

Can Compassion Be Taught?

(A Substantive Theory on Imparting Compassion to Nursing Students)

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Abstract

Compassion is essential to nursing practice. This study attempted to generate a substantive theory on how compassion can be taught to nursing students. Key informants were selected based on the criterion that they are nurse educators. The key informants who participated in the study were mostly holder of a master's degree in nursing and a teaching experience of at least 5 years. A Key Informant Interview (KII) was utilized using interview guide in obtaining the data needed for the study. Thematic content analysis was used to analyze and organize the data. The themes identified were: (1) compassion is relating with people, (2) role modeling is a common teaching strategy. Other themes formulated were: (3) teaching compassion is facilitated by actual nurse / student-nurse-patient interaction, (4) influence of compassion is from people outside the nursing field, and (5) student attitude affects the inculcation of compassion. Teaching compassion in nursing school is influenced by nurse educators' concept of compassion and students' attitudes. It often occurs in the clinical area with an actual patient. The training of nursing students to become compassionate needs actual patient interaction. In order to facilitate teaching, nurse educators must reflect their own concept of compassion and for students to show willingness and openness to embrace it as valuable in nursing practice.

Keywords: compassion, nursing education, theory development

1.0 Introduction

The basic element in a professional education requires not only the transmission of its competencies through cognitive and psychomotor skills but also values. Training of nurses as an enduring practice involves molding more humane and compassionate nurses. Nurses as providers of care to clients are expected to demonstrate affective affiliation. This affective affiliation is termed as compassion. Being compassionate is one of the basic characteristics which a nurse should have during the time of Florence Nightingale,

the founder of nursing. According to Bradshaw (2011), in Nightingale's view, nurses are human beings who developed certain qualities, virtues, or traits – one of which is compassion. It is said that the center of all nurses' thoughts are the patients. Moreover, kindness is most appropriate for nurses without emotional attachment since they are caring for people who are capable of establishing rapport and bonding. It is found out that when nurses provide services with compassion, healing and comfort, satisfaction, peace, acceptance, confidence and reassurance among patients are

enhanced (Schofield, 2012).

Compassionate practice is a public expectation and a core health professional value. However, in the face of growing public and professional discomfort about a perceived absence of compassion in health care, it is essential that the role of education in developing compassionate practitioners is fully understood. There is a high level of consensus among qualified health professionals' and pre-registration students' in understanding of compassion in health care in a United Kingdom University. Acting with warmth and empathy, providing individualized patient care and acting in a way you would like others to act towards you were seen as the most common features of compassionate care. However, ambiguities and contradictions were evident when considering the role of health professional education in promoting compassionate practice (Bray, et al., 2014).

However, compassion as an important component in providing care, it is observed to be difficult to teach to students who are potential nurses in the health community. According to Bloom's Taxonomy of Learning, the affective level of learning requires a mastery of the cognitive and motor skills before valuing of others through caring and compassion can be developed. Nursing academia has critical roles in facilitating student learning of higher levels of competencies such as compassionate practice. A Registered Nurse's (RN) expected competency is the provision of compassionate care. It is a competency that still remains a challenge in a university setting. Even in health service provider organization, learning compassion is still not yet understood. Currently, it is a global concern that student nurses are not adequately prepared for compassion to flourish and for compassionate practice to be sustained upon professional qualification (Curtis, et al., 2013).

In view of the premise presented above, this

study explored how compassion can be taught to nursing students that led to the development of a substantive theory. Answers to questions like how do the faculty communicate compassion to students and how are students trained to become compassionate are sought. This study also sought to answer whether the ability to show compassion is an automatic ability that the students learn from nursing subjects, or is there a way to improve the students' compassion through the nursing educators. A limitation of this study is its focus on the perspectives of the nurse educators.

2.0 Literature Review

Nurse educators recognize the relevance of the professional ideal of practicing with compassion alongside specific challenges that this expectation presents. They have concerns about how the financially constrained and task-driven practice reality faced by RNs promote compassionate practice. The students are left feeling vulnerable with the inconsistency between learned professional ideals and the real practice they witnessed. Nurse educators experience disharmony within the university setting. They are confronted with the pressures of managing large student groups and the time and required for small group discussion among students that may enable compassion to develop in a meaningful and emotionally sustainable way. They also expressed discomfort due to a perceived promotion of a very high standard within practice. They realized the need for strong nurse leadership in practice to challenge constraints and realign the reality of practice with professional ideals. Moreover, there is also a need to foster student resilience for the sake of promoting the standards of professional ideals of compassionate practice (Chris, 2013).

In the study of Wiklund and Wagner (2012) which explored the participants' understanding

of self-compassion as a source to compassionate care, five emergent themes were presented. These are (1) Being there, with self and others; (2) respect for human vulnerability; (3) being nonjudgmental; (4) giving voice to things needed to be said and heard; and (5) being able to accept the gift of compassion from others. The study also formulated the main theme "the butterfly effect of caring", that addresses the interdependency and the ethics of the face and hand when caring for the other. This is the ethical stance where the other's vulnerable face elicits a call for compassionate actions. The findings reveal that compassionate care towards others requires the development of a compassionate self and the ability to be sensitive, nonjudgmental and respectful towards oneself. Compassionate care, therefore, is not only becoming and belonging together with the other person but mutual engagement with each other. It occurs when the caregiver compassionately is able to recognize the vulnerability and dignity of both self and others.

The practice of nursing requires a certain degree of emotional investment and the capability to put one's emotions in line with the norms and values of the profession. Christiansen and Jensen (2008) conducted a study on how peer learning in connection with sessions involving role-play contribute to developing these qualities in future professionals. Using a combined methodological approaches, observation and focus group interviews, it is revealed that students helped each other develop a richer repertoire in expressing themselves. It also shows how students adapt their behavior to the needs of those being cared for.

Compassionate practice is required in every professional nurse, yet it remains a contested concept globally. However, student nurses are still expected to demonstrate compassionate practice in order to become a good nurse. This

process requires professional socialization within nurturing environments where compassion can flourish. In a grounded theory study conducted by Curtis, Horton and Smith (2012), students aspire for professional ideal of compassionate practice. This aspiration came out although they have concerns about how compassionate practice might fit within the nurse's role due to constraints on their practice. Students feel exposed to disparities between professional ideals and practice reality. An emphasis on the realignment between the reality of practice and professional ideals, and fostering student resilience, are required if students are to be successfully socialized in compassionate practice. The same weight should be focused if they are to retain this professional ideal within the demands of 21st century nursing.

3.0 Theory Formulation and Theory

In its exploratory nature, this study focused on theory generation using an inductive approach. This approach begins with observations and data collection. As the nomenclature implies, the inductive approach begins from specific situations building towards a generalized statement as the theory. From the observations, hypotheses were derived and served as the basis in formulating of propositions as assumptions of the theory.

Key informants (KI) were selected based on the criterion that they are nurse educators. The key informants who participated in the study were mostly holder of a master's degree in nursing with teaching experience of at least 5 years. All key informants included were Roman Catholics for purposes of focusing on uniform perspectives with respect to religious standing. These nurse educators supervised students both in the classroom and in the clinical area – hospital and community settings. A saturation level was reached; hence, the decision to stop on the 12th key informant. A Key Informant

Interview (KII) was utilized using interview guide in obtaining the data needed for the study. A one-on-one, face-to-face KII was recorded with the consent of the KI for about 30 to 45 minutes in length. The KIs were asked to tell their experiences about teaching compassion to nursing students.

The information gathered were transcribed for purposes of coding. Themes were used to explore and organize the data. Relevant statements were

identified and clustered into themes. Propositions were made from the said themes. A substantive theory was developed from the propositions to give light into the occurrence of the phenomenon.

From the thematic analysis, the following significant statements were culled, and themes were also formulated. From these findings, propositions were formulated.

Table 1. Significant Statements and Themes

Statements	Identified Theme
Compassion in the context of nursing <ul style="list-style-type: none"> • Unconditional acceptance of the patient • Helping the patient without expecting something in return • Love in action • Concern for everybody • Sense of caring • Sense of being sensitive to the needs of others • Not too focused on the physical aspects of the job 	Being fair when relating with people
Teaching compassion <ul style="list-style-type: none"> • Showing it to students during clinical exposures • Encouraging students to do active listening in the clinical area • Let students realize the point of view of the patient in the area 	Role modeling as a teaching strategy Teaching compassion is facilitated by actual nurse / student-nurse – patient interaction
People who influenced them to be compassionate <ul style="list-style-type: none"> • Family members • Religious figures 	Compassion is influenced by people outside the nursing field
Obstacles felt in teaching compassion <ul style="list-style-type: none"> • Personal values of the students and the teacher • Current student's willingness to care for the patient • Compassion is not emphasized during student days • Passive students • Students that seem not to care or insensitive 	Student attitudes affect the inculcation of compassion

Descriptions of compassion in the nursing milieu from nurse educators were varied. As nurses are encouraged to provide patient-centered care, most of the statements of the educators were in relation with having patients' unconditional acceptance and helping them. There were also statements that included the terms "everybody" and "others". In the classroom of a nursing school, "everybody" and "others" may refer to other teachers, the school staff and other students. In the clinical area, these terms may refer to health professionals, the patients' significant others and even hospital staff. When confronted with the word compassion in nursing, one may associate it with the care of the patient alone, but responses for this study revealed that compassion is relating with people, not with patients alone. Another significant statement, "not being too focused on the physical aspects of the job" highlighted the distinctive quality of having relationships.

The most frequent teaching strategy mentioned by the teachers is role modeling by showing students how compassionate care is done in the clinical area. Stories about how they acted with compassion in the hospital setting and asked the students to be there with them to see it and be involved were recurring. In the community, educators usually mentioned about them successfully encouraging clients to go to the health center and have their consultations until they can see their students do it to their assigned clients as well. Most of the teachers also mentioned encouraging active listening that does not only include listening to the patient but also responding appropriately well. Active listening facilitates understanding of the patient. The teaching strategies mentioned all required the students to interact with their patients or clients either in the hospital or community setting.

Persons who influenced the teachers to become compassionate were also explored.

Common responses include fathers, mothers and religious icons like Mother Teresa and Chiara Lubich. The Roman Catholic Church, as part of its teachings, includes encouraging living a religious life like the saints. Mother Teresa and Chiara Lubich are known for their works of mercy. No one mentioned about nurses or their teachers. The concept of compassion possessed by the nurse educators were influencing people not directly involved in nursing practice.

It is a fact that teachers experience difficulties in educating students. Obstacles to inculcating compassion, according to the educators, were students' attitudes like being passive and not being sensitive to the needs and feelings of others. Insensitivity to other people, the patient in particular, will not pave the way for the student to relate with the patient. Insensitivity will affect the students' assessment of his or her patient, specifically, the emotional aspect of the patient's needs. Without an accurate assessment, the student could not provide appropriate interventions. On the other hand, if the student is sensitive but passive, he or she would know what type of care to give but does not initiate actions to provide the level of care.

From the themes generated in the interview, the following propositions were formulated.

Proposition 1. Teaching compassion involves sympathy and relating with people.

Compassion means complete understanding of a human being. According to Nouwen, et al (1985), compassion means to go where it hurts. To be in situations or locations with pain, to console in brokenness, fear, confusion and anguish. Compassion means crying out with those in misery, mourning with those who are lonely, weeping with those in tears. It requires us to be vulnerable with the vulnerable, weak with the weak, and powerless with the powerless. Moreover, it means full immersion into the condition of being human.

Nursing literature and practice both state that the delivery of compassionate care is more than the competent execution of clinical skills. It involves doing and being roles (Davison & Williams, 2009). Descriptions of compassion by nurse educators considered terms that are observable when there is an interaction between the nurse and the patient.

Proposition 2. Role modeling is the most common teaching strategy to develop compassion.

There needs to be more emphasis on the need to act as a role model to others, in terms of delivering high-quality compassionate nursing care. The theory on Social Learning of Bandura states that individuals learn in a social environment through the observation of other's actions (Straughair, 2012). Role modeling is the most common strategy of nurse educators to enhance the affective domain of student nurses (Brittler, et al., 2014).

Actual nurse educator-patient interaction is needed for the nurse educator to let the student see and develop compassion. All the responses of the nurse educators show that the teaching of compassion is done in the clinical area. This is when a student can observe not only the verbal communication the educator transmitted to the patient but the actions as well.

Proposition 3. The idea of compassion comes from people that one has established connections.

People allow themselves to be influenced by people they trust, this means leading with compassion provides the opportunity to change people's attitudes and beliefs, as well as, their behavior (Klaasen, 2014). The nurse educators mentioned that those who influenced them to become compassionate were their family members and religious icons. The role of the family in values formation cannot be overemphasized. The child is continually formed or deformed by the people that

surround him (Tiempo, 2005). Preschool children often imitate the values of parents, who serve as role models. (Lardizabal & Gonzales, 1999). These values learned as a child are carried out through adulthood. Compassion was described by Fox as doing works of mercy. Compassion is about doing and relieving the pain of others, not merely emoting about it (Fox, 1999).

Proposition 4. The compassion that nurse educators bring to nursing practice is influenced by people, not from the nursing field.

In the teaching and learning environment, the hidden curriculum often includes the character or psychological development and the proper use of virtues like integrity, compassion, or courage (Crigger & Godfrey, 2014). Nurse educators and clinical instructors in both clinical and more formal educational environments often manifest and impart their values which are usually assumed negative influences leading to burnout or more appropriately termed as "compassion fatigue". Burnout resulted 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). Being part of a hidden curriculum, nurses may not associate imparting a compassion with their nursing educators.

Proposition 5. It is difficult to teach compassion to students whose stance is not in congruence with being compassionate.

Compassionate practice requires a willingness and ability to be in a relationship with another person (Harrowing, 2011). The ability to appreciate the existence and needs of other people is an important trigger to the development of compassion. Recognition has to be associated with sensitivity and concern that would lead to a sense of compassion to others.

Substantive Theory on Teaching Compassion

Teaching compassion is an art that is a function of the personal, cognitive and values orientation of the educator. Effectiveness of teaching compassion is coupled with exhibiting these characteristics to the learner in congruence with what is taught. Teaching compassion in nursing school is influenced by nurse educators' concept of compassion and students' attitudes. It often occurs in the clinical area with an actual patient. The training of nursing students to become compassionate needs actual patient interaction. In facilitating teaching, nurse educators must show their concept of compassion and for students to show willingness and openness to embrace it as a value in nursing.

4.0 Implications to the World

Compassion is an all encompassing affective value that a care provider should possess. A caregiver who is imbued with this value will be able to provide the care needed by a patient who is in need of understanding, sensitivity and acceptance. Nursing students are the recipients of the nurse educators' noble intention of teaching so as to mold them to become quality nurses. The quality of nurses that the academe can produce is measured not only by the cognitive and psychomotor abilities of the nurse graduate but most importantly the way they care for their patients or clients. Healing among patients not only requires the expertise of doctors and nurses but their empathy and respect to people. This challenge is left on the professionals who are tasked to produce excellent nurses after graduation.

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