (Reis da Silva, 2024f). These challenges highlight the need for strategic approaches to secure faculty buy-in and institutional support to effectively integrate these critical soft skills into the nursing curriculum (Percy and Richardson, 2018). However, opportunities also abound, such as leveraging advances in simulation technology to create immersive learning experiences or partnering with community organisations to provide service-learning opportunities (Reis da Silva and Mitchell, 2024a). Overcoming these challenges requires a collective effort from educators, administrators, and policymakers committed to prioritising compassionate care in nursing education.

Institutional constraints further complicate the integration of empathy and compassion into nursing education. Limited flexibility in curriculum design and insufficient faculty training impede progress in this area (Choi et al., 2021). Many nursing educators may not have received adequate training in teaching empathy, which can result in a lack of emphasis on these qualities in the classroom. Furthermore, the rigid structure of nursing programmes often prioritises technical skills over the development of interpersonal skills, such as empathy and compassion, which are equally important for effective nursing practice (Choi, Kim and Lee, 2021).

Assessment difficulties also pose a significant challenge. Measuring empathetic behaviours and attitudes is inherently complex, necessitating innovative evaluation methods (Jeong and Lee, 2021). Traditional assessment methods may not adequately capture the nuances of empathy and compassion, leading to a gap between what is taught and what is assessed. This gap can result in nursing students graduating without fully developed empathetic skills, which are crucial for their future practice (Yang et al., 2021). Despite the existence of initiatives such as the Nursing and Midwifery Council's (NMC) guidelines, which encourage holistic care, the translation of these principles into practice remains uneven (NMC, 2018a; Juniarta and Ferawati Sitanggang, 2024). While these guidelines provide a framework for integrating compassion and empathy into nursing practice, the actual implementation of these principles can vary widely among healthcare institutions. Some organisations may lack the resources or commitment necessary to

foster a culture of empathy and compassion, leading to disparities in patient care (Kim, 2023).

Strategies

Teaching accurate empathy requires integrating strategies that cultivate active listening, nonjudgmental engagement, and reflective feedback (Reis da Silva, 2025c). Empathy training programmes can include role-playing and simulation exercises that expose learners to real-life scenarios, thereby enhancing active listening and communication competencies (Heo et al., 2023; Reis da Silva, 2025b). Empirical studies in healthcare and interpersonal settings illustrate that structured training helps develop the skills needed for genuine empathic responses, such as conveying understanding and valuing individuals' experiences (Sanders et al., 2021; Reis da Silva, 2025a). Moreover, incorporating feedback mechanisms allows learners to refine their listening techniques and adapt nonverbal cues, which are critical for conveying compassion and empathy (Reis da Silva, 2025b). These active interventions foster an environment of trust and help supervisors and educators recognise and address interpersonal conflicts, thereby improving overall relational dynamics in professional settings (Heo et al., 2023).

Conclusion

Compassion and empathy are not merely supplementary to nursing education; they are core attributes that define the quality and effectiveness of patient-centred care. This article synthesises key contributions by highlighting challenges in integrating these values into curricula, presenting innovative strategies to address these gaps, and offering a structured framework for fostering compassionate pedagogy. Through experiential learning, reflective practices, the NURSE framework, and role modelling by faculty, nursing educators can cultivate emotional intelligence and empathetic communication in students.

Actionable recommendations include embedding structured reflection tools like the Gibbs Reflective Cycle into clinical debriefings, utilising simulation-based learning for real-world application of compassionate care and promoting interdisciplinary collaboration to enrich the learning experience.

To enhance the actionable nature of the recommendations provided, it is essential to delineate specific strategies for implementation. For embedding the Gibbs Reflective Cycle into clinical debriefings, facilitators could be trained in reflective practices and encouraged to allocate dedicated time during debriefs for structured reflection, guided by prompts aligned with Gibbs' stages. The effective use of simulation-based learning to promote compassionate care can be facilitated by integrating standardised patient scenarios that incorporate emotional intelligence and empathetic communication, followed by formative feedback sessions. Additionally, fostering interdisciplinary collaboration necessitates scheduled interprofessional meetings and joint training sessions that emphasise shared goals and roles in patient care, supported by evidence of improved outcomes from collaborative practices. Faculty development initiatives must prioritise emotional intelligence to strengthen educators' roles as models of compassionate practice.

The broader implications of these strategies extend beyond nursing education. Integrating compassion and empathy into curricula can inform approaches in other disciplines, fostering a more humane and holistic educational paradigm. Furthermore, interdisciplinary teaching practices can enhance empathy across professions, creating a healthcare workforce better equipped to address the multifaceted needs of patients. By prioritising these values, curriculum developers and policymakers can contribute to the transformation of education and healthcare, ensuring that future practitioners are not only technically skilled but also emotionally attuned to the complexities of human care.

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