FEATURE ARTICLE

COMPASSIONATE NURSE: A CONCEPT ANALYSIS

Geraldine Y. Ferreras, MSN, RN

Abstract

The purpose of this article is to develop a framework on fostering compassion among nurses, by examining the attributes of the concept of compassion. This concept analysis utilized the Walker and Avant Framework. A review of literature indicates that compassion in nursing remains constant throughout the years even with changes prompted by the academe, healthcare and advancement in technology. Results show the defining attributes of compassion include full acceptance of duties and responsibilities and security in workplace to develop compassion. To become compassionate, a nurse must (a) be holistically prepared, (b) experience a sense of personal and professional development, and (c) possess the initiative to fulfill patient's needs. Thus, nurses can provide quality care and prevent the occurrence of patient neglect. This concept of compassion reveals that self-awareness and security from the organization can foster compassion among nurses.

Keywords: compassionate, nurse, caring



Nursing profession exists to fulfill the essentials of those who are incapable of doing care on their own. Being a caring profession (Rolfe, 2014), nursing is exemplified by the therapeutic caring relationship with patients and not merely the technical skills that are routinely delivered. However, reports conclude that nurses are losing their caring attitude; which led to growing public concern over patient neglect (Reader & Gillespie, 2013). Moreover, Bally (2007) identified factors such as low morale, a general apathy regarding professional collegial support, heavy workloads, reduced resources, and high patient acuity, which contribute to job dissatisfaction, poor work performance, and may be putting positive patient health outcomes at risk. Thus, more nurses today shift to other careers: some geared towards medicine and others to different fields. The occurrence of these circumstances led to the concept analysis on compassionate nurses.

Is nursing a crumbling career? What transpired in the society that prompted nurses to be uncaring in some ways? These are some of the puzzling questions not only to nurses, but most especially to the patients, whom they serve. Some patients observe that nurses appear more posh to care (Rolfe, 2014); and it seems that nurses' image has shifted from caring to less likely caring. This alteration steered to poor nursing care leading to neglect. According to Reader and Gillespie (2013), there are two aspects of patient neglect: procedure and caring

neglect. In this paper, the focus will be on the latter, which strongly emphasizes the behaviors of nurses.

The purpose of this concept analysis paper is to develop a framework on fostering compassion among nurses to be utilized as a tool in delivering safe and quality care to patients. Hence, it will serve as a guide for nurses and organizations to safeguard the health of the society and bring fulfillment to the nurse, patient and the organization. Accordingly, preservation of integrity and identity of the nursing profession remains throughout the years.

Definitions

The word compassion came from late Latin *compassionem*, which means a feeling of distress and pity for the suffering and misfortune of another, often including the desire to alleviate it (The Free Online Dictionary). During Florence Nightingale's time, it can be viewed as getting close and empathizing with clients and assisting them towards recovery. However, with the progress of modern technology as an aid in health care, nurses' view on compassion can be different. The speed at which technology has engulfed the way that care has been delivered to individuals, communities and populations over the last two decades can be attested by many nurses (Reed, 2014). Conferring to Schantz (2007, as cited in Davison & Williams, 2009), compassion is a nurse's most precious asset and one of

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the strengths of the profession. Compassion is inherently part of nursing; therefore, it must be constantly present in any generation of nurses.

Literature Review

In philosophy, Schopenhauer identified compassion or fellowfeeling as a source and foundation of morals and not merely knowledge; as an incentive that motivate human actions (Madigan, 2005). Thus, a compassionate person portrayed as a part and involved in the suffering world. Elwell (1996) described compassion as that which produces action to alleviate the suffering; however, geographical distances or lack of means prevent people from acting upon their compassionate feelings. Conferring to Fishman (2002, as cited in Raina, 2006), healing cannot take place without compassion for self and others. Accordingly, in psychology, a strong link between compassion and health, happiness, and joy make compassion as one of the priorities. Compassion exists in every individual and it remains a virtue which brings happiness.

In an organization, nurse administrators have the privileged opportunity to co-create with nurse colleagues a caring environment (Boykin &Schoenhofer, 2001). Hence, the opportunity to foster professional development of each nurse in their institution is upheld. According to Zamanzadeh, Valizadeh, Rahmani, van der Cingel, and Ghafourifard (2017), a nurse's capacity to develop compassion will be addressed by providing organizational support and professional education. Consequently, nurses are recommended to follow their value and belief system and to consider their colleagues as role model of compassionate practice. Schofield (2016) described the attributes of compassionate nursing: recognition for a need of care with a wish to do something about it. Compassion in nursing remains constant throughout the years even with the changes prompted by the academe, healthcare and advancement in technology. According to Dempsey, Wojciechowski, McConville, and Drain (2014), connecting with patients in compassionate ways to alleviate inherent patient suffering and prevent avoidable suffering is the key to improving the patient experience. Therefore, appraising this skill of nurses is fundamental in upholding the profession's identity as a caring profession.

Defining Attributes

Compassion in nursing is exemplified as having empathy and contentment in fulfilling the needs of the clients at all times. Thus, a compassionate nurse must have full *acceptance* of his duties and responsibilities and feel *cared* in his workplace to develop compassion towards self and fellowmen. To accept one's duty, a nurse must first be prepared and aware of his roles and it should not be done against will. Consequently, security in the workplace brings a sense of being cared to the nurse; therefore, fostering compassion. According to Bally (2007), to reinstate effective

healthcare today, fostering collegial relationships, enhancing nurses' sense of self, promoting professional development, and encouraging feelings of professional worth are essential.

Antecedents

To develop compassion in nursing, a nurse must first, (a) be holistically prepared. The nurse must be knowledgeable and skillful enough in carrying out the responsibilities given to him; thus, the importance of education is considered. Second, a nurse must continue to develop to be better, (b) must experience a sense of personal and professional development. A nurse must have self-awareness on his values, beliefs, and goals to continue acting on his career. Additionally, the administration can be a factor in influencing his actions: a supportive, caring and healthy environment at work can lead to a motivated and responsible nurse. A nurturing environment also involves family, peer, colleagues, and the patients. The continued support, motivation, respect, guidance, and appreciation can help the personal development of the nurse. Lastly, the nurse's (c) willingness to act on the urge to help fulfill the needs of a patient is vital; without initiative, compassion would not manifest.

Consequences

According to Kapur (2014, as cited in Roberts & Ion, 2014), there has been widespread occurrence of poor nursing care and worse, inhumane care. The incidents at Mid Staffordshire portrayed the oppressive acts of nurses, which has been claimed as outcome of being oppressed from their work (Francis, 2013). According to Coward (2013), nurses missed the elements of patient care: compassion, warmth, and hands-on care, as they focus more on paperwork and meeting targets. Furthermore, Wiman and Wikblad (2004) concluded that more aspects of being uncaring predominated, indicating lack of caring behavior among nurses. Thus, Francis (2013) recommended recruitment for nurses focusing on possessing appropriate, values and attitudes. Royal College of Nursing (2013) also believes that nurses suffer from "care fatigue" after years of being in a pressurized, constantly changing system; as their concerns are repeatedly ignored

Contrary to the former, compassion can increase the self-esteem and self-efficacy of employees in an organization (Choi, Li, No, & Kim, 2016). Hence, nurses can provide quality care and prevent the occurrence of patient neglect.

Empirical Referents

Conferring to Fenton and Mitchell (2002, as cited in Davison & Williams, 2009), compassion is abstract and difficult to measure; and viewed as an integral part of dignity (Royal College of Nursing, 2008, as cited in Davison & Williams, 2009). In determining the compassion of modern nurses, it is best to evaluate the patient's satisfaction towards the staff care and experiences in the hospital: including their accommodation,

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food, and services by the healthcare team. According to Al-Abri and Al-Balushi (2014), it is essential to evaluate patient satisfaction in interpersonal and communication skills and not merely on the technical competence by nurses. Moreover, Royal College of Nursing (2013) acknowledged that it is essential to be positive about getting and using patient feedback for improvement.

It is required to evaluate the nurse's performance in the area; not only through written evaluation but also a spontaneous evaluation through actual observation made by nurse administrators. Moreover, a Compassion Competence Scale can be utilized to determine an individual's skill or ability about understanding and reducing another's suffering (Lee &Seomun, 2016). Various literature suggest that healthy relationship in the organization occurs when participation is encouraged from the members of the team. Consequently, harmonious relationship in the healthcare system can be established.

Implications for Nursing

Being in the healthcare field requires competence. Nurses must be sensitive enough to identify their patients' needs and to enact on their responsibility towards them. Thus, it is essential that nurses be prepared holistically. First, a nurse's self-awareness on personal beliefs, values, and goals must be highlighted. Second, one must possess the enthusiasm for the career

chosen: not on the compensation by it. Lastly, the major motive for nurses must be the willingness to serve the society. Conferring to Bally (2007), mentoring can be utilized as an effective strategy: implemented through positive nursing leadership. Consequently, harmonious relationship will be established not only towards the employees but also the patients.

The road to becoming a nurse is rough. Anursing student might not be able to surpass the academics without diligence, patience, and hard work. Though academics play an essential role to pass the licensure examination, it is not enough assurance to be able to serve the patients. Conferring to Roberts and Ion (2014), nursing education providers can limit future healthcare failings; while restructuring the education system and emphasizing more on the passion for the

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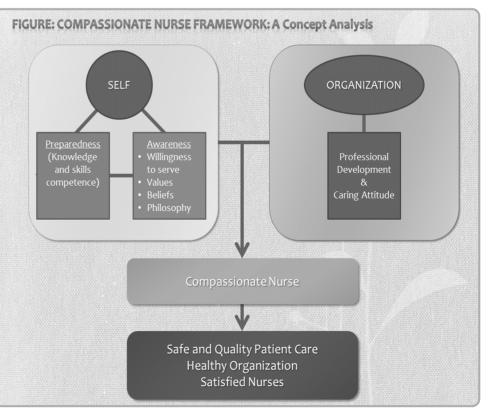
profession can help regain the caring attitude of nurses. One might be able to apply the theory to practice; but, without the heart, it is impractical. According to Rolfe (2015, p. 142), "the cause of the problem is neither too much education nor too high a level of education but rather an overly technical rational and evidence-based focus on nursing theory, research and practice." Consequently, the caring component of each nurse has been deemed as diminished.

Caring will always be embedded in nursing. Continuous changes may affect the duties and responsibilities and can even support in reducing nurses' workload. Thus, the advancement of technology should not become a hindrance to reduce a nurse's compassion; instead, should become an aid to better facilitate nursing care. The framework on the modern nurse's compassion will help the profession to recreate the basic and yet most important skill one must have: compassion. In reality, things must change, but together with change, the compassion within nurses must remain constant.

Conclusion

The concept of Compassionate Nurse Framework used in this paper can be a tool to contemplate in providing safe and quality care to patients (Figure 1).





When helping patients fulfill their needs, it is every nurse's role to render what is due: however, it is essential for nurses to become equipped with knowledge, skills, and willingness to serve. The role of education system is vital in preparing for a relational work; thus, highlighting the essence of caring must be a priority. Factors such as values, beliefs, philosophy, significant others, administration and patients affect the service they may render; hence, harmony of self and organization is important. To preserve the dignity and identity of the nursing profession, it is vital to maintain compassion within. Consequently, when the nurse feels cared and accepts responsibility, compassion towards other people can be demonstrated. Conferring to Burnell (2009), provision of compassionate care is more than a professional mandate or an attribute of a model, but a result of an authentic bond between a nurse and a patient. Not only will nurses live a satisfying and fulfilling career but will be able to share their lives by continuously serving their fellowmen. Consequently, nursing will be renowned as a caring profession.

References

- Ahtisham, A., & Jacoline, S. (2015). Integrating nursing theory and process into practice: Virginia Henderson's Need Theory. *International Journal of Caring Sciences*, 8 (2), 443-450.
- Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards guality improvement. Oman Med J, 29(1), 3-7.
- Bally, J. M. (2007). The role of nursing leadership in creating a mentoring culture in acute care environments. *Nursing Economics*, 25(3), 143.
- Burnell, L. (2009). Compassionate care: a concept analysis. *Home Health Care Management & Practice*, 21(5), 319-324.
- Boykin, A., &Schoenhofer, S. (2001). The role of nursing leadership in creating caring environments in health care delivery systems. *NursingAdministration Quarterly*, 25 (3), 1-7.
- Choi, H., Lee, S., No, S., & Kim, E. (2016). Effects of compassion on employees' self-regulation. Social Behavior & Personality: An International Journal, 44(7), 1173–1190. doi: https://doi.org/ 10.2224/sbp.2016.44.7.1173
- Davison, N., & Williams, K. (2009).Compassion in nursing: defining, identifying and measuring this essential quality. *Nursing Times*, 105(36), 16.
- Dempsey, C., Wojciechowski, S., McConville, E., & Drain, M. (2014).Reducing patient suffering through compassionate connected care. *The Journal of Nursing Administration*, 44(10), 517-524. doi: 10.1097/NNA.00000000000110
- Dewar, B. (2013). Cultivating compassionate care. *Nursing Standard*, 27(34), 48-55.
- Elwell, W. A. (Ed.). (1996). *Baker's evangelical dictionary of biblical theology*. Grand Rapids, Michigan, USA: Baker Books
- Francis, R. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: Stationary office. Retrieved from www.tsoshop.co.uk
- Lee, Y., &Seomun, G. (2016). Development and validation of an instrument to measure nurses' compassion competence. Applied

Nursing Research, 30, 76-82. https://doi.org/10.1016/ j.apnr.2015.09.007

- Madigan, T. (2005). Schopenhauer's compassionate morality. *Philosophy Now*, 52, 16-17.
- Raina, K. C. (2006). Compassion and Person Perception: An Experiment. Retrieved fromhttp://search.ebscohost.com/ login.aspx?direct=true&db=ddu&AN=EDD91F6546D505CD&sit e=ehost-live
- Reader, T.W, & Gillespie, A. (2013). Patient neglect in healthcare institutions: a systematic review and conceptual model. *BMC Health Service Research*, *13*(156), 1-15.
- Reed, J. (2014). eHealth: A concept analysis from a nursing perspective. *Canadian Journal of Nursing Informatics*, 9.
- Roberts, M., & Ion, R. (2014). Thinking critically about the occurrence of widespread participation in poor nursing care. *Journal of Advanced Nursing*, 71(4), 768-776.
- Rolfe, G. (2014). Foundations for a human science of nursing: Gadamer,Laing, and the hermeneutics of caring. *Nursing Philosophy*,1-12. doi: 10.1111/nup.12075
- Royal College of Nursing (2013). Response of the Royal College of Nursing. London, UK.
- Schofield, B. (2016). Compassion in nursing: a concept analysis. Compassion in Nursing: Theory, Evidence and Practice, 57.
- Walker, L. O., & Avant, K. C. (2011). Strategies for theory construction in nursing (5th ed). Philadelphia, PA: Lippincott Williams & Wilkins.
- Zamanzadeh, V., Valizadeh, L., Rahmani, A., van der Cingel, M., &Ghafourifard, M. (2017). Factors facilitating nurses to deliver compassionate care: a qualitative study. *Scandinavian Journal of Caring Sciences*. doi:10.1111/scs.12434

ABOUT THE AUTHOR



Geraldine Y. Ferreras, is an Assistant Professor II at Saint Mary's University, Bayombong, Nueva Vizcaya, where she finished her Bachelor of Science in Nursing and a Master of Science in Nursing, Major in Nursing Administration. She is both a Clinical Instructor and professor conducting

lectures at the undergraduate and postgraduate level. She is currently in the Dissertation Writing stage of the Ph.D. in Nursing program of the Saint Louis University, Baguio City, Philippines.

