Compassion in nursing 1: defining, identifying and measuring this essential quality

An outline of what compassion is, how it is an integral part of care and relates to dignity, and how it might be measured in both qualified and student nurses.
Schantz (2007) noted that there may be confusion over the exact definition of compassion because words such as caring, sympathy, empathy, compassionate care and compassion are used interchangeably.

The role played by empathy and sympathy in care provision is clarified by Dietze and Orb (2000), who argued: “Empathy and sympathy in or of themselves do not imply good therapy or care: they are simply part of the conditions required for appropriate therapeutic intervention.”

Pearcey (2007) found that student nurses considered that it was doing the little things for patients that constituted a caring approach. She offered the perspective that nursing has a functional component or “doing” role, as well as a “being” role. Ultimately, “compassion impels and empowers people to not only acknowledge, but also act” (Schantz, 2007). This involves focusing on another person’s needs and channelling the emotion generated by their predicament into an active response.

There appear to be two elements involved in professional caring: instrumental caring, which includes the required skills and knowledge; and expressive caring, which involves the emotional aspects. Expressive caring changes nursing actions into caring (Woodward, 1997). This could help to explain why some nurses are technically competent, but do not seem outwardly compassionate.

However, Roach (2002) considered compassion—along with confidence, competence, conscience, commitment and comportment—as one of the six core elements of caring. If nurses claim to genuinely care for their patients, then without compassion, their caring may be incomplete and lacking.

IDENTIFYING AND MEASURING COMPASSION
Educators have the responsibility of identifying applicants to nurse education programmes who are compassionate or who have the potential to become compassionate nurses.

This is problematic because exactly what constitutes compassion is not clear, and trying to identify evidence of compassion in applicants is difficult. Evidence that an applicant has compassion can be sought from statements on caring made on an application form, or possibly provided by a referee.

Even having selected candidates who display the necessary qualities is no guarantee that, at the end of a pre-registration course, they will still have these qualities. During educational programmes, students’ values may be influenced by the informal curriculum (Johnson, 2008).

Teachers and mentors in both clinical and more formal educational environments may impart their own values and it is usually assumed that these influences will be negative, leading to “compassion fatigue” or burnout. This is thought to result from exposure to the realities of professional life, including trying to meet patients’ needs while coping with the demands of the service and managers (Johnson, 2008).

Apart from the difficulties in attempting to recognise and develop compassion in applicants and students, there are difficulties and possibly dangers in measuring the compassion shown by nurses. The consequences of measuring compassion needs serious consideration before any attempt is made to rate or judge nurses because compassion is viewed as part of being a human (Proctor, 2000).

If a measurement tool indicates that a team of nurses lack compassion, this equates to saying they lack a fundamental human quality (Schantz, 2007), which could have significant negative consequences for individual team members.

WHAT LEVEL OF COMPASSION DOES THE PROFESSION EXPECT?
Student nurses are assessed on their ability to provide compassionate care in practice.

The NMC (2007) identified compassion, along with “care and communication” as an essential skills cluster that complements the proficiencies student nurses are required to achieve to register. The essential skills cluster states that student nurses need to provide competent and confidential care, treat patients like partners and in a dignified manner, and provide care without discrimination in a warm, sensitive and compassionate way.

It seems entirely appropriate for a caring-based discipline such as nursing to specify the fundamental elements needed for professional practice. The problem remains that, in the absence of clear, observable behaviours and traits that are agreed as reliable indicators of compassion, mentors will struggle to make judgements about what constitutes compassion in the next generation of nurses.

Mentors also face the difficulty common to all nurses of deciding what compassion really is and, consequently, their judgements about the suitability of student nurses to join the register could be influenced by subjective views about compassion in practice.

Registered nurses are guided by the NMC’s (2008) code of conduct, which demands that they respect the dignity of those receiving care. The concept of dignity, like compassion, is abstract and difficult to measure (Fenton and Mitchell, 2002).

Compassion is viewed as an integral part of dignity (RCN, 2008) and nurses’ compassion plays a major role in providing dignified care to patients. Compassionate care enables patients to remain independent and retain their dignity (Dietze and Orb, 2000).

CONCLUSION
There is agreement in nursing literature and practice that the delivery of compassionate care is more than the competent execution of clinical skills; it involves a “doing role” and a “being role”. Patients consider it vital that they are “cared for” and “cared about” (National Nursing Research Unit, 2008).

Nurses themselves have to appreciate that clinical practice is changing and will continue to do so, and need to recognise that advanced clinical skills and compassionate care are not mutually exclusive; high tech does not have to mean low care.

This does not ignore the fact that there are and will continue to be tensions when attempting to truly care for patients with increasing use of technology, more acutely ill patients, fewer nurses and increased managerial functions for practitioners (Corbin, 2008).

Part 2 of this unit, to be published in next week’s issue, looks at factors that influence compassion in clinical practice.
REFERENCES


NMC (2007) Essential Skills Clusters (ESCs) for Pre-registration Nursing Programmes. London: NMC. tinyurl.com/essential-skills


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