



## Research

## Nursing students' experiences with compassion, self-compassion training in the academic setting



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## ARTICLE INFO

Article History:  
Accepted 18 June 2025

Keywords:  
Compassion  
Nursing  
Qualitative research  
Self-compassion  
Students

## ABSTRACT

**Background:** Compassion is a core value for the professional practice of nurses, as well as a determinant of health and emotional well-being.

**Aim:** The aim of this research was to explore the experiences of nursing students who were trained in compassion and self-compassion as part of an undergraduate nursing course.

**Methods:** Qualitative descriptive study. Forty-four undergraduate nursing students participated. Semi-structured interviews and open-ended questions in electronic format were conducted. A thematic analysis of the data was carried out.

**Results:** Three dimensions with several categories each have been obtained: 1) The value of communication in healthcare: a) Improved Communication Skills, b) Implications for patient care; 2) The need for a more holistic and practical pedagogical approach: a) Development of Skills through Practice, b) Ability to face difficult situations; 3) Personal impact of the “human development” training process: a) Finding purpose in the profession, b) Kindness and Self-Compassion, c) Managing thoughts and emotions.

**Conclusions:** The results suggest the need for educational spaces that promote reflection and self-care and that integrate compassion and self-compassion into the nursing degree.

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## Introduction

In recent decades, the concept of compassion has gained significant prominence within nursing education. It is now widely acknowledged as not merely a fundamental value underpinning professional practice, but also as a pivotal factor influencing the health and emotional well-being of nurses (Durkin et al., 2018). Compassion has become integral to the professional identity of nurses (Nijboer & van der Cingel, 2019) and is universally recognized as a core competency expected by patients. Even the influential Joyce Travelbee model, originally developed to conceptualize the nurse–patient relationship through the stages of human-to-human interaction—including original encounter, emerging identities, empathy, sympathy, and rapport—has been reinterpreted to foreground compassion as the cornerstone of the helping relationship (Alligood, 2022). This reinterpretation emphasizes the moral and emotional dimensions of

caregiving, aligning the model more closely with contemporary understandings of compassionate care in both nursing education and clinical practice. However, while there is a broad consensus on the importance of compassion, there remains a degree of divergence regarding its precise definition within the nursing profession (Ortega-Galán et al., 2021). Nonetheless, the most widely accepted conceptualization posits compassion as a sensitivity to both one's own and others' suffering, coupled with a motivation to prevent and alleviate it (Jinpa, 2016). This encompasses self-compassion, a concept referring to the ability to treat oneself with kindness and understanding during times of pain or failure, acknowledging that such experiences are an inherent part of the human condition (Neff, 2023).

Self-compassion has been recognized as a psychological protective factor that promotes wellbeing and mental health among healthcare professionals, including nurses (Alcaraz-Córdoba et al., 2024; Sawyer, 2022; Chwyl, 2021). Moreover, it has been identified as a crucial tool in preventing burnout and compassion fatigue, phenomena that negatively impact the mental and physical health of

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healthcare professionals (Alcaraz-Córdoba et al., 2024). Recent studies indicate that burnout affects approximately 30–40 % of nurses, depending on their clinical setting and workload (Li et al., 2024; Shah et al., 2021). This condition not only impairs the well-being of professionals but also compromises patient safety, increases absenteeism, and contributes to high turnover rates within the nursing workforce (Dall'Orta et al., 2020).

Self-compassion also enhances emotional resilience and job satisfaction among nurses, contributing to their overall psychological well-being and professional sustainability (Sinclair et al., 2016a). Furthermore, evidence suggests that incorporating compassion training benefits both healthcare providers and recipients, leading to improved health outcomes (Weingartner et al., 2019). A wide range of pedagogical approaches are employed in undergraduate healthcare education to foster compassion and self-compassion, including poetry (Joshi et al., 2022), narrative-based methods (Vaugh & Donaldson, 2016), reflective practice (Finlay, 2023), simulation (Mehta et al., 2024), and experiential learning (Sinclair et al., 2022) to support the development of compassionate care (Coffey et al., 2019; Durkin et al., 2019).

Studies indicate that effective communication skills are essential for conveying compassion to others, but they do not address the inward-facing aspect of compassion (Everitt-Reynolds et al., 2022). Additionally, previous literature suggests that teaching methods such as person-centered communication skills, compassionate role models, and reflective exercises can nurture and develop compassion (Sinclair et al., 2016b). Furthermore, findings demonstrate that educators utilize case studies and reflection to foster empathic concern and person-centered thinking among students (Everitt-Reynolds et al., 2022). Conversely, it has been observed that nursing education often expects students to model compassionate care behaviors in clinical practice. However, students do not always experience compassion within their academic environment or have opportunities to develop self-compassion (Everitt-Reynolds et al., 2022; Waddington, 2016).

Despite the potential benefits of compassion training, significant limitations exist in the current research. Many studies focus on short-term interventions and do not evaluate the long-term effects of such programs. Furthermore, there is a lack of consensus on best practices for integrating compassion into nursing curricula in an effective and sustainable manner (Everitt-Reynolds et al., 2022). The variability in methodologies and approaches used in studies also hinders the comparison of results and the formulation of specific recommendations (Hofmeyer et al., 2018).

Moreover, there is a dearth of research exploring specifically the experience of self-compassion training from the perspective of students. Investigating the experiences of nursing students in compassion and self-compassion training is significant for several reasons. Firstly, adequate training in self-compassion can enhance the quality of care provided by future nurses, which in turn can positively influence patient health outcomes (Alcaraz-Córdoba et al., 2024; Sawyer, 2022; Chwyl, 2021; Weingartner et al., 2019). Additionally, fostering self-compassion during training can help students develop resilience and reduce the risk of emotional exhaustion in their future professional practice (Durkin et al., 2019). Therefore, it is crucial to understand students' experiences in self-compassion training programs to improve these programs and, ultimately, the quality of care in the nursing field.

## Objective

Consequently, the aim of this research was to study the experiences of nursing students who participated in an academic module focusing on compassion and self-compassion training.

## Methods

### Study Design and Setting

A descriptive qualitative study was conducted. Descriptive qualitative studies aim to faithfully represent participants' experiences (Kim et al., 2017). They have a low level of interpretation and offer readers the opportunity to reflect on the described reality so that they can draw their own conclusions. They do not seek to verify knowledge, but rather to discover and interpret it, based on participants' experiences (Sandelowski, 2010). The COREQ checklist was used to optimize the reporting of this qualitative study.

### Participant Recruitment and Characteristics

This study was conducted at the University of Antofagasta, Chile, between July and December 2023, with the aim of examining the "Human Development" subject, which focuses on compassion and self-compassion training. This is a compulsory subject that forms part of the syllabus of the Bachelor's Degree in Nursing. This subject has not been developed previously and is part of a teaching innovation project. Its aim is to develop emotional, relational and humanization skills in the training of future healthcare professionals.

All 59 first-year undergraduate nursing students enrolled in the subject were invited to participate in the research, with the aim of deepening their experience of the module taught. Inclusion criteria required voluntary participation, formalized through the signing of informed consent, as well as the complete completion of the "Human Development" course during the second semester of 2023. Participant recruitment was managed by one of the researchers via email, offering students the choice between two participation modalities: semi-structured interviews or responses to electronic forms with open-ended questions.

Of this group, 44 students agreed to participate, representing a response rate of 74.6 %. The majority of participants were female (82.2 %), and student ages ranged from 18 to 27 years, with a mean of 19.3 years.

### Data Collection

The data collection process involved both semi-structured interviews and electronic forms with open-ended questions. These were carried out at the end of the training process. Data collection was carried out by two researchers from the research team who were not involved in teaching the course.

**Semi-structured Interviews:** Six semi-structured interviews were conducted with students who opted for this mode of participation. Interviews lasted between 20 and 40 minutes and were conducted in person in a comfortable and private setting, ensuring a safe and confidential environment for participants (Supplement 1). The lead researcher directed the interviews, following a pre-prepared guide that addressed the central themes of the study but allowing flexibility to explore emerging topics based on the conversation dynamics. All interviews were recorded with participants' consent and subsequently transcribed for detailed analysis.

**Electronic Forms with Open-ended Questions:** In addition to interviews, 38 students participated by completing electronic forms with open-ended questions. This format was selected to facilitate the participation of those students who preferred to express their opinions in writing and anonymously. The forms did not require personally identifiable information, promoting a safe environment where participants could share their perceptions freely, without fear of any repercussions. This anonymity was crucial for obtaining honest feedback, including critical or negative comments about their experiences in the course. The design of the electronic form was carefully

considered, structuring open-ended questions that allowed students to develop their answers without constraints. The implementation of this method was key to capturing a diversity of voices, ensuring the inclusion of those who might feel uncomfortable in a formal interview setting. The anonymity provided, combined with the freedom to express themselves openly, encouraged students to share experiences that they might otherwise have omitted, thus enriching the depth of the qualitative analysis.

### Data Analysis

All interviews were audio-recorded by one of the researchers on the research team. The transcripts of the interviews, along with the responses obtained from the electronic form, were processed using ATLAS.ti software for analysis. The research team employed the thematic analysis approach proposed by Braun and Clarke (2021) to conduct the data analysis:

1. Familiarization with data: Researchers transcribed the interviews to gain a deep understanding of participants' experiences. In addition, the responses from the interviews were compared with the answers obtained in the form.
2. Systematic coding: Codes were assigned to the most relevant quotes using the "open coding" and "axial coding" functions in ATLAS.ti. These codes were adjusted throughout the process based on their relevance to the research question. For example, the lack of commitment to integrating FCNPs was a recurring and key theme for the study.
3. Generating initial themes: Codes with similar patterns of meaning were grouped to form initial themes. One example is the grouping of codes related to participants' opinions regarding improvements to FCNPs' working conditions.
4. Developing and reviewing themes: Themes and associated quotes were reviewed by two researchers from the research team to ensure their coherence with the codes.
5. Defining and naming themes: Researchers refined and assigned names to the identified themes.
6. Writing up: The most representative quotes were selected and the report was refined, focusing on the essential fragments and linking them to the literature review and the study objectives.

### Subject Evaluation

The compulsory "Human Development" course was structured into 10 face-to-face sessions of 135 minutes each, complemented by weekly independent exercises. The intervention included techniques such as compassion meditation, mindfulness, self-compassion exercises, guided imagery, gratitude journaling, and active listening. These techniques fostered compassion, self-compassion, and empathy towards others.

At the end of each session, students were recommended to undertake daily independent exercises of 15 to 30 minutes,

although this practice was not mandatory, respecting the autonomy of the participants.

### Ethical Considerations

This study was approved by the Ethics and Scientific Research Committee of the University of Antofagasta, under protocol number 402/2022, adhering to the principles outlined in the Declaration of Helsinki. All participants were informed of the study's objectives, the methodology employed, and the voluntary nature of their participation. Informed consent was obtained from all participants prior to the commencement of data collection in the interviews. They were informed of their right to withdraw their responses and/or to withdraw from the interview at any time without repercussion. The confidentiality and protection of the data has been guaranteed in accordance with the Organic Law 3/2018, of 5 December, on the Protection of Personal Data and guarantee of digital rights.

### Rigor

The rigor criteria mentioned by Lincoln and Guba were followed (Guba et al., 2002). Credibility was ensured by the researchers' experience in the thematic area under study, as well as by the selected methodological design, which was considered adequate and relevant to achieve the stated objectives. To facilitate the applicability of the results to other contexts, a dense description of the study setting was provided. This was done by detailing the socio-demographic characteristics of the participants, the inclusion and exclusion criteria, the institutional setting, as well as the social and cultural conditions in which the research took place. Dependability was approached through systematic and detailed documentation of the methodological process with the development of a research protocol including study phases, interview guides, analysis criteria, and coding procedures and in terms of confirmability, all participants reviewed and validated the content of the transcripts, confirming that their expressions were faithfully recorded.

### Results

Three main dimensions and categories emerge from the data, as shown in Table 1.

#### 1. THE VALUE OF COMMUNICATION IN HEALTHCARE

In this dimension, participants' accounts reveal that the course had a significant impact on improving students' communication skills and interpersonal relationships.

##### 1.1. Improvement of communication skills

Regarding the improvement of communication skills, the students highlight that the course has helped them to discover the importance of communication, and they have acquired many tools to be able to develop professionally. They express that the experience has been crucial to improving their assertive communication, and therefore, it has given them more confidence at a personal and work level.

**Table 1**  
Dimensions, Categories and Units of Meaning.

Dimension	Category	Units of Meaning
The value of communication in healthcare	Improved Communication Skills	Assertiveness, confidence, communication tools, skills, communication
	Implications for patient care	Patient care, improving communication, useful
The need for a more holistic and practical pedagogical approach	Development of skills through practice	Real-life situations, clinical settings
	Ability to face difficult situations	Difficult situations, confidence, unforeseen circumstances
Personal impact of the "human development" training process	Finding purpose in the profession	Meaning, vocation, purpose, human, reflection
	Kindness and self-compassion	Understanding, empathy, seeking help
	Managing thoughts and emotions	Stressful situations, concentration, emotional impact

*“This course helped me learn different ways to communicate and express myself with others, which I consider fundamental for my career.” (P.9)*

*“I believe this course gave me many tools to express myself, which is essential in healthcare.” (P.7)*

*“I think it helped me a lot, as I felt it gave me the confidence to communicate better with others.” (P.1)*

### 1.2. Implications for patient care

Students reported that the course had a transformative impact on how they perceived their professional role, helping them understand that effective and empathetic communication is a clinical tool essential for delivering quality care and building meaningful therapeutic relationships. Participants noted that the course enhanced their communication abilities and directly influenced their capacity to deliver person-centered care—crucial in clinical environments. Several students mentioned that the course gave them key tools to express themselves clearly, facilitating future interactions with patients and colleagues.

*“Because we will be interacting with many patients, we must be aware of who we are and who we will become. Recognizing our skills will help us improve and become a better version of ourselves, which in turn will make it easier to care for patients.” (P.4)*

Others emphasized how the course fostered empathy and interpersonal sensitivity, essential components of humanized care:

*“I think it had a positive impact because interacting with people who have different experiences than mine made me want to build relationships, even if short-lived, with people in the professional setting to better understand and meet their needs.” (P.6)*

Additionally, some students highlighted that this growth in communication skills made them feel more prepared to face complex clinical scenarios, where effective communication with patients and colleagues is key:

*“Very good, it helped me improve my soft skills to better manage daily tasks and eventually have the tools to face the professional world.” (P.5)*

*“I believe it had an influence, as I can now communicate better with patients and colleagues, which will be very useful in clinical settings.” (P.32)*

## 2. THE NEED FOR MORE HOLISTIC AND PRACTICAL PEDAGOGICAL APPROACH

This dimension highlights the importance of a learning experience that goes beyond theoretical content, incorporating applied and emotionally meaningful experiences that prepare students for the challenges of real clinical environments.

### 2.1. Development of practical skills

Students emphasized that the course not only offered theoretical knowledge but also provided practical tools that they found useful for their future clinical practice. The course was perceived as an opportunity to build self-confidence, increase self-efficacy, and consolidate skills directly transferable to real care settings.

*“I think it had a positive influence, as it gave me useful tools to face real situations with patients.” (P.8)*

*“Very good, it gave me useful tools for my training and to apply in my daily clinical practice.” (P.29)*

### 2.2. Ability to face difficult situations

The second category reflects students' perception of the course as a key resource in strengthening their ability to manage complex,

emotionally demanding, or unexpected clinical situations. Several students linked this preparation to increased personal security and professional confidence, essential for transitioning to real clinical settings.

*“I think it helped me, as I felt it gave me confidence to handle complicated situations I will face in the future.” (P.12)*

*“It provided tools that helped me better face unexpected challenges in the clinical environment.” (P.24)*

## 3. PERSONAL IMPACT OF THE “HUMAN DEVELOPMENT” TRAINING PROCESS

This category describes the impact of the training process at a professional and personal level and in terms of emotion management.

### 3.1. Finding purpose in the profession

Students shared that the course helped them reflect on their future and on the kind of nurse they aspire to become. This reflection allowed them to reconnect with a deeper sense of meaning in their profession and in life more broadly. They emphasized the importance of not focusing solely on physical care.

*“Becoming aware of other people’s realities made me reflect on how important my role as a nurse is—not just from a technical point of view.” (P.1)*

*“The workshop helped me deepen the meaning of what we do as nurses, reinforcing my vocation and sense of purpose in this career.” (P.20)*

### 3.2. Kindness and self-compassion

Kindness and self-compassion emerged as core themes repeated frequently in participants' narratives. Students expressed having learned to be more understanding of others—not to judge, but to empathize and listen more deeply. Many also mentioned a more compassionate view of themselves and the importance of accepting that everyone needs help at some point.

*“Personally, this course helped me realize the importance of being more understanding and not judging so quickly. I believe this is key to being a better nurse.” (P.6)*

*“It helped me be more empathetic with myself and with others. I learned it’s okay to ask for help when I need it.” (P.30)*

*“Being more self-compassionate with myself and making calmer decisions helps me avoid becoming emotionally overwhelmed.” (P.37)*

### 3.3. Managing thoughts and emotions

Finally, managing emotions and thoughts was a key element that students reported having learned during the course. This underscores the development of emotional intelligence, a critical skill in clinical practice, especially under high pressure. Being able to regulate difficult emotions in such settings is vital for making sound decisions and providing quality care. Students also highlighted the ability to focus on what is essential as a meaningful result of the training.

*“It gave me tools to better cope with emotions in stressful situations, which will be key in my work.” (P.14)*

*“It provided tools that helped me better manage stress in difficult situations.” (P.23)*

*“I feel this course helped me reduce the emotional impact of difficult situations and better focus on what really matters.” (P.31)*

## Discussion

This study explored the experiences of nursing students who participated in a formal academic course focused on “human

development," emphasizing compassion and self-compassion training. Human development in health education refers to a formative approach that goes beyond the acquisition of technical skills to include the student's holistic growth as a person. This model promotes self-awareness, reflection, emotional intelligence, self-compassion, and the ability to build meaningful relationships—all essential elements for ethical and person-centered clinical practice (Epstein & Krasner, 2013; Lown, 2017). In this context, human development is understood as the process by which future professionals strengthen their professional identity, integrating values such as empathy, responsibility, and respect for human dignity (Sinclair et al., 2016a; Raket & Fortney, 2016). The World Health Organization (2021) has also emphasized the need for educational programs that address these dimensions, highlighting that the emotional well-being of healthcare professionals is crucial to care quality. Therefore, integrating human development into nursing curricula fosters professionals who are more resilient, self-aware, and committed to truly humanized care (Trzeciak et al., 2019; Miller et al., 2021).

Cultivating human development in the training of healthcare professionals represents a key pedagogical innovation that is redefining how future health professionals are prepared. Traditionally, health education has prioritized technical competencies; however, the development of interpersonal skills, self-awareness, and emotional intelligence is increasingly recognized as equally essential for effective clinical practice (Epstein & Krasner, 2013; Lown, 2017). Training focused on personal development significantly improves responsiveness to unforeseen situations, as well as decision-making under pressure (Smith et al., 2021; Thompson et al., 2019). Additionally, such approaches have been shown to reduce professional burnout, enhance emotional resilience, and foster a deeper sense of purpose in clinical practice (Alcaraz-Córdoba et al., 2024; Sinclair et al., 2016b).

This humanistic approach, combining personal development with the acquisition of clinical skills, is increasingly valued in educational settings that aim to train well-rounded professionals—those capable of delivering person-centered care and acting effectively in complex and emotionally demanding environments (Trzeciak et al., 2019; Raket & Fortney, 2016; Miller et al., 2021). Rather than focusing solely on technical skills, the goal is to develop emotionally aware, resilient individuals who can integrate humanistic values into their practice. Smith et al. (2021) demonstrated that students trained in environments that promote personal growth exhibit greater adaptability, leading to more flexible and effective responses to unexpected situations.

This adaptability is closely linked to the deep development of professional identity, where self-efficacy and confidence in decision-making under pressure emerge as essential competencies (Thompson et al., 2019). This comprehensive development not only enhances the student's experience but also better prepares professionals to act safely and reflectively in complex, emotionally intense clinical settings.

In this framework, communication skills stand out as central components of humanized care. Far from being supplementary, the evidence indicates that effective communication forms the cornerstone of quality care. The ability to establish a trusting relationship with patients, as well as to coordinate effectively with other professionals, is fundamental to achieving positive clinical outcomes (Jones & Miller, 2020). This finding aligns with other studies showing that assertive communication not only improves patient satisfaction but also enhances clinical outcomes and patient safety (Trzeciak et al., 2019; Thompson et al., 2019).

Moreover, these competencies allow healthcare professionals to better adapt to unforeseen circumstances, manage emergency situations with clarity, and establish deeper relationships with their patients—resulting in more person-centered care (Cruz et al., 2022; Matshaka et al., 2024; Patestos et al., 2019; Rosa et al., 2019).

The focus on human development responds to students' growing demand for teaching methods that emphasize personal growth rather than merely technical knowledge acquisition (Haque & Waytz, 2012). Personal knowledge and spiritual growth in healthcare professionals not only enable them to better manage work-related stress and emotional burdens but also contribute to a more balanced and patient-centered nursing practice (Cruz et al., 2022; Matshaka et al., 2024; Patestos et al., 2019; Rosa et al., 2019). Raket and Fortney (2016) and Matshaka (2024) emphasize that compassion is a powerful force in clinical settings, and studies such as Trzeciak et al. (2019) show that patients treated with greater compassion report better outcomes and higher satisfaction with care.

Furthermore, the current generation of students demands new learning methodologies that include experiential, real-life, or simulated practices. Simulation-based learning methods allow students to develop decision-making skills in a safe and controlled environment (Miller et al., 2021). Although the "Human Development" course did not include formal clinical simulations, it did incorporate active methods such as group dynamics, active listening exercises, role-playing, mindfulness, and personal reflection, which served as emotional and relational simulations aligned with humanized clinical environments.

Peer learning has also been identified as an effective method, as it improves not only technical skills but also teamwork, self-confidence, and clinical decision-making (Ngo et al., 2024; Paul et al., 2024). In fact, peer-based simulation experiences significantly enhance emotional preparedness, stress management, and students' ability to face clinical uncertainty (Nakayama et al., 2020; Clarke et al., 2021). This peer learning approach, embedded in the course through group activities and shared experiences, has proven to be an effective strategy for improving safety, professional confidence, and critical thinking (Choi et al., 2021; George et al., 2020). This comprehensive approach, combining theory with practice in realistic scenarios, is transforming how healthcare professionals are trained globally.

Finally, an emerging finding from this study is the spontaneous expression of attitudes related to self-compassion, understood as the ability to treat oneself with kindness, understanding, and acceptance in the face of mistakes or difficulties (Neff, 2003). The development of practices aligned with self-compassion has been associated in the literature with reduced emotional exhaustion, greater professional resilience, and better preparedness to face others' suffering without compromising one's own well-being (Alcaraz-Córdoba et al., 2024; Sinclair et al., 2016a). Purposefully integrating self-compassion training into healthcare education could represent a promising avenue for promoting professional self-care and preventing compassion fatigue.

This study presents several limitations that should be considered when interpreting its results. First, it was conducted at a single institution and focused on a specific course, which may limit the generalizability of the findings to other educational or cultural contexts. Second, although the qualitative nature of the study allows for an in-depth exploration of students' experiences, it does not permit the establishment of causal relationships or the quantification of the course's impact on objective variables such as academic performance or clinical competence. Additionally, the responses collected through the open-ended questionnaire may have been influenced by social desirability bias, as participants were aware that their opinions were being assessed within the framework of educational research. Finally, although perceived benefits were reported in communication and personal development competencies, no longitudinal measures were included to assess the persistence of these effects over time or their direct translation into clinical practice.

## Conclusion

The results of this study highlight the positive impact of compassion and self-compassion training on the academic formation of nursing students, underlining its relevance as an integral part of their personal and professional development. Participating students reported significant improvements in their communication skills, greater self-confidence in facing challenging clinical situations, and a profound sense of purpose in their future careers as healthcare professionals. Furthermore, a notable change was observed in their ability to practice self-compassion, which not only strengthens their emotional well-being but also has the potential to prevent burnout and compassion fatigue, two critical issues in the nursing profession. The study also reveals that the pedagogical methods used, such as compassion meditation, mindfulness, and gratitude journaling, provided students with practical tools that can be applied both in their personal lives and in their future professional practice. These techniques not only fostered a more humanistic approach to healthcare but also contributed to the development of resilience and emotional management, crucial competencies for facing the challenges inherent in nursing.

In methodological terms, the results suggest that the inclusion of educational spaces that promote reflection and self-care, combined with the teaching of technical skills, is key to training more complete and competent healthcare professionals. This comprehensive approach responds to the growing demand for educational programs that not only prepare students technically but also support them in their personal growth. Finally, this study provides evidence for the need to continue developing and implementing training programs that integrate compassion and self-compassion into the nursing curriculum. Future research should focus on the long-term evaluation of these interventions, as well as on exploring approaches that allow for a more widespread and sustainable implementation in educational and clinical settings.

## Declaration of competing interest

The authors declare that they have no known competing personal relationships or financial interests that may have influenced the study reported in this paper.

## CRedit authorship contribution statement

**Andrés Gutiérrez-Carmona:** Writing – review & editing, Writing – original draft, Investigation, Funding acquisition, Conceptualization. **María Dolores Ruiz-Fernández:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis. **Marta González-Pérez:** Writing – review & editing, Resources, Methodology, Conceptualization. **Angela María Ortega-Galán:** Writing – original draft, Formal analysis, Conceptualization.

## Funding

This project was funded by the "FONDECYT initiation preparation program of the University of Antofagasta" DE.564 of July 14, 2023.

## Supplementary materials

Supplementary material associated with this article can be found in the online version at doi:10.1016/j.teln.2025.06.009.

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## Further reading

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