

Influencing Factors and Outcomes of Compassionate Nursing Care

Jismon Mathew George¹, Dr A. K. Paul²

¹Assam Don Bosco University, Assam, India
jismonmg[at]gmail.com

²Dharmaram College, Bengaluru, Karnataka, 560029, India

Abstract: *Compassionate nursing care, as a manifestation of human connection and caring, enables nurses to get to know their patients and provide meaning and direction to their decisions and actions, as demonstrated by attitudes and behaviours. Despite this, a lack of compassion is identified as the primary cause of poor healthcare quality worldwide. This is because most healthcare organisations around the world disregard compassion, and there is a lack of understanding about factors that could aid and inhibit nurses from providing compassionate nursing care in today's healthcare contexts. Using a narrative literature review, this paper seeks to provide an overview of the topic of compassion in healthcare to identify the influencing factors and outcomes of compassionate care as understood and examined by diverse groups of researchers.*

Keywords: Antecedents, Consequences, Compassionate Nursing Care

Highlights

- Compassionate nursing care improves quality care, but a lack of compassion is the primary cause of poor-quality care
- Compassion is a dimension of nursing care that is taken for granted, and there is a lack of understanding about it among nurses
- Identifying the influencing factors of compassionate nursing care will assist caregivers in providing it effectively
- Compassionate nursing care has a variety of effects on patients, nurses, and healthcare organisations

1. Introduction

Compassion in healthcare is a response to suffering, a universal expression of human connection and caring^{1,2}. As an expression of human connection and caring, compassion enables nurses to get to know their patients and offer meaning and direction to their decisions and activities, as indicated by attitudes and behaviours (Department of Health, 2012; Schantz, 2007). Compassion is mentioned frequently in the nursing field⁵; most valuable asset of a nurse⁶; a motivator for many nurses to select nursing as their profession⁷. Nonetheless, a lack of compassion is cited as the primary cause of poor healthcare quality worldwide^{8,9}. This is since most healthcare organisations around the world ignore compassion; compassionate nursing care research is not promoted in the context of everyday healthcare and nursing practice; and there is a lack of understanding about aspects that could help nurses provide compassionate nursing care in today's healthcare environments^{4,10-13}. Using the semi-systematic or narrative literature review, this paper attempts to overview the topic of compassion in healthcare to detect the influencing factors and outcomes of compassion which have been conceptualised differently and studied by various groups of researchers¹⁴. This review thus aims at detecting the antecedents and consequences of compassionate care.

2. Antecedents of Compassion in Nursing Care

2.1. Innate qualities

To provide compassion, nurses must have a combination of innate talents and attributes such as motivation, sensitivity, sympathy, distress tolerance, empathy, and the ability to be non-judgmental¹⁵. Along with these baseline qualities, patients, family, and caregivers have highlighted respect, dignity, care, and kindness embodied within the care providers as antecedents to compassion¹⁶⁻¹⁸. However, opinions differ on whether compassion is better understood as a teachable trait that can be developed through training or an inherent quality that caregivers possessed before their healthcare training^{16,19}.

2.2. Personal experiences

Nurses' personal experiences, both within and outside of official healthcare training, were highlighted by healthcare students and professionals as essential factors that enhance their capacity for compassion²⁰. Illness in personal life or family illness, family upbringing, personal development, preclinical education, faith, and compassion recipient experiences are all factors to consider as influencing factors²¹⁻²⁴.

2.3. Choice of the nursing profession

The personal choice of the nursing profession is an influencing factor nurses use to get engaged in a responsible, practical relationship with patients. Choosing the nursing profession, nurses make a free choice to be attentive and involved in a relationship with patients motivated by a genuine self-giving response^{25,26}. When nurses make a personal choice, their compassionate care delivery becomes a virtue²⁷. It becomes an internalised attitude to be acquired and cultivated rather than a natural subjective emotion^{20,28-30}. In this sense, a nurse is a person of virtues and living a

virtuous life, as Florence Nightingale called a nurse 'a good woman' (Shea et al., 2014).

2.4. Nursing education and clinical training

Training and education on compassion are essential as they enhance nursing care quality^{32,33}. To enhance compassion, compassionate nursing care education early in the nursing career is emphasised as a critical antecedent^{34,35}. Nurses regard compassion as a vital skill in their healthcare education; yet, once in clinical practice, they felt inadequately equipped to offer compassionate nursing care³⁶. This is confirmed in several nursing research which refers to the disparity between classroom instruction and clinical experience^{19,37-39}. During training, nurse educators should consider the clinical training environment, which may positively and negatively impact nurses²⁰. Suboptimal training environments, lack of mentoring, emphasis on knowledge-based competencies overshadow compassion development during the training^{19,39}. Instead of direct teaching methods, compassion training should adopt insights, experiential learning and example sharing¹⁵. Self-reflection is another method to develop compassion skills^{38,40}. Compassion education should be a central tenet of healthcare education¹⁹. Nurses should also be offered continuing education programs⁴¹.

2.5. Self-compassion

Another antecedent is self-compassion, which is defined as being open to and moved by one's suffering, feeling caring and kindness toward oneself, having an understanding, non-judgmental attitude toward one's flaws and mistakes, and understanding that one's experience is part of the shared human experience^{42,43}. It was developed by Kristin Neff using a Buddhist model of self-compassion. It has three major dimensions:

- *kindness* – understanding one's difficulties and being kind and warm in the face of failure or setbacks rather than harshly judgemental and self-critical;
- *common humanity* – seeing one's experiences as part of the human condition rather than as personal, isolating and shaming;
- *mindfulness acceptance* – awareness and acceptance of painful thoughts and feelings rather than over-identifying them⁴⁴.

2.6. Suffering

Suffering is what 'initiates' compassion, which is not intuitive and necessitates an intellectual knowledge of the nature of suffering⁴⁵. Suffering and the capacity to recognise it is also considered an antecedent of compassionate nursing care^{4,46-48}. Similar concepts like 'needs'⁴⁹, 'need and distress'⁵⁰, 'vulnerability'^{12,46,51}, sorrow and pain^{4,52} are also considered influencing compassionate care.

2.7. Competency and skills

Nursing, a unique and complex discipline that has been described as both a science and an art⁵³, requires a range of specialised competencies and skills⁵⁴⁻⁵⁶. Nurses must

possess specific competencies, knowledge, skills, and attitudes to provide high-quality care based on patient demands⁵⁷. Compassion capacity among nursing professionals is a barometer of a healthcare organisation and system⁴⁹. But it remains a challenge in applying the critical perspectives, knowledge, skills, and behaviours that have been taught and learned regarding compassion⁴¹. Several studies emphasised the development of competency and skills in areas that impacted compassionate nursing care^{19,24}. These skills are interpersonal, informational or communication, verbal and nonverbal skills for nurses to promote compassionate care⁹.

2.7.1. Relational skills

Studies identified specific relational skills, including getting to know the patient, feeling the patient's suffering, identifying with and liking patients, and demonstrating respect as antecedents for compassionate care^{16-18,22,23}. According to patients and doctors, engaging the patient as a person with distinct needs is a hallmark of compassionate nursing care^{16,58-61}. For a healthcare provider, considering the patient as a person is putting oneself in the 'shoes of the patient'^{16,61,62} and acting in the best interest of the patient⁶³.

2.7.2. Communication skills

Many studies identified specific communication skills as antecedents for compassionate care: attentiveness, listening, understanding, confronting or mindful listening^{16,22,23,59,60,63,64}. Noticing⁶¹ or sitting with patients' suffering^{23,64}, showing understanding^{22,40,61} and non-verbal elements such as effective use of silence, listening, posturing, and tone of voice are all elements of compassionate communication^{22,65}.

2.8. Work environments

Compassionate nursing care is provided in the context of various healthcare delivery systems, surroundings, and cultures, not in a vacuum⁶⁶⁻⁶⁹. Working environments are essential for practising relational approaches to care^{12,70-72}. Addressing these workplace factors would help managers, policymakers and healthcare workers to provide a supportive and enabling environment for compassionate nursing care¹². Unfavourable work environments can undermine staff nurses' total capacity to provide excellent care⁷³. But a supportive work environment helps achieve high-performance nurse workforces⁷³⁻⁷⁶. However, there is a lack of clear perception and awareness among the caregivers about the organisational characteristics that support or discourage compassionate care⁷⁷.

Healthcare providers are often undermined by impersonal performance targets, staffing shortages, bureaucracy and neglectful management cultures⁷⁸. High outcome focus⁷⁹, judgmental attitudes, absence of role models, emotional pressures, workload, limited privacy, technological dominance⁸⁰, limited budgets, understaffing⁸¹, low autonomy, lack of social support and feedback⁸², inadequate staffing and resources, production-line mentality, paperwork and processing, needless litigations, limited time⁷⁹, financial targets⁸² may hinder compassionate nursing care in the organisational level. Other factors include a lack of time, support, staffing, and resources^{23,60,83}; focus on litigation,

metrics, efficiency, and economics^{19,37,38}; negative workplace culture;^{36,37}; external distraction, difficult patients or families, and complex clinical situations³⁶.

2.9. Organisational leadership and culture

Compassionate nursing care becomes part of an organisational culture only when healthcare leaders start and nurture a culture of compassion that actively supports, develops, and recognises the role of compassion in day-to-day management and practice⁸⁴. Healthcare organisational cultures with a clear vision, value base, and philosophy will significantly impact the delivery of compassionate care⁸⁵. Compassionate leaders create compassionate organisations⁸⁶. Leaders' behaviour – top to bottom and end to end, individually and collectively – powerfully determines whether care quality is the priority⁸⁷. In practise, compassionate leadership entails leaders listening intently to those they lead, coming to a shared understanding, empathising with and caring for them, and then taking action to assist or support them⁸⁸. An overall nursing philosophy that highlights the need for compassionate care is also essential⁸⁹. Hence, leadership and culture in healthcare organisations can be antecedents influencing compassionate nursing care.

2.10. Nursing leadership

Nurse managers are essential in fostering organisational cultures on a micro-level in practice areas (Norman 2015). The supportive role of the nursing leadership in decisions makings, allowing mistakes as opportunities, understanding nurses and recognising a well-done job help develop compassion in nursing care⁸⁹. Nurse managers' ability to support nurses when there is a conflict with a physician and when nurses make mistakes and praise and recognise a job well done will also facilitate compassionate care⁸⁹.

2.11. Teamwork

A collaborative team with supportive leadership as a role model is essential for creating a suitable environment for compassionate nursing care⁹⁰. It requires a multidisciplinary team mentality to provide compassionate nursing care^{91,92}. Teamwork should be emphasised across the different levels of the organisation⁹³.

2.12. Compassion Practices

Rewards, perquisites, individual awards, team awards, receiving and providing feedback are important ways to help healthcare personnel understand compassionate nursing care⁹⁴. Compassion practices are organisational practices that reward and recognise workplace care and consideration (e.g., compassionate caregiver awards) and provide compassionate support to healthcare professionals to help them cope with workplace stressors^{95,96}. Healthcare providers should be rewarded for compassionate nursing care practices than punished (Schwartz Centre for Compassionate Healthcare, 2015). Rewarding compassionate acts also fosters empathic concern that enables caregivers to quickly notice the struggles⁹⁸. Compassion practices improve nurses' psychological vitality

and negatively correlate with nurses' emotional exhaustion⁹⁶. Verbal recognition of compassionate behaviour also encourages compassionate nursing care⁶⁸.

2.13. Organisational Structure

The overall organisational design of compassionate nursing care and the services within which it operates also serves as an antecedent in compassionate nursing care delivery¹¹. The broader hospital context impacts compassionate nursing care⁸² and developing an organisational design will maximise the likelihood of compassionate engagement⁵².

2.14. Workplace participation

Participation in workplace affairs can be considered an antecedent that promotes compassionate care. It refers to the involvement of nurses in hospital and nursing department affairs, has opportunities for advancement, communicates openly with a responsive nursing administration, and acknowledges a powerful, visible, and accessible nurse executive⁸⁹. It has already been found out that authorities' lack of attention to nurses' needs⁹⁹, lack of a role model, focus on routines instead of nurse-patient relationship¹⁰⁰, institutional oppressions (such as hard protocols, procedures that turn nursing care into a control list, lack of available resources, prevents compassionate nursing care delivery¹⁰¹. Nurses' participation in decision making may help overcome these challenges.

2.15. Staff adequacy

Staff adequacy is a vital antecedent that refers to staff and support resources which provide quality patient care, such as spending time with patients and discussing patient care problems with other nurses⁸⁹. Nursing staff shortage has an adverse impact on health systems globally and leads to negative outcomes for patients^{102,103}.

3. Consequences of Compassion in Nursing care

Compassionate nursing care is essential for successful medical treatment and the wellbeing of healthcare professionals¹⁸. Compassion can influence healthcare practitioners' responses to patients' needs by allowing them to understand their patients' physical, spiritual, and emotional issues^{9,104}. Compassion is thought to have various consequences in healthcare, including improved clinical results, increased patient satisfaction with services, and improved quality of information gathered from patients^{22,105}. Clinical outcomes comprise control of chronic conditions and hospitalisation for their severe complications, which are better among patients whose clinicians self-report higher levels of empathy and compassion^{106,107}.

3.1. Nurse satisfaction and quality nursing care

Compassionate nursing care has significant consequences for nurses¹⁰⁸. It improves nursing satisfaction, professionalism, and moral strength, safer care, saves time and cost, increases happiness and resilience, preserves patient privacy, fosters empathy, and offers individualised

care¹⁰⁹. It helps the nurses to understand the needs of patients effectively³³, make caring skilful, respect the dignity of the person and combine the competencies of the nursing profession¹¹⁰. It helps them elicit patient health information and improve patient compliance and disclosure (Sinclair et al., 2016), bolsters patient trust toward their clinicians, and increases patient hope⁹³. Patients appreciate compassionate nurses consistently and rarely forget their 'spontaneous acts of kindness and generosity'¹¹¹.

3.2. Patient satisfaction and quality care

Compassionate nursing care has several consequences for patients⁶. It improves patient and family satisfaction, health, quality, and length of life in advanced cancer patients and reduces hospitalisations and costs¹⁰⁹. Compassionate treatment helps patients disclose their concerns, symptoms, and behaviours, preventing additional health problems and promoting faster recovery⁹. Compassionate clinical interactions help avoid health problems and speedier recovery from various diseases¹⁵. It is also associated with (1) reduced stress-mediated disease pathophysiology, (2) increased stress-buffering, (3) antidepressant effects, and (4) attenuation of somatic disease effects on psychological and emotional wellbeing¹¹². Compassionate nursing care help to prevent the development of PTSD symptoms among critically ill patients¹¹³. Compassionate treatment of oneself and others is also seen to boost individual welfare and improve mental health^{49,114}. Compassion buffers response to stress and is essential to the recovery process from psychopathology^{115,116}. Inability to provide compassionate nursing care may affect patients' satisfaction, health outcomes, and care costs⁹⁵. Costs of care are also higher when clinicians do not adapt care based on contextualised patient knowledge and their concerns, preferences and psychosocial constraints^{105,117,118}.

4. Conclusion

As a representation of human connection and caring, compassionate nursing care allows nurses to get to know their patients and provide meaning and direction to their decisions and activities, as indicated by attitudes and behaviours. Despite this, a lack of compassion has been highlighted as the leading reason of poor healthcare quality throughout the world. This is due to the fact that most healthcare organizations around the world overlook compassion, and there is a lack of understanding about elements that could help or hinder nurses from providing compassionate nursing care in today's healthcare contexts. This work used a narrative literature review to present an overview of the topic of compassion in healthcare in order to highlight the antecedents and consequences of compassionate treatment as perceived and researched by various groups of researchers.

Acknowledgement- This project did not receive specific funding.

Conflict of interest statement - No conflict of interest declared.

Ethics statement -Not applicable

References

- [1] Goetz JL, Keltner D, Simon-Thomas E. Compassion: An Evolutionary Analysis and Empirical Review. *Psychol Bull.* 2010;136(3):351-374. doi:10.1037/a0018807
- [2] Kenneth B. Schwartz. A Patient's Story. *Boston Globe Mag.* Published online July 16, 1995.
- [3] Department of Health, UK. Compassion in Practice. Published online 2012. Accessed March 25, 2021. <https://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf>
- [4] Schantz ML. Compassion: A Concept Analysis. *Nurs Forum (Auckl).* 2007;42(2):48-55. doi:10.1111/j.1744-6198.2007.00067.x
- [5] Day DV, ed. *The Oxford Handbook of Leadership and Organizations*. Oxford University Press; 2014.
- [6] Burnell L. Compassionate Care: A Concept Analysis. *Home Health Care Manag Pract.* 2009;21(5):319-324. doi:10.1177/1084822309331468
- [7] Coffey A, Saab MM, Landers M, et al. The impact of compassionate care education on nurses: A mixed-method systematic review. *J Adv Nurs.* 2019;75(11):2340-2351. doi:10.1111/jan.14088
- [8] Sinclair S, Norris JM, McConnell SJ, et al. Compassion: A scoping review of the healthcare literature Knowledge, education and training. *BMC Palliat Care.* 2016;15(1):0-16. doi:10.1186/s12904-016-0080-0
- [9] Sinclair S, Norris JM, McConnell SJ, et al. Compassion: a scoping review of the healthcare literature. *BMC Palliat Care.* 2016;15(1):6. doi:10.1186/s12904-016-0080-0
- [10] Chen AY, Kuper A, Whitehead CR. Competent to provide compassionate care? A critical discourse analysis of accreditation standards. *Med Educ.* Published online 2020:0-1. doi:10.1111/medu.14428
- [11] Crawford P, Brown B, Kvangarsnes M, Gilbert P. The design of compassionate care. *J Clin Nurs.* Published online 2014. doi:10.1111/jocn.12632
- [12] Dewar B, Adamson E, Smith S, Surfleet J, King L. Clarifying misconceptions about compassionate care. *J Adv Nurs.* 2014;70(8):1738-1747. doi:10.1111/jan.12322
- [13] Lown BA, Shin A, Jones RN. *Can Organizational Leaders Sustain Compassionate, Patient-Centered Care and Mitigate Burnout?* Vol 64. Lippincott Williams and Wilkins; 2019. doi:10.1097/JHM-D-18-00023
- [14] Wong G, Greenhalgh T, Westhorp G, Buckingham J, Pawson R. RAMESES publication standards: meta-narrative reviews. Published online 2013:15.
- [15] Shea S, Wynyard R, Lionis C, eds. *Providing Compassionate Health Care: Challenges in Policy and Practice*. Routledge, Taylor & Francis Group; 2014.
- [16] Bramley L, Matiti M. How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses. *J Clin Nurs.* 2014;23(19-20):2790-2799. doi:10.1111/jocn.12537

- [17] Lloyd M, Carson A. Making compassion count: equal recognition and authentic involvement in mental health care: Making compassion count. *Int J Consum Stud.* 2011;35(6):616-621. doi:10.1111/j.1470-6431.2011.01018.x
- [18] Lown BA, Dunne H, Muncer SJ, Chadwick R. How important is compassionate healthcare to you? A comparison of the perceptions of people in the United States and Ireland. *J Res Nurs.* 2017;22(1-2):60-69. doi:10.1177/1744987116679692
- [19] Bray L, O'Brien MR, Kirton J, Zubairu K, Christiansen A. The role of professional education in developing compassionate practitioners: A mixed methods study exploring the perceptions of health professionals and pre-registration students. *Nurse Educ Today.* 2014;34(3):480-486. doi:10.1016/j.nedt.2013.06.017
- [20] Sinclair S, Norris JM, McConnell SJ, et al. Compassion: a scoping review of the healthcare literature. *BMC Palliat Care.* 2016;15(1):6. doi:10.1186/s12904-016-0080-0
- [21] Graber DR, Mitcham MD. Compassionate Clinicians: Take Patient Care Beyond the Ordinary. *Holist Nurs Pract.* 2004;18(2):87-94. doi:10.1097/00004650-200403000-00006
- [22] Sanghavi DM. What Makes for a Compassionate Patient-Caregiver Relationship? *Jt Comm J Qual Patient Saf.* 2006;32(5):283-292. doi:10.1016/S1553-7250(06)32037-5
- [23] Vivino BL, Thompson BJ, Hill CE, Ladany N. Compassion in psychotherapy: The perspective of therapists nominated as compassionate. *Psychother Res.* 2009;19(2):157-171. doi:10.1080/10503300802430681
- [24] Wear D, Zarconi J. Can Compassion be Taught? Let's Ask Our Students. *J Gen Intern Med.* 2008;23(7):948-953. doi:10.1007/s11606-007-0501-0
- [25] Hare J. Religion and Morality. In: Zalta EN, ed. *The Stanford Encyclopedia of Philosophy.* Fall 2019. Metaphysics Research Lab, Stanford University; 2019. <https://plato.stanford.edu/archives/fall2019/entries/religion-morality/>
- [26] MacIntyre AC. *After Virtue: A Study in Moral Theory.* 2nd ed. University of Notre Dame Press; 1984.
- [27] Singh P, Raffin-Bouchal S, McClement S, et al. Healthcare providers' perspectives on perceived barriers and facilitators of compassion: Results from a grounded theory study. *J Clin Nurs.* 2018;27(9-10):2083-2097. doi:10.1111/jocn.14357
- [28] Bradshaw. Compassion: what history teaches us. *Nurs Times.* 2011;107(19/20):12-14.
- [29] Frampton SB, Guastello S, Lepore M. Compassion as the foundation of patient-centered care: the importance of compassion in action. *J Comp Eff Res.* 2013;2(5):443-455. doi:10.2217/ce.13.54
- [30] von Dietze E, Orb A. Compassionate care: a moral dimension of nursing *. *Nurs Inq.* 2000;7(3):166-174. doi:10.1046/j.1440-1800.2000.00065.x
- [31] Ann Bradshaw. Compassion: what history teaches us. *Nurs Times.* 2011;107(19/20):12-14. Accessed March 2, 2021. <https://cdn.ps.emap.com/wp-content/uploads/sites/3/2011/05/010211Compassion-what-history-teaches-us.pdf>
- [32] Goodrich J, Cornwell J. *Seeing the Person in the Patient: The Point of Care Review Paper.* King's Fund; 2008.
- [33] Tehranineshat B, Rakhshan M, Torabizadeh C, Fararouei M. Compassionate Care in Healthcare Systems: A Systematic Review. *J Natl Med Assoc.* 2019;111(5):546-554. doi:10.1016/j.jnma.2019.04.002
- [34] Adam D, Taylor R. Compassionate care: Empowering students through nurse education. *Nurse Educ Today.* 2014;34(9):1242-1245. doi:10.1016/j.nedt.2013.07.011
- [35] Adamson E, Dewar B. Compassionate Care: Student nurses' learning through reflection and the use of story. *Nurse Educ Pract.* 2015;15(3):155-161. doi:10.1016/j.nepr.2014.08.002
- [36] Horsburgh D, Ross J. Care and compassion: The experiences of newly qualified staff nurses. *J Clin Nurs.* 2013; 22(7-8):1124-1132. doi:10.1111/jocn.12141
- [37] Curtis K. 21st Century challenges faced by nursing faculty in educating for compassionate practice: Embodied interpretation of phenomenological data. *Nurse Educ Today.* 2013;33(7):746-750. doi:10.1016/j.nedt.2013.05.007
- [38] Curtis K. Learning the requirements for compassionate practice: Student vulnerability and courage. *Nurs Ethics.* 2014;21(2):210-223. doi:10.1177/0969733013478307
- [39] Smith S, Gentleman M, Loads D, Pullin S. An exploration of a restorative space: A creative approach to reflection for nurse lecturer's focused on experiences of compassion in the workplace. *Nurse Educ Today.* 2014;34(9):1225-1231. doi:10.1016/j.nedt.2014.03.003
- [40] Dewar B, Nolan M. Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting. *Int J Nurs Stud.* 2013;50(9):1247-1258. doi:10.1016/j.ijnurstu.2013.01.008
- [41] Sinclair S, Hack TF, Raffin-Bouchal S, et al. What are healthcare providers' understandings and experiences of compassion? The healthcare compassion model: a grounded theory study of healthcare providers in Canada. *BMJ Open.* 2018;8(3):e019701. doi:10.1136/bmjopen-2017-019701
- [42] McPherson S, Hiskey S, Alderson Z. Distress in working on dementia wards – A threat to compassionate care: A grounded theory study. *Int J Nurs Stud.* 2016;53:95-104. doi:10.1016/j.ijnurstu.2015.08.013
- [43] Neff KD, Pommier E. The Relationship between Self-compassion and Other-focused Concern among College Undergraduates, Community Adults, and Practicing Meditators. *Self Identity.* 2013;12(2):160-176. doi:10.1080/15298868.2011.649546
- [44] Neff K. Self-compassion: an alternative conceptualization of a healthy attitude toward oneself. *Self Identity.* 2003;2(2):85-101. doi:10.1080/15298860309032

- [45] Perez-Bret E, Altisent R, Rocafort J. Definition of compassion in healthcare: a systematic literature review. *Int J Palliat Nurs*. 2016;22(12):599-606. doi:10.12968/ijpn.2016.22.12.599
- [46] Chochinov HM. Dignity and the essence of medicine: the A, B, C, and D of dignity conserving care. *BMJ*. 2007;335(7612):184-187. doi:10.1136/bmj.39244.650926.47
- [47] Papadopoulos I, Lazzarino R, Koulouglioti C, et al. Obstacles to compassion-giving among nursing and midwifery managers: an international study. *Int Nurs Rev*. 2020;67(4):453-465. doi:10.1111/inr.12611
- [48] van der Cingel M. Compassion: The missing link in quality of care. *Nurse Educ Today*. 2014;34(9):1253-1257. doi:10.1016/j.nedt.2014.04.003
- [49] Sinclair S, McClement S, Raffin-Bouchal S, et al. Compassion in Health Care: An Empirical Model. *J Pain Symptom Manage*. 2016;51(2):193-203. doi:10.1016/j.jpainsymman.2015.10.009
- [50] Hewison A, Sawbridge Y, Tooley L. Compassionate leadership in palliative and end-of-life care: a focus group study. *Leadersh Health Serv*. 2019;32(2):264-279. doi:10.1108/LHS-09-2018-0044
- [51] Blomberg K, Griffiths P, Wengström Y, May C, Bridges J. Interventions for compassionate nursing care: A systematic review. *Int J Nurs Stud*. 2016;62:137-155. doi:10.1016/j.ijnurstu.2016.07.009
- [52] Crawford P, Brown B, Kvangarsnes M, Gilbert P. The design of compassionate care. *J Clin Nurs*. 2014;23(23-24):3589-3599. doi:10.1111/jocn.12632
- [53] Jasmine T. Art, Science, or Both? Keeping the Care in Nursing. *Nurs Clin North Am*. 2009;44(4):415-421. doi:10.1016/j.cnur.2009.07.003
- [54] Cole-King A, Gilbert P. Compassionate care: The theory and the reality. *Provid Compassionate Healthc Chall Policy Pract*. 2014;(January 2011):68-84. doi:10.4324/9781315890180
- [55] Gilbert P. *THE COMPASSIONATE MIND*; 2009.
- [56] Shea S, Wynyard R, Lionis C, eds. *Providing Compassionate Health Care: Challenges in Policy and Practice*. Routledge, Taylor & Francis Group; 2014.
- [57] Scott Tilley DD. Competency in Nursing: A Concept Analysis. *J Contin Educ Nurs*. 2008;39(2):58-64. doi:10.3928/00220124-20080201-12
- [58] Fernando AT, Consedine NS. Development and initial psychometric properties of the Barriers to Physician Compassion questionnaire. *Postgrad Med J*. 2014;90(1065):388-395. doi:10.1136/postgradmedj-2013-132127
- [59] Kret DD. The qualities of a compassionate nurse according to the perceptions of medical-surgical patients. *Medsurg Nurs Off J Acad Med-Surg Nurses*. 2011;20(1):29-36.
- [60] Lown BA, Rosen J, Marttila J. An Agenda For Improving Compassionate Care: A Survey Shows About Half Of Patients Say Such Care Is Missing. *Health Aff (Millwood)*. 2011;30(9):1772-1778. doi:10.1377/hlthaff.2011.0539
- [61] van der Cingel M. Compassion in care: A qualitative study of older people with a chronic disease and nurses. *Nurs Ethics*. 2011;18(5):672-685. doi:10.1177/0969733011403556
- [62] Crowther J, Wilson KC, Horton S, Lloyd-Williams M. Compassion in healthcare – lessons from a qualitative study of the end of life care of people with dementia. *J R Soc Med*. 2013;106(12):492-497. doi:10.1177/0141076813503593
- [63] Armstrong AE, Parsons S, Barker PJ. An inquiry into moral virtues, especially compassion, in psychiatric nurses: findings from a Delphi study. *J Psychiatr Ment Health Nurs*. 2000;7(4):297-305.
- [64] Way D, Tracy SJ. Conceptualizing compassion as recognizing, relating and (Re)acting: a qualitative study of compassionate communication at hospice. *Commun Monogr*. 2012;79(3):292-315. doi:10.1080/03637751.2012.697630
- [65] Cameron RA, Mazer BL, DeLuca JM, Mohile SG, Epstein RM. In search of compassion: a new taxonomy of compassionate physician behaviours. *Health Expect*. 2015;18(5):1672-1685. doi:10.1111/hex.12160
- [66] Coffey A, Saab MM, Landers M, et al. The impact of compassionate care education on nurses: A mixed-method systematic review. *J Adv Nurs*. 2019;75(11):2340-2351. doi:10.1111/jan.14088
- [67] Henderson A, Jones J. Developing and maintaining compassionate care in nursing. *Nurs Stand*. 2017;32(4):60-69. doi:10.7748/ns.2017.e10895
- [68] Jones J, Winch S, Strube P, Mitchell M, Henderson A. Delivering compassionate care in intensive care units: nurses' perceptions of enablers and barriers. *J Adv Nurs*. 2016;72(12):3137-3146. doi:10.1111/jan.13064
- [69] Mitchell G, Agnelli J. Person-centred care for people with dementia: Kitwood reconsidered. *Nurs Stand*. 2015;30(7):46-50. doi:10.7748/ns.30.7.46.s47
- [70] Valizadeh L, Zamanzadeh V, Dewar B, Rahmani A, Ghafourifard M. Nurse's perceptions of organisational barriers to delivering compassionate care: A qualitative study. *Nurs Ethics*. 2018;25(5):580-590. doi:10.1177/0969733016660881
- [71] van der Cingel M. Compassion: The missing link in quality of care. *Nurse Educ Today*. 2014;34(9):1253-1257. doi:10.1016/j.nedt.2014.04.003
- [72] Zamanzadeh V, Rassouli M, Abbaszadeh A, Nikanfar A, Alavi-Majd H, Ghahramanian A. Factors Influencing communication between the patients with cancer and their nurses in oncology wards. *Indian J Palliat Care*. 2014;20(1):12. doi:10.4103/0973-1075.125549
- [73] Van Bogaert P, Clarke S, Willems R, Mondelaers M. Nurse practice environment, workload, burnout, job outcomes, and quality of care in psychiatric hospitals: a structural equation model approach. *J Adv Nurs*. 2013;69(7):1515-1524. doi:10.1111/jan.12010
- [74] Choi KS, Cho WH, Lee S, Lee H, Kim C. The relationships among quality, value, satisfaction and behavioral intention in health care provider choice. *J Bus Res*. 2004;57(8):913-921. doi:10.1016/S0148-2963(02)00293-X
- [75] Leiter MP, Harvie P, Frizzell C. The correspondence of patient satisfaction and nurse burnout. *Soc Sci Med*. 1998;47(10):1611-1617.
- [76] Rafferty AM, Clarke SP, Coles J, et al. Outcomes of variation in hospital nurse staffing in English

- hospitals: Cross-sectional analysis of survey data and discharge records. *Int J Nurs Stud.* 2007;44(2):175-182. doi:10.1016/j.ijnurstu.2006.08.003
- [77] Pehlivan T, Güner P. *Compassionate Care: Benefits, Barriers and Recommendations*. Vol 11. Kare Publishing; 2020. doi:10.14744/phd.2020.88557
- [78] Seager M. Mind as a dimension & compassion as a relationship issue. *J Compassionate Health Care.* 2014;1(1):1-6. doi:10.1186/s40639-014-0003-y
- [79] Chambers C, Ryder E. *Compassion and Caring in Nursing*. Radcliffe Pub.; 2009. Accessed March 4, 2021. <http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=1367085>
- [80] Post SG, Ng LE, Fischel JE, et al. Routine, empathic and compassionate patient care: definitions, development, obstacles, education and beneficiaries: Empathy and compassionate patient care. *J Eval Clin Pract.* 2014;20(6):872-880. doi:10.1111/jep.12243
- [81] Egan H, Keyte R, McGowan K, et al. 'You Before Me': A Qualitative Study of Health Care Professionals' and Students' Understanding and Experiences of Compassion in the Workplace, Self-compassion, Self-care and Health Behaviours. *Health Prof Educ.* 2019;5(3):225-236. doi:10.1016/j.hpe.2018.07.002
- [82] Firth-Cozens J, Cornwell J. The Point of Care. Enabling compassionate care in acute hospital settings. *Kings Fund.* Published online 2009:1-16. https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/poc-enabling-compassionate-care-hospital-settings-apr09.pdf
- [83] Crawford P, Gilbert P, Gilbert J, Gale C, Harvey K. The Language of Compassion in Acute Mental Health Care. *Qual Health Res.* 2013;23(6):719-727. doi:10.1177/1049732313482190
- [84] Cochrane BS, Ritchie D, Lockhard D, Picciano G, King JA, Nelson B. A culture of compassion: How timeless principles of kindness and empathy become powerful tools for confronting today's most pressing healthcare challenges. *Health Manage Forum.* 2019;32(3):120-127. doi:10.1177/0840470419836240
- [85] Mannion R, Davies H. Understanding organisational culture for healthcare quality improvement. *BMJ Online.* 2018; 363(November):1-4. doi:10.1136/bmj.k4907
- [86] Haslam D. "More than kindness." *J Compassionate Health Care.* 2015;2(1):4-6. doi:10.1186/s40639-015-0015-2
- [87] Dixon-Woods M, Baker R, Charles K, et al. Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study. *BMJ Qual Saf.* 2014;23(2):106-115. doi:10.1136/bmjqs-2013-001947
- [88] West M, Bailey S. Five myths of compassionate leadership. The King's Fund. Published May 28, 2019. Accessed April 12, 2021. <https://www.kingsfund.org.uk/blog/2019/05/five-myths-compassionate-leadership>
- [89] Lake ET. Development of the practice environment scale of the nursing work index. *Res Nurs Health.* 2002;25(3):176-188. doi:10.1002/nur.10032
- [90] Christiansen A, O'Brien MR, Kirton JA, Zubairu K, Bray L. Delivering compassionate care: the enablers and barriers. *Br J Nurs.* 2015;24(16):833-837. doi:10.12968/bjon.2015.24.16.833
- [91] Cornwell, J., Goodrich, J. NT. Exploring how to enable compassionate care in hospital to improve patient experience. *Nursing Times.* Published 2009. Accessed September 21, 2020. <https://www.nursingtimes.net/archive/exploring-how-to-enable-compassionate-care-in-hospital-to-improve-patient-experience-21-04-2009/>
- [92] Mooney H. Can you measure compassion? *Nursing Times.* Published April 21, 2009. Accessed March 15, 2021. <https://www.nursingtimes.net/archive/can-you-measure-compassion-21-04-2009/>
- [93] Schwartz Center for compassionate healthcare. Building Compassion into the Bottom Line: The Role of Compassionate Care and Patient Experience in 35 U.S. Hospitals and Health Systems. *Schwartz Cent Compassionate Healthc White Pap.* Published online 2015. <http://theschwartzcenter.org/media/Building-Compassion-into-the-Bottom-Line.pdf>
- [94] Dewar B, Adamson E, Smith S, Surfleet J, King L. Clarifying misconceptions about compassionate care. *J Adv Nurs.* 2014;70(8):1738-1747. doi:10.1111/jan.12322
- [95] McClelland LE, Gabriel AS, Depuccio MJ. Compassion Practices, Nurse Well-Being, and Ambulatory Patient Experience Ratings. *Med Care.* 2018;56(1):4-10. doi:10.1097/MLR.0000000000000834
- [96] McClelland LE, Vogus TJ. Compassion practices and HCAHPS: Does rewarding and supporting workplace compassion influence patient perceptions? *Health Serv Res.* 2014;49(5):1670-1683. doi:10.1111/1475-6773.12186
- [97] Schwartz Center for Compassionate Healthcare. Building Compassion into the Bottom Line: The Role of Compassionate Care and Patient Experience in 35 U.S. Hospitals and Health Systems. Published online 2015.
- [98] Lilius JM, Worline MC, Dutton JE, Kanov JM, Maitlis S. Understanding compassion capability. *Hum Relat.* 2011;64(7):873-899. doi:10.1177/0018726710396250
- [99] Babaei S, Taleghani F, Keyvanara M. Contextual facilitators and maintaining of compassion-based care: An ethnographic study. *Iran J Nurs Midwifery Res.* 2017;22(2):91. doi:10.4103/ijnmr.IJNMR_79_16
- [100] Babaei S, Taleghani F. Compassionate care challenges and barriers in clinical nurses: A qualitative study. *Iran J Nurs Midwifery Res.* 2019;24(3):213. doi:10.4103/ijnmr.IJNMR_100_18
- [101] Papadopoulos I, Taylor G, Ali S, et al. Exploring Nurses' Meaning and Experiences of Compassion: An International Online Survey Involving 15 Countries. *J Transcult Nurs.* 2017;28(3):286-295. doi:10.1177/1043659615624740
- [102] Littlejohn L, Campbell J, Collins-McNeil J. Nursing Shortage: A Comparative Analysis. *Int J Nurs.* Published online 2012:6.
- [103] Oulton JA. The Global Nursing Shortage: An Overview of Issues and Actions. *Policy Polit Nurs*

- Pract.* 2006; 7(3_suppl):34S-39S.
doi:10.1177/1527154406293968
- [104] Lee Y, Seomun G. Development and validation of an instrument to measure nurses' compassion competence. *Appl Nurs Res.* 2016;30:76-82. doi:10.1016/j.apnr.2015.09.007
- [105] Epstein RM. Realizing Engel's Biopsychosocial Vision: Resilience, Compassion, and Quality of Care. *Int J Psychiatry Med.* 2014;47(4):275-287. doi:10.2190/PM.47.4.b
- [106] Canale SD, Louis DZ, Maio V, et al. The Relationship Between Physician Empathy and Disease Complications: An Empirical Study of Primary Care Physicians and Their Diabetic Patients in Parma, Italy. *Acad Med.* 2012;87(9):1243-1249. doi:10.1097/ACM.0b013e3182628fbf
- [107] Hojat M. Exploration and confirmation of the latent variable structure of the Jefferson scale of empathy. Published online 2014:10.
- [108] Blomberg K, Griffiths P, Wengström Y, May C, Bridges J. Interventions for compassionate nursing care: A systematic review. *Int J Nurs Stud.* 2016;62:137-155. doi:10.1016/j.ijnurstu.2016.07.009
- [109] Lown BA, Manning CF, Hassmiller SB. Does Organizational Compassion Matter? A Cross-sectional Survey of Nurses. *JONA J Nurs Adm.* 2020;50(2):78-84. doi:10.1097/NNA.0000000000000845
- [110] Great Britain, Parliamentary and Health Service Ombudsman. *Care and Compassion: Report of the Health Service Ombudsman on Ten Investigations into NHS Care of Older People.* Stationery Office; 2011.
- [111] Cole-King A, Gilbert P. Compassionate care: The theory and the reality. *Provid Compassionate Healthc Chall Policy Pract.* 2014;(January 2011):68-84. doi:10.4324/9781315890180
- [112] Trzeciak S, Roberts BW, Mazzairelli AJ. Compassionomics: Hypothesis and experimental approach. *Med Hypotheses.* 2017;107:92-97. doi:10.1016/j.mehy.2017.08.015
- [113] Moss J, Roberts MB, Shea L, et al. Healthcare provider compassion is associated with lower PTSD symptoms among patients with life-threatening medical emergencies: a prospective cohort study. *Intensive Care Med.* 2019; 45(6):815-822. doi:10.1007/s00134-019-05601-5
- [114] Feldman C, Kuyken W. Compassion in the landscape of suffering. *Contemp Buddhism.* 2011;12(1):143-155. doi:10.1080/14639947.2011.564831
- [115] Gilbert P. *Compassion and Cruelty.* Vol 188.; 2005. <http://www.ncbi.nlm.nih.gov/pubmed/13610223>
- [116] Gilbert P. The origins and nature of compassion focused therapy. *Br J Clin Psychol.* 2014;53(1):6-41. doi:10.1111/bjc.12043
- [117] Schwartz AL. Measuring Health Care Quality and Value: Theory and Empirics. *ProQuest Diss Theses.* Published online 2015:178.
- [118] Teno JM, Gozalo PL, Bynum JPW, et al. Change in End-of-Life Care for Medicare Beneficiaries: Site of Death, Place of Care, and Health Care Transitions in 2000, 2005, and 2009. *JAMA.* 2013;309(5):470. doi:10.1001/jama.2012.207624