



Review

Qualities, teaching, and measurement of compassion in nursing: A systematic review

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ABSTRACT

Background: Compassion has global implications for nursing care. However, failure to provide compassionate care is reported by patients. Nursing and nurse education have been scrutinized about the impact training can have on student's compassion. Furthermore, there is a paucity of standardised measures to assess levels of nurses' compassion.

Objectives: To identify (1) the qualities of a compassionate nurse, (2) how compassion is taught to nursing students, and (3) the instruments used to measure compassion in nursing.

Design: Systematic literature review.

Data Sources: CINAHL, EBSCO, SCOPUS, PubMed, Ovid Nursing.

Search Methods: A systematic review of published research was conducted with. No limitations in the search timeframe were used. Articles were included if they were (1) nurses (2) nursing students (3) educators and (4) patient groups, (5) written in English. Articles that were, peer reviewed, research articles, or articles grounded in evidence based practice were also included.

Results: Fourteen studies (6 UK, 3 USA, 2 Canada, 1 Korea, 1 Thailand, and 1 Netherlands) identified eleven characteristics of a compassionate nurse. Two UK and one Australian study investigated teaching compassion to nursing students. Four articles reported on instruments used to measure compassion in nursing. Three were American, and one Korean.

Conclusion: This review identified only 21 papers overall. Several qualities of a compassionate nurse were found. In addition, few studies have explored how compassion is taught to nursing students. Also, there are a limited number of instruments for measuring compassion in nursing. More research is needed in nurse education to develop a teaching approach and psychometric measure for nurses' compassion.

1. Introduction

Compassion is recognised internationally as one of the five professional values all nurses must demonstrate (International Council of Nurses, 2012) featuring in the ethical guidelines for nurses around the world (American Nurses Association, 2015; British Medical Association, 2011; Canadian Nurses Association, 2008; Nursing and Midwifery Council, 2015; Nursing and Midwifery Board of Australia, 2008). However, failure to provide compassion is often reported by patients (Darzi, 2008; Francis, 2013; Health Service Ombudsmen, 2011; Lown et al., 2011).

2. Background

A series of high profile reports in the UK suggested that nurses

should be recruited based on the attitudes, values and behaviours of compassionate care (Francis, 2013). Yet the concept of compassion and compassionate behaviour are poorly defined in the current nursing literature (Adamson and Dewar, 2011; Dewar et al., 2014; McCaffrey and McConnell, 2015; Kenny, 2016), nor has there been an adequate explanation for what constitutes bad practice (Waugh et al., 2014). Subsequently, a number of studies have attempted to conceptualise compassion in healthcare (Sinclair et al., 2016a), with, compassion, empathy and kindness often cited as desirable nursing qualities (Lyneham and Levett-Jones, 2016; Pitt et al., 2014). Empathy, pity and sympathy are often confused for compassion, when in fact they are separate entities in their own right (Jull, 2001; Von Dietze and Orb, 2000). Whilst empathy serves as a conduit for compassion (Van der Cingel, 2014), sympathy and pity contain negative undertones (Jull, 2001; Wispé, 1986) that can create thoughts of “rather than me”

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in nurses (Von Dietze and Orb, 2000). These misunderstandings can prevent organisations and educators from both teaching and measuring compassion to staff and students (Davidson and Williams, 2009), and the true essence of compassion becomes lost when used interchangeably within nursing discourse (Schantz, 2007). Papadopoulos and Ali (2016) cited qualities such as being empathic, being a good communicator and “going the extra mile,” as measurable criteria for nurse’s compassion.

There is an expectation for nurse educators to produce nurses who are both compassionate and intellectual, despite increasing constraints on teaching (Curtis, 2013). Many suggest that evidence based methods for teaching compassion should be developed and tested (Firth-Cozens and Cornwell, 2009; Dewar et al., 2010; Richardson et al., 2015). However, Straughair (2012) suggested that the current education system might actually erode nurses’ compassion. Whilst knowledge, understanding and nursing experience are vital elements that impact on a nurse’s ability to deliver compassionate care (Jones et al., 2016), there is little to assess the impact education and training has on nursing students’ compassion and mental wellbeing (Bray et al., 2014; Bjerknæs and Bjork, 2012; Crawford et al., 2014; Curtis et al., 2012; Maben et al., 2010; Durkin et al., 2016). Critically, some argue whether or not compassion can be taught to nurses, or if it is an innate quality they possess (Bray et al., 2014). Others suggest it can include both, with baseline qualities developed through reflective learning and practice (Sinclair et al., 2016a). Nevertheless, compassion should be discussed with nurses and nursing students as an “empowering characteristic that nurses need in order to perform good care” (Van der Cingel, 2014, p. 1254).

Compassion is usually measured through patient feedback, formal audits, and discussions between staff and practice leaders (Dewar et al., 2011). Conversely, Bradshaw (2009) argues that in attempting to measure compassion, nursing will lose the essence of care. Several studies have explored interventions for compassionate nursing care, finding that the associated terminology is unstable and none have provided sufficient results to warrant implementation into mainstream practice (Blomberg et al., 2016).

3. Objectives of the Review

The objectives of this systematic review were to investigate the quality of the literature relating to the following questions.

- I. What are the qualities of a compassionate nurse?
- II. How is compassion taught to nursing students?
- III. What types of instruments are used to measure compassion in nursing?

4. Design

To address these questions and assess the effectiveness of the literature a systematic review of published research was conducted between July and August 2016 following published guidance for undertaking reviews in healthcare (Centre for Reviews and Dissemination, 2009).

5. Search Methods

Inclusion criteria were (Box 1):

Studies were identified from the CINAHL, EBSCO, SCOPUS, PubMed, and Ovid databases. No limitations in the search timeframe were used. Each database was searched using the following search terms: “compassion in nursing”, “compassion qualities and nursing”, “qualities of compassion”, “qualities of a compassionate nurse”, “components of compassion”, “compassion and nursing students”, “values of compassion”, “nurses training and compassion”, “nurses education and compassionate care”, “nursing students training and compassionate care”,

“nursing students education and compassionate care”, “measuring compassion in nursing”, “measuring compassionate care in nursing”. To refine the search the following related words were applied using the advanced search options, “nurses”, “education”, and “psychology”.

6. Search Outcomes

The search produced a total of 4243 articles. After the study selection process 20 articles remained. The full study selection process is presented in Fig. 1.

7. Quality Appraisal

Three reviewers screened and rated each paper independently. Data were abstracted using the Standard Quality Assessment Criteria for Evaluating Primary Research Papers. Each paper was scored accordingly following the criteria set out for collecting either qualitative (10) or quantitative data (14) collection methods (Kmet et al., 2004). Each of the review team scored the papers between 10% and 90%. Several meetings were held between the team to discuss ratings, and make decisions on final inclusion. After discussions, papers were included that fell above the agreed cut-off point of 65%. This fell in-between the somewhat “conservative” (75%), or “liberal” (55%) cut-off point (Kmet et al., 2004). One of the studies (Minogue, 2015) that did not meet the criteria (5%) was excluded.

8. Data Abstraction and Synthesis

A meta-analysis was not possible due to the heterogeneity of studies reviewed. Therefore, findings are presented in narrative format. Data were abstracted using descriptive information based on country of origin, sample, sample size and data collection, plus aim(s) of study (see Tables 1, 2, & 3).

9. Results

The design of the review followed the recommended criteria outlined by PRISMA (Liberati et al., 2009) seen in Fig. 1.

9.1. What Are the Qualities of a Compassionate Nurse?

Fourteen studies from six countries were identified that met the criteria: the United Kingdom ($n = 6$), the United States of America ($n = 3$), Canada ($n = 2$), Korea ($n = 1$), Thailand ($n = 1$), the Netherlands ($n = 1$). Twelve used qualitative methods, one quantitative and another mixed methods. From these, the following eleven characteristics of a compassionate nurse were identified (Fig. 2):

9.1.1. Character

Pre-registration nurses understood compassion as an act of warmth (Bray et al., 2014). Kneafsey et al. (2015), added that being genuine and kind was also thought of as being compassionate. Additionally, honesty, trust, value, respect, sympathy, openness, kindness, genuineness, authenticity, acceptance and loving concern were important qualities for a compassionate nurse to have (Lundberg and Boonprasabhai, 2001; Perry, 2009; Sinclair et al., 2016b; Badger and Royse, 2012). Caring was also the major theme found by Kret (2011) whilst a study of Dutch nurses associating compassion with the characteristic of a helping attitude (Van der Cingel, 2011).

9.1.2. Connecting to and Knowing the Patient

Nurturing a natural humanistic connection to patients was considered compassionate (Peters, 2006). Badger and Royse (2012) found that patients recalled feeling like a person when a nurse said “good morning” to them. Bramley and Matiti’s (2014) study found that getting to know the patient helped nurses understand each patient’s individual

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