

Original Research Article

Knowledge and Self-Compassion of Nursing Students Regarding Children with Intellectual Disabilities: A Cross-Sectional Study

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Abstract: Intellectual disability is an important developmental condition that emerges in childhood and often requires long-term care. Because children with intellectual disabilities frequently interact with the healthcare system, nurses' knowledge and care approaches can directly influence the quality of care provided. Developing knowledge and awareness about intellectual disability during nursing education is essential for delivering compassionate care to these children. This study was conducted using a descriptive and analytical design to examine nursing students' knowledge regarding children with intellectual disabilities and their levels of self-compassion. The study was carried out with 380 nursing students enrolled at the College of Nursing, University of Al-Qadisiyah in Iraq. Data were collected using a Personal Information Form, the Knowledge Questionnaire on Children with Intellectual Disabilities, and the Self-Compassion Scale. Descriptive statistics, Chi-square test, Mann-Whitney U test, and Kruskal-Wallis test were used for data analysis. Most participants were aged between 18 and 24 years, female, single, and second-year students. The findings showed a statistically significant relationship between students' age and both their perceptions of children with intellectual disabilities and their self-compassion levels ($p < 0.05$). Additionally, nursing students demonstrated moderate levels of knowledge about children with intellectual disabilities and high levels of self-compassion. These findings highlight the importance of strengthening educational content that enhances knowledge and awareness of intellectual disability in nursing education.

Keywords: Nursing Students, Self-Compassion, Children with Intellectual Disabilities.

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INTRODUCTION

Intellectual disability is a developmental condition characterized by significant limitations in intellectual functioning and deficits in adaptive behavior, typically identified by an intelligence quotient below 70 on standardized intelligence tests [1]. This condition can lead to difficulties in academic, social, and daily living skills and often requires lifelong support [2]. Early diagnosis and appropriate support services are essential for improving the quality of life of children with intellectual disabilities and promoting their independence [3]. These children frequently experience multiple health problems and therefore require continuous monitoring within the healthcare system. In addition to healthcare services, they also need educational support to enhance social and daily living skills [4]. In this context, interactions with healthcare

professionals—particularly nurses—play a crucial role in their care [5].

Nurses represent a key component of the healthcare team responsible for the care of children with disabilities. Their roles include monitoring health status, meeting care needs, preventing complications, and supporting families [6]. However, some studies suggest that nurses may have limited knowledge and awareness regarding the care of children with disabilities and may encounter challenges in providing appropriate care [7,8]. In addition, many nurses report feeling uncomfortable when working with children with disabilities and may display negative attitudes in certain situations [9]. Similar findings have been reported among nursing students, who often lack adequate knowledge and skills to communicate with and care for individuals with

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disabilities [10]. Newly graduated nurses may also experience difficulties demonstrating empathy toward patients' experiences, particularly in demanding clinical situations [11]. Maintaining compassionate care can be especially challenging when caring for patients experiencing high levels of stress or requiring specialized support [12].

Compassion is a fundamental component of nursing care and represents the humanistic and ethical dimension of the profession [13]. Research indicates that the compassion individuals show toward others is closely related to the way they relate to themselves. Individuals with higher levels of self-compassion tend to demonstrate greater understanding, empathy, and supportive behavior toward others [14]. Therefore, developing compassionate care toward children with intellectual disabilities requires not only theoretical knowledge but also educational processes that promote self-awareness among nursing students. Increasing knowledge about intellectual disability and fostering self-compassion may enhance the quality of nursing care [15,16]. Compassion-based care approaches can strengthen empathy, improve therapeutic communication, and enhance the care experience for both patients and healthcare professionals [17,18]. In recent years, growing concerns about compassion fatigue and reduced empathy among healthcare professionals have further emphasized the importance of compassion and self-compassion in nursing education [19, 20]. In this context, examining nursing students' knowledge of children with intellectual disabilities and their levels of self-compassion may provide valuable insights for improving nursing education programs. Therefore, this study aimed to examine nursing students' knowledge regarding children with intellectual disabilities and their levels of self-compassion.

METHODS

Research Design

This study was conducted using a descriptive and analytical design to determine nursing students' knowledge levels regarding children with intellectual disabilities and their self-compassion characteristics.

Research Setting

The study was carried out at the College of Nursing, University of Al-Qadisiyah, located in Al-Diwaniyah, Iraq. The college offers two undergraduate nursing programs: a regular daytime program and an evening program. A total of 565 nursing students are enrolled in these programs, and educational activities are conducted by 45 academic staff members.

Population and Sample

The population of the study consisted of 565 nursing students studying at the College of Nursing, University of Al-Qadisiyah in Iraq. Using a sample size calculation method for a known population with a 5% margin of error and a 98% confidence level, it was

determined that at least 280 participants were required for the study. The inclusion criteria were being a nursing student at the University of Al-Qadisiyah, volunteering to participate in the study, being over 18 years of age, being able to read and write Arabic, and agreeing to participate in the study. The sample was selected using a stratified sampling method based on the type of education and class level. The study was completed with the participation of 380 nursing students.

Data Collection Process

The data collection process was carried out after obtaining the necessary ethical and institutional approvals. Due to the COVID-19 pandemic, data were collected through an online questionnaire between October 11 and December 15, 2022. The survey link was shared with students through WhatsApp student groups.

Data Collection Instruments

The data collection instruments used in the study were the Personal Information Form, the Knowledge Questionnaire on Children with Intellectual Disabilities, and the Self-Compassion Scale.

Personal Information Form

The Personal Information Form was developed by the researchers and consisted of 16 questions examining participants' characteristics such as gender, age, marital status, income level, class level, family structure, place of residence, mother's education level, father's education level, perceived economic status, family relationships, number of siblings, and whether there was a child with intellectual disability in the family.

Knowledge Questionnaire on Children with Intellectual Disabilities

This questionnaire was developed in Arabic by Faraj *et al.*, (2016) to assess nursing students' knowledge about children with intellectual disabilities [21]. The questionnaire consists of 19 items measuring students' knowledge regarding children with intellectual disabilities. Some statements are correct while others are incorrect. Twelve items contain correct statements and seven items contain incorrect statements. Participants respond to each statement as "Agree," "Undecided," or "Disagree." Items are scored according to whether the statements are correct or incorrect. Higher scores indicate higher levels of knowledge.

Self-Compassion Scale

The Self-Compassion Scale was developed by Neff (2003) [22], and the Arabic validity and reliability of the scale were established by Alabdulaziz *et al.*, (2020) [23]. The scale consists of 26 items measuring participants' self-compassion levels. It includes six subdimensions: self-kindness (items 5, 12, 19, 23, 26), self-judgment (items 1, 8, 11, 16, 21), common humanity (items 3, 7, 10, 15), isolation (items 4, 13, 18, 25), mindfulness (items 9, 14, 17, 22), and over-identification (items 2, 6, 20, 24). The scale uses a 5-point Likert

format ranging from “1 = strongly disagree” to “5 = strongly agree.” Higher scores indicate higher levels of self-compassion. Total scores ranging from 26–64 indicate low self-compassion, scores between 65–90 indicate moderate self-compassion, and scores between 91–130 indicate high self-compassion. In the original validity and reliability study, the Cronbach’s alpha coefficient was reported as 0.96, while in the present study it was calculated as 0.73.

Data Analysis

The study data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Descriptive statistics were used to summarize the data. The Chi-square test was used to determine the relationship between nursing students’ knowledge levels regarding children with intellectual disabilities and their demographic characteristics. In addition, the Mann–Whitney U test and Kruskal–Wallis test were applied. A p value of less than 0.05 was considered statistically significant.

Ethical Considerations

Ethical approval for the study was obtained from the Non-Interventional Clinical Research Ethics Committee of Kırşehir Ahi Evran University (Decision No: 2022-17/153, 27 September 2022). Institutional

permissions were also obtained from the Iraqi Ministry of Planning, Al-Diwaniyah Health Directorate, and the College of Nursing at the University of Al-Qadisiyah. Participants voluntarily participated in the study by approving the online informed consent form before completing the questionnaire. The study was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

A total of 380 nursing students participated in the study. The mean age of the participants was 22.33 ± 4.53 years (range: 18–42), and the majority of the students were between 18 and 24 years of age (82.6%). Of the participants, 67.1% were female, 86.3% were single, and 30.3% were second-year students. Most of the students had a nuclear family structure (75.5%), 85% lived in the city center, and 60.5% perceived their economic status as moderate. In addition, 69.7% of the students reported having between one and five siblings. It was also found that 92.9% of the participants did not have a family member with an intellectual disability, 63.7% did not have a relative or acquaintance with an intellectual disability, and 70.5% had no experience in caring for a child with an intellectual disability.

Table 1: Knowledge levels of nursing students regarding children with intellectual disabilities

Knowledge level	n	%	Mean $\pm$ SD
Low	74	19.5	
Moderate	297	78.2	1.83 ± 0.25
High	9	2.4	

Range: Low (1–1.66) / Moderate (1.67–2.32) / High (2.33–2.98)

Nursing students’ overall knowledge level regarding children with intellectual disabilities was found to be moderate (1.83 ± 0.25) (Table 1). Among the participants, 78.2% had a moderate level of knowledge, 19.5% had a low level of knowledge, and 2.4% had a high level of knowledge.

Participants demonstrated relatively lower levels of knowledge on several statements, including

“Parents of children with intellectual disabilities should be less strict than other parents” (1.25 ± 0.618), “Children with intellectual disabilities often cannot control themselves” (1.66 ± 0.781), “Children with intellectual disabilities are more easily upset than children without disabilities” (1.57 ± 0.784), and “You should be careful about what you say when interacting with children with intellectual disabilities” (1.19 ± 0.518).

Table 2: Knowledge level according to sociodemographic variables

Variables	Knowledge Level			Ki-Kare Testier	
	Low	Moderate	High	X ²	P value
	n (%)	n (%)	n (%)		
Age					
18-24	61 (19,42)	247 (78,66)	6 (1,91)	17	0,009
25-30	9 (18,75)	38 (79,16)	1 (2,08)		
31-36	3 (33,33)	6 (66,66)	0 (0)		
37-42	9 (52,94)	6 (35,29)	2 (11,76)		
Gender					
Male	29 (23,2)	92 (73,6)	4 (3,2)	2,3	0,306
Female	45 (17,64)	205 (80,39)	5 (1,96)		
Marital Status					
Married	11 (21,1)	39 (75)	2 (3,84)	0,7	0,698

Variables	Knowledge Level			Ki-Kare Testier	
	Low	Moderate	High	X ²	P value
	n (%)	n (%)	n (%)		
Single	63 (19,20)	258 (78,65)	7 (2,13)		
Class					
1st year	15 (16,85)	72 (80,89)	2 (2,24)	4,2	0,649
2nd year	26 (22,60)	86 (74,78)	3 (2,60)		
3rd year	21 (23,86)	65 (73,86)	2 (2,27)		
4th year	12 (13,63)	74 (84,09)	2 (2,27)		
Family type					
Nuclear	50 (17,42)	230 (80,13)	7 (2,43)	3.1	0,207
Traditional	24 (25,80)	67 (72,04)	2 (2,15)		
Residence					
City center	67 (20,74)	248 (76,78)	8 (2,47)	2,4	0,299
Town-village	7 (12,28)	49 (85,96)	1 (1,75)		
Economic status					
Poor	24 (17,14)	115 (82,14)	1 (0,71)	6,4	0,170
Moderate	46 (20)	176 (76,52)	8 (3,47)		
Good	4 (40)	6 (60)	0 (0)		
Siblings					
1-5	46 (20,53)	172 (76,78)	6 (2,67)	0,6	0,716
≥6	28 (17,94)	125 (80,12)	3 (1,92)		
Family member with intellectual disability					
Yes	8 (29,62)	19 (70,37)	0 (0)	2,4	0,293
No	66 (18,69)	278 (78,75)	9 (2,54)		
Friend with intellectual disability					
Yes	22 (15,94)	113 (81,88)	3 (2,17)	1,8	0,405
No	52 (21,48)	184 (76,03)	6 (2,47)		
Experience caring for a child with ID					
Yes	25 (22,32)	83 (74,10)	4 (3,57)	1,9	0,374
No	49 (18,28)	214 (79,85)	5 (1,86)		

When the relationship between knowledge levels regarding children with intellectual disabilities and sociodemographic variables was examined, a statistically significant relationship was found only

between age and knowledge level ($p = 0.009$). No statistically significant differences were identified for the other variables ($p > 0.05$) (Table 2).

Table 3: Self-compassion levels and subdimension scores of nursing students

	X±SD	Median (Min-Maks)	Cronbach-alfa
Self-kindness	18,38±3,60	19 (5-25)	0,710
Self-judgment	15,04±3,38	15 (5-25)	0,554
Common humanity	27,83±4,07	28 (4-20)	0,641
Isolation	13,21±2,79	13 (4-20)	0,512
Mindfulness	14,76±2,63	15 (4-20)	0,637
Over-identification	11,94±2,96	12 (4-20)	0,538
Self-compassion total	101,18±12,02	101 (30-130)	0,738

The total self-compassion scores of the nursing students ranged from 30 to 130, with a mean score of 101.18 ± 12.02 . The mean scores of the subdimensions of the scale were 18.38 ± 3.60 for self-kindness, $15.04 \pm$

3.38 for self-judgment, 27.83 ± 4.07 for common humanity, 13.21 ± 2.79 for isolation, 14.76 ± 2.63 for mindfulness, and 11.94 ± 2.96 for over-identification (Table 3).

Table 4: Self-compassion total scores according to sociodemographic characteristics

Variable	Group	Mean ± SD	Median (Min-Max)	Test	p
Age	18–24	102.18 ± 11.50	102 (30–139)	KW=4.154	0.002
	25–30	94.56 ± 13.93	97 (41–119)		
	31–36	100.00 ± 11.95	99 (84–118)		

Variable	Group	Mean $\pm$ SD	Median (Min-Max)	Test	p
	37–42	103.11 $\pm$ 14.98	103 (74–120)		
Gender	Male	99.42 $\pm$ 14.22	100 (30–139)	Z=1.694	0.090
	Female	102.05 $\pm$ 10.71	103 (30–139)		
Marital status	Married	100.13 $\pm$ 11.98	99 (73–122)	Z=0.907	0.363
	Single	100.21 $\pm$ 12.21	101 (49–127)		
Class	1st year	103.10 $\pm$ 9.12	104 (79–123)	KW=7.469	0.058
	2nd year	102.44 $\pm$ 12.80	103 (41–131)		
	3rd year	99.59 $\pm$ 12.79	101 (30–128)		
	4th year	99.22 $\pm$ 13.36	99 (36–139)		
Family type	Nuclear	101.11 $\pm$ 12.60	103 (49–128)	Z=0.405	0.817
	Traditional	100.83 $\pm$ 12.90	101 (41–128)		
Residence	City center	101.07 $\pm$ 12.30	101 (30–139)	KW=0.475	0.491
	Town/Village	101.86 $\pm$ 12.06	102 (41–120)		
Economic status	Poor	101.12 $\pm$ 9.98	102 (73–131)	KW=0.643	0.725
	Moderate	101.09 $\pm$ 13.22	101 (30–139)		
	Good	104.40 $\pm$ 9.70	103 (90–117)		
Sibling number	1–5	100.71 $\pm$ 13.09	101 (30–139)	KW=3.918	0.141
	≥ 6	105.40 $\pm$ 10.77	105 (78–123)		
Family member with intellectual disability	Yes	103.78 $\pm$ 10.18	105 (80–122)	Z=1.411	0.235
	No	100.99 $\pm$ 12.14	101 (30–139)		
Friend with intellectual disability	Yes	103.36 $\pm$ 10.81	104 (67–128)	Z=0.859	0.003
	No	99.95 $\pm$ 12.52	100 (30–139)		
Experience caring for a child with ID	Yes	102.52 $\pm$ 10.96	103 (67–131)	Z=1.327	0.249
	No	100.63 $\pm$ 12.42	101 (30–139)		

Table 4 presents the distribution of nursing students' total self-compassion scores according to sociodemographic characteristics. A statistically significant difference was found between age groups and self-compassion scores ($KW = 4.154$, $p < 0.05$). In addition, students who reported having a friend or acquaintance with an intellectual disability had higher self-compassion scores, and this difference was statistically significant ($Z = 0.859$, $p < 0.05$). No statistically significant differences were found in self-compassion scores with respect to the other sociodemographic variables ($p > 0.05$).

DISCUSSION

This study was conducted to examine nursing students' knowledge regarding children with intellectual disabilities and their levels of self-compassion. The findings indicated that nursing students had a moderate level of knowledge about children with intellectual disabilities, while their self-compassion levels were high. It was also found that the majority of the students did not have a family member with an intellectual disability and had no prior experience caring for a child with an intellectual disability. These findings are consistent with the results reported in Faraj's study conducted with nursing students [21].

The study revealed that nursing students' knowledge levels regarding children with intellectual disabilities were at a moderate level. This may be related to the limited inclusion of specific educational content on

intellectual disability within nursing curricula. Previous studies have also reported that nursing students generally demonstrate moderate levels of knowledge and attitudes toward individuals with disabilities [21–25]. However, some studies have reported either lower or higher levels of awareness among students [26, 27]. These variations may be associated with differences in educational curricula, opportunities for clinical exposure, and cultural context. In the present study, participants demonstrated lower levels of knowledge regarding several statements related to children with intellectual disabilities. These findings may reflect the influence of widespread stereotypes and misconceptions about individuals with intellectual disabilities within society, which may also affect future healthcare professionals. Therefore, strengthening educational content that enhances knowledge and awareness of disability within nursing education is important.

A significant relationship was found between age and knowledge level in this study. Similarly, previous studies have reported a significant relationship between age and attitudes or knowledge regarding individuals with disabilities [28, 29]. However, in the present study, knowledge levels appeared to decrease as age increased, which is a noteworthy finding. This result may be associated with the socio-political conditions experienced in Iraq and their potential impact on educational processes, as well as negative experiences encountered by students during clinical practice [5]. The findings of the study also indicated that nursing students had high levels of self-compassion. Self-compassion

refers to an individual's ability to respond to difficult experiences with understanding and kindness rather than harsh self-judgment [22]. Previous research has often reported moderate levels of self-compassion among nursing students [23-30]. Studies conducted in different cultural contexts also suggest that self-compassion may be influenced by cultural and individual factors [31].

In this study, a significant relationship was found between age and self-compassion, with higher levels of self-compassion observed among older students. This finding may be explained by the increase in life experience and improved coping skills that develop over time. Similar studies have reported a positive relationship between age and self-compassion [23], although some research has not found a significant association between these variables [32].

The study also found that students who had a relative or acquaintance with an intellectual disability had higher levels of self-compassion. Direct contact with individuals with disabilities is known to promote empathy and contribute to more positive attitudes toward disability [25-37]. In addition, having experience caring for children with intellectual disabilities may positively influence students' self-compassion levels. Similarly, previous research has shown that contact and educational experiences can lead to changes in students' attitudes toward individuals with disabilities [38]. Overall, the findings suggest that nursing students' knowledge regarding children with intellectual disabilities should be further developed, while their relatively high levels of self-compassion represent an important psychological resource that may support compassionate care. Strengthening educational content related to disability and increasing opportunities for clinical contact with children with intellectual disabilities may improve both knowledge levels and compassion-based nursing care.

CONCLUSION AND RECOMMENDATIONS

This study examined nursing students' knowledge regarding children with intellectual disabilities and their levels of self-compassion. The findings showed that students had moderate knowledge levels about children with intellectual disabilities and high levels of self-compassion. The analyses indicated a significant relationship between age and knowledge level, as well as a significant difference in self-compassion scores among students who reported having a friend or acquaintance with an intellectual disability.

These findings suggest that while nursing students' knowledge regarding children with intellectual disabilities needs to be strengthened, self-compassion may serve as an important psychological resource for providing compassionate care. Therefore, it is recommended that nursing education programs enhance educational content related to disability, increase students' opportunities for clinical contact with children with intellectual disabilities, and integrate educational

interventions that promote empathy and self-compassion into nursing curricula. In addition, future studies with different samples and intervention-based designs may provide stronger evidence on this topic.

Strengths and Limitations

This study provides important insights into nursing students' knowledge of children with intellectual disabilities and their levels of self-compassion within an underrepresented educational context. The relatively large sample size and inclusion of students from different academic years strengthen the generalizability of the findings within the study setting. However, several limitations should be considered. The study was conducted in a single university and relied on self-reported data, which may limit the generalizability of the results and introduce response bias. In addition, the cross-sectional design prevents causal interpretations of the relationships observed. Future studies involving multiple institutions and longitudinal designs are recommended to provide more comprehensive evidence.

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