Nurse Education Today 34 (2014) 1253–1257

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Compassion: The missing link in quality of care

Margreet van der Cingel *

University of Applied Sciences Windesheim, Campus 2-6, P.O. Box 10090, 8000 GB Zwolle, The Netherlands

ARTICLE INFO

Article history:
Accepted 17 April 2014

Keywords:
Compassion
Quality of care
Older people
Chronic disease
Evidence based practice
Professional behavior
Nursing theory
Nurse–patient relationship

SUMMARY

This article discusses the impact of selected findings from a PhD-study that focuses on compassion as a guiding principle for contemporary nursing education and practice. The study, of which the literature review and empirical findings have already been published, looked at compassion as perceived within the relationship of nurses and older persons with a chronic disease. The patient group was chosen because daily life for them is characterized by long-term dependency on care. The literature review resulted in a theoretical framework of compassion that also explores other closely related concepts such as suffering and empathy. The empirical part of the study, in which 61 in-depth interviews and 6 group interviews with patients and nurses took place, showed that compassion is a mirroring process in response to grief. Compassion consists of seven dimensions such as attentiveness and presence, in which saliency, so as to anticipate patients' needs, is of major importance. Compassion is perceived by participants as an indispensable aspect of care, which helps to reveal relevant information in order to establish appropriate outcomes of care. This article focuses on the aspects of the PhD-study in which an analysis of compassion in the context of both modern as well as the history of nursing took place. Currently evidence based practice is regarded as the standard for good quality care. Nevertheless there is an on-going debate about what constitutes good quality care. Within this debate two opposing views are apparent. One view defines good care as care supported by the best scientific evidence. The other view states that good care takes place within the nurse–patient relationship in which the nurse performs professional care based on intuitive knowing. It is suggested that compassion is the (missing) link between these views.

Introduction

Compassion is a phenomenon that has increasingly received worldwide attention over the last decade both in public debate and the healthcare sector. The well-known American philosopher Martha Nussbaum discusses compassion at length in her 2001 book on the intelligence of emotions (Nussbaum, 2001). She claims, based on an Aristotelian view of suffering and what suffering evokes, that compassion originates in the idea of 'the eudemonistic argument'. People know that fate can strike them as it has struck the one they feel compassion for. Recognizing a general human vulnerability calls for compassion. Another well-known scholar who pleads for compassion is the British literary scientist Karen Armstrong. She initiated a Charter for Compassion and in her book has touched a chord with healthcare professionals (Armstrong, 2011). The charter inspired healthcare workers to bring back compassion to healthcare organizations (www.compassionforcare.com). Armstrong claims compassion to be equal to a form of consistent altruism, specifically visible by practicing 'the golden rule: do not treat others as you would not like them to treat you'. Other authors, such as care ethicists and nurse scientists, plead for compassion to be the central focus of care and specific quality for nurses and professional carers (Baart and Grypdonck, 2008; Chambers and Ryder, 2009; Schantz, 2007; Paterson & Zderad, 1988).

Compassion is not a new phenomenon in either nursing practice or theory. Implicitly compassion is present in the foundations of modern nursing, thanks to nursing pioneers who already practiced compassion in their work, specifically theorists who leaned on humanistic theories (Meleis, 2007; Paterson & Zderad, 1988). From Nightingale to dozens of modern nursing theories, aspects of compassion can be found (Van der Cingel, 2012). Obviously, there is a need for compassion as a guiding principle for healthcare practices. Nevertheless, compassion as a concept is not easily found in nursing curricula or in the body of knowledge on which nursing curricula and practice are based. Why is that? One answer could be that we do not appear to have a real grip on what compassion is. We do not have much of an idea of the significance of compassion to people who need care and to nurses themselves. Before we can plead for compassion as something to strive for in education and practice, we need to know what compassion is.

The empirical study 'Compassion in care', which was published in 2011 and is part of the thesis 'Compassion in Nursing Practice, a guiding principle for quality of care', offers insight into recent experiences and contemporary opinions on compassion from nurses and older people

* Corresponding author. Tel.: +31 627100950 (mobile).
E-mail addresses: cjm.vander.cingel@windesheim.nl, margreetvandercingel@gmail.com.

http://dx.doi.org/10.1016/j.nedt.2014.04.003
0260-6917/

with a chronic disease (van der Cingel, 2011). The thesis, concluded in 2012, answers questions such as 'what is compassion' and 'what is the significance of compassion for nurse education and practice?' The study aims to distinguish compassion from other concepts such as empathy and pity. It is argued that empathy is to be seen as an ability that functions as a condition for compassion. Pity differs from compassion because of negative connotations and proves to be a separate concept originating from another semantic interpretation. The thesis pleads for a formal position of compassion in nursing care as an emotion or intelligent judgment, according to the ideas of Nussbaum (2001) on emotions. Convincingly, she argues that an emotion is not simply a feeling. Her theory defines specific emotions as concepts with cognitive aspects and as 'part and parcel of ethical reasoning' (2001). The thesis describes compassion in several ways.

A literature review, published in 2009, on compassion in philosophic literature and health care sciences was undertaken (van der Cingel, 2009). Furthermore, compassion is studied within theories of nursing to find out the way in which it has been described since Nightingale. Last but not the least, compassion has been studied empirically. In a qualitative study, a total of 51 nurses and 55 older persons with a chronic disease were interviewed individually and in focus-groups. In the individual interviews, questions concerned the nature and significance of compassion, while compassion in the nurse–patient relationship was the focus of attention in group interviews attended by both nurses and patients. Compassion is, according to the study participants, to be interpreted as a phenomenon of moral relevance for the health care sector. Compassion offers nurses and other caregiving professionals a real alternative for the performance of good care.

This article will not describe at length the literature review, the results of the empirical study, nor the study of compassion in nursing theories since Nightingale. However, the results and conclusions of the thesis, as a whole, offer insights for further debate on the connection between compassion and good quality care. These insights have the potential to inform a renewed notion of the importance of compassion for nursing education and practice. There are three issues that stem from perspectives described in the thesis which are relevant to the argument in this article. Two of these issues concern a critique of aspects of both Nussbaum's as well as Armstrong's theories of compassion. The third issue concerns a short explanation on how compassion as a concept is being confused with servility or servitude because of the historic context in which modern nursing came to be a profession. The article specifically discusses the relevance of compassion for quality of care and pleads for a formal place for compassion as a leading concept in nursing practice and curricula. Compassion should be discussed with student nurses and nurses in practice, not as a personal quality that a nurse or student-nurse happens to have or not have, but as an empowering characteristic that nurses need in order to perform good care. This, of course, evokes one of the central questions of this Special Issue, whether or not nurses can learn to feel compassion and act likewise.

The article first describes these three issues, followed by a brief summary of the results of the empirical study, consisting of both individual interviews and focus-groups on compassion. These results describe the seven dimensions of compassion. The article then focuses on compassion in the nurse–patient relationship and specifies how compassion can be developed as a competence for nursing students and nurses, provided a basic empathic ability is present. The article concludes by offering an insight into the close relationship between evidence based practice, compassion and excellence of care.

Perspectives on Compassion in History and Today

The literature review shows that the concept of compassion and an exploration of its nature has been an object of study by contemporary philosophers and scientists (van der Cingel, 2009). But actually, compassion has been deliberated by scholars since Aristotle's days (384–322 BCE). This is not surprising, since compassion is found in all major religions and ethical and philosophical traditions of the world. In this section three perspectives on compassion and their implications for nursing are discussed.

Compassion, A Judgment in Tragedies of Life

One of the most influential philosophers today, Martha Nussbaum (2001), argues that compassion as an emotion should make a contribution to debates on ethical questions because of the normative evaluation and informative role compassion plays in human tragedy and suffering. Nussbaum's perspective shows that compassion is a response to human suffering. Therefore compassion is of major significance for nursing and other healthcare professions. In her eloquent way Nussbaum explains how compassion is an intelligent judgment when fate strikes and people find themselves in tragic circumstances. Compassion is the correct evaluation in answer to suffering when you are the one who is not in bad circumstances (Carr, 1999). However, one aspect of her argument is disturbing to a major principle of professional nursing. Nussbaum claims that compassion has a specific condition, the condition of an undeserved fate. Only when suffering is undeserved, compassion is the correct response (Tudor, 2001). An undeserved fate implies that there can also be such a thing as a deserved fate. This may be logical reasoning for scholars who argue from a position of justice. But compassion does not need to be based on judgments of right or wrong when it comes to care. Nurses do not need to judge as judges do. On the contrary, in order to care, it is necessary to withhold one's judgment on right or wrong behavior. To care for someone implies that you can take care and therefore are in a position to help someone who is in need. In the act of caring you are able to put the interest of someone who is in need first. This view is supported by professional ethics of care which prescribes the right of equal treatment to everyone who needs care (ICN, 2010). It is a fundamental principle in health care to guarantee equal treatment of all patients. If compassion is to be acknowledged as an important aspect of the concept of care, compassion needs to be unconditionally available towards everyone who suffers. Whether or not their suffering stems from right or wrong behavior is irrelevant. Nussbaum's condition violates this rule and therefore puts healthcare professionals in an awkward position. That is not to say that Nussbaum's explanation of compassion cannot be supportive of nursing, it is. Her statement on compassion as a judgment, an intelligent evaluation of a human condition and tragic circumstances offers insight and is of great help in specifying professional conduct. Compassion seen as such a judgment is helpful for nurses. However, compassion can never be a judgment of right or wrong for those who help according to a professional ethics of care.

Compassion, 'The Golden Rule'

Another influential public figure on the subject of compassion is Karen Armstrong (2011). She proposes the 'golden rule' to be a leading principle for our behavior towards one another. Compassion, from her perspective, signifies acting in accordance to this rule. Armstrong stipulates that the 'golden rule' can be formulated in a negative as well as in a positive way: 'always treat others as you would wish to be treated yourself'. More than one study on compassion however, including the empirical study of the thesis discussed in this article, show the positive version of this rule to be false and even contradictory to compassion. As mentioned earlier, we need empathy, the ability to recognize human vulnerability as a vulnerability we each have, in order to have compassion with others. When I am able to see what suffering would do to myself I can see the significance of suffering for someone else. But there is a danger in this argument, and that is the danger of projection. Is this not because the main characteristic of compassion is to focus on the misery of the one who is suffering, instead of being focused on yourself? So there is the challenge that lies at the heart of compassion.