



## Development and validation of an instrument to measure nurses' compassion competence



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### ABSTRACT

**Aim:** To develop and psychometrically validate the Compassion Competence Scale.

**Background:** Compassion is a vital asset in the nursing profession; thus, it is necessary to develop a suitable instrument for assessment.

**Methods:** The 49-item preliminary instrument was developed using concept analysis (hybrid model). Content and face validity were confirmed by 10 experts and 10 nurses, respectively, and the number of items was reduced to 18. The tool was tested on 660 nurses working at three tertiary hospitals in South Korea in 2013.

**Results:** We selected 17 items for the final scale and extracted three factors (variance explained: 55.9%): communication, sensitivity, and insight. Correlations with the Emotional Competence Scale (.68), Compassionate Love Scale (.62), and Interpersonal Reactivity Index (.41) supported the scale's convergent validity. The reliability (Cronbach's  $\alpha$  and test–retest reliability) was acceptable.

**Conclusions:** The Compassion Competence Scale is a simple, effective screening tool for identifying compassion competence among nurses.

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Compassion can be defined as a deep awareness of and strong willingness to try to relieve others' suffering (Chochinov, 2007). In nursing, compassion is not limited to empathizing with patients' struggles but also means empowering them through appropriate nursing care (Dewar & Cook, 2014). By allowing nurses to understand patients' physical, spiritual, and emotional difficulties, compassion can influence responses to patient needs (Boyle, 2011; Davison & Williams, 2008). Thus, compassion can be considered a vital asset in the nursing profession (Burnell, 2009; Cornwell, Donaldson, & Smith, 2014; Öhlén & Segesten, 1998).

Compassion is a key criterion contributing to patient satisfaction with nursing care (Halldórsdóttir, 2000; Hill, 2010; Mooney, 2009; Sitzia & Wood, 1997); moreover, the characteristics of a good nurse include consideration, respect, and intimacy based on compassion (Jo, Hong, Han, & Eom, 2006). Thus, compassion allows nurses to not only establish a therapeutic relationship with patients but also provide high-quality nursing care (Dewar & Nolan, 2013). Recently, there has been a global increase in interest in compassion in the care context (Bramley & Matiti, 2014; Department of Health & NHS Commissioning Board, 2012). Nevertheless, no general agreement has been reached

regarding the criteria and methods to measure compassion competence in nurses (Proctor, 2007; Youngson, 2011).

The particular behaviors that cause patients to perceive nurses as compassionate have not been definitively examined among nurses and medical professionals (Von Dietze & Orb, 2000), and there is little research on the skills required for nurses to provide compassionate care (Schantz, 2007). *Competence* is a person's capacity to successfully perform the roles expected of them in a societal sense (Rychen & Salganik, 2001). Similarly, *professional competence* is habitual, and involves the judicious use of theoretical knowledge, practical skills, communication, clinical reasoning, emotions, values, and reflection in daily practice (Epstein & Hundert, 2002). In line with this, nurses must possess certain competencies, comprising knowledge, skills, and attitudes, to provide high-quality care based on patient demands (Scott Tilley, 2008). Thus, we conducted a concept analysis using a hybrid model to clearly understand the concept of compassion competence for nurses. This allowed us to not only identify theoretical phenomena that are important to nursing via an analysis of the available literature, but also collect empirical data via clinical fieldwork. As such, concept analysis is considered appropriate for eliciting concepts from nursing practice (Schwartz-Barcott & Kim, 2000).

In addition, an instrument measuring compassion competence based on the relevant knowledge, skills, and attitudes for nursing practice must be developed. Such an instrument would enable accurate evaluation of compassion competence in nurses, which would in turn aid educational efforts in improving nurse compassion and thereby encourage better quality nursing care. Using the definition and attributes

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derived from the hybrid model, we developed such an instrument to measure compassion competence in nurses.

**1. How to measure nurses' compassion competence**

Previous work on the development of measures of compassion has been limited to the Compassion Scale (Martins, Nicholas, Shaheen, Jones, & Norris, 2013) and Compassionate Love Scale (Sprecher & Fehr, 2005), which were tested on university populations. However, as reported by Yeo (2012), nurses' compassion has been measured in multidimensional ways since the 1980s. The Empathy Construct Rating Scale (La Monica, 1981) is particularly common in nursing research and is designed to measure individuals' cognitive attributes and communicative skills in relation to empathy (Yu & Kirk, 2009). However, this instrument is limited in that the only behavior it measures is nurses' communication skills (Yu & Kirk, 2009), while compassion in nursing includes other behaviors, such as recognizing and exhibiting sensitivity to patients' distress and acting to ease their difficulties and increase relief (Burnell, 2009). Therefore, evaluations of compassion competence in nurses must comprehensively assess related behaviors.

**2. Methods**

*2.1. Study design/research approach*

We developed and validated in three phases the Compassion Competence Scale (CCS) for use with practicing nurses in Korea (see Fig. 1).

*2.2. Phase one: Concept analysis of compassion competence*

Phase one involved construct identification based on concept analysis, using the three phases (theoretical, fieldwork, analytical) of Schwartz-Barcott and Kim's (2000) hybrid model.

In the theoretical phase, we carried out a thorough review of the literature, focusing on the attributes of nurses' compassion competence, measurement methods, and relationships among relevant concepts. We entered main concept subject terms, such as "compassion," "compassion competence," and "compassionate care," into scholarly databases, including the Cumulative Index to Nursing and Allied Health Literature, Ovid MEDLINE, PubMed, Embase, and Google Scholar. The scope of literature considered included dictionaries, theses, journal articles, and books. The area of study was mainly nursing but also included various other related disciplines, such as medical science, business administration, sociology, and education. The publication period of the literature considered ranged from 1986, when the term "compassion competence" was first used by McCartney, to October 2013. Those for which full texts were available in Korean or English were selected, titles and abstracts were reviewed to include only those that included a definition of the term "compassion," and then the 23 records that reported the conceptual definition and attributes of "compassion competence of nurses" were included.

Based on the previous literature, the conceptual definition of compassion competence was as follows: first, nurses who have respect for and can empathize with patients based on their professional nursing knowledge. Second, nurses who can connect and communicate with patients emotionally and with sensitivity and insight, based on their experience and knowledge. Third, nurses who put constant effort into self-

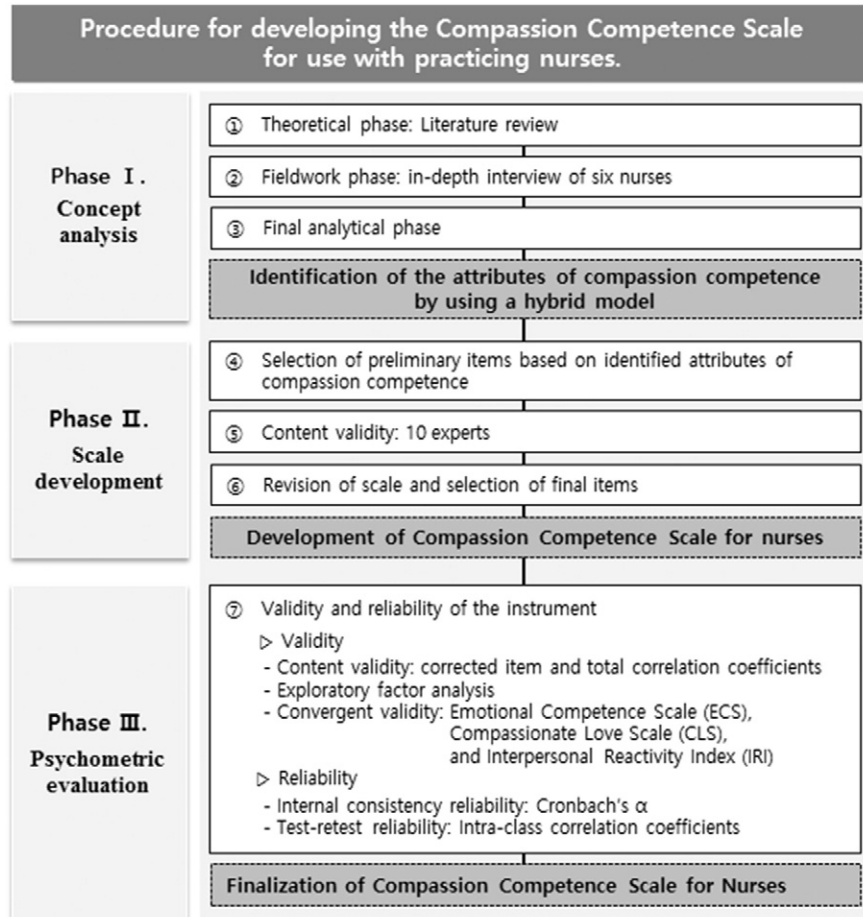


Fig. 1. Research procedure.

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