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COMPASSION IN NURSING: A QUALITATIVE APPROACH

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TARRAGONA 2017

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1. ABSTRACT

Compassion is a concept closely related to nursing. Over the last ten years the consequences of the economic world crisis and the impact it has had in the quality of compassionate care giving from different Healthcare Systems have been a big concern. It is important to ask nurses about how they think compassionate care should be and how they can carry it out on a day-to-day basis. This assignment is a qualitative approach, we have made a systematic review about compassion: its origins and relationship with nursing, and later we have given voice to some new nurses. This assignment also tries to analyse how compassion is taught in the university and how nurses put it into practice at the beginning of their career.

The results of this assignment will let us deepen in the fact whether compassion is still the motivation for future students; it also offers answers about how the nurses put it into practice and ultimately, open a space for reflection about a concept so linked to the nursing profession such as ethics and human morality.

The conclusion is that it is basic to keep giving voice to the professionals and to facilitate the creation of an enabling environment so that a concept such as compassion can remain a key characteristic of the care provided in the Healthcare systems.

Key words: COMPASSION; COMPASSIONATE CARE; CARING ETHICS; NURSING COMPASSION; NURSING ETHICS

2. RESUMEN

La compasión es un concepto íntimamente relacionado con la profesión de enfermería. Durante los últimos diez años, ha habido una gran preocupación sobre las consecuencias de la crisis mundial y su impacto en la calidad de los cuidados y la compasión dados en los sistemas nacionales de salud. Es importante preguntar a las enfermeras sobre cómo entienden ellas que debería ser un cuidado compasivo y cómo lo llevan a cabo en su día a día. Este trabajo es una aproximación cualitativa, en la cual hemos realizado una revisión sistemática sobre la compasión: sus orígenes y la relación con enfermería, para posteriormente dar voz al discurso de enfermeras noveles. También intenta analizar cómo se enseña la compasión en la universidad y de qué manera lo aplican las enfermeras en los inicios de su carrera laboral.

El resultado del trabajo nos permite profundizar en si la compasión sigue siendo la motivación para futuros estudiantes; también ofrece respuestas sobre cómo los

enfermeros la llevan a cabo en la práctica y en definitiva, abre un espacio de reflexión sobre un concepto tan ligado a la profesión de enfermería como a la ética y la moral humana.

La conclusión es que es necesario seguir dando voz a los profesionales y facilitando las condiciones que propicien que un concepto como es la compasión, tan intangible de entrada, siga siendo una característica de la excelencia del cuidado proporcionado en los sistemas de salud.

Palabras clave: COMPASIÓN, CUIDADO COMPASIVO, ÉTICA DEL CUIDAR, ÉTICA ENFERMERA, COMPASIÓN ENFERMERA.

3. INTRODUCTION

Compassion seems a widely used concept in nursing and hard to define. If a term so much linked to nursing is so difficult to define and understand, how can it be properly transferred from professors (who are usually in-service nurses) and understood by the students.

Must nursing be vocational? Is compassion inborn and linked to this profession? Is it something subjective or can you objectify it? Would it be possible to quantify it? These are questions I ask myself when people tell me “I wouldn’t be able to do this job (meaning nursing)”.

This dissertation consists in a theoretical part, carried out from a literature review and analysed into two key concepts:

- *The concept of compassion and its origins.* Compassion has been analysed and defined through history from several points of view. There’s a definition from a pure philosophical point of view that drives through sociological and anthropological viewpoints and on the other hand, there’s compassion from a theological point of view, which implies how different religions define compassion and where it’s placed in their scale of values (taking an overall look at Christian religion, Islamism and Buddhism).
- *Compassion in nursing.* A beginning from the approach to compassion in nursing theory. In the last 10 years, articles that analyse compassion from a sanitary point of view can be found and some work has been done to generate some quantifying systems. Compassion is considered as an excellence item in

sanitary assistance or a lack of excellence when it disappears and we ask ourselves why compassion is more related to nursing than to medicine.

Some studies have related too that when sanitary resources decrease there's a devaluation in compassion, and this is something that is happening lately within the economic crisis environment (meaning less material and human resources): how being compassionate can be affected within a structure lacking compassion.

Once the theoretical framework is set, a fieldwork was done consisting in a qualitative research using half-structured interviews to registered nurses. Each interview lasted 45 minutes and then were all analysed with the aim of obtaining some answers about the perception of compassion in the transition from having finished in the University and becoming a nurse with less than one year experience of professional practice. The goal of the research is to try to grasp the perspective of nurses who still have very recent in mind contents of the degree but who have also had the opportunity of comparing it with the real practice.

4. OBJECTIVES

The main objective of this investigation is to *review the concept of compassion and to relate it to nursing studies and practice.*

The specific objectives are:

- To make a literature review about the origins of compassion and clarify the concept
- To analyse which meanings of compassion are present in nursing studies
- To analyse how compassion is applied in professional settings

5. METHODOLOGY

The methodology of this research is divided in two parts. The first one was a systematic literature review and the second part was a qualitative descriptive study.

5.1 First part: Systematic Literature Review

To make the first part of the methodology some health databases (PUBMED, CINAHL, CUIDEN and CUIDATGE) were consulted using the following keywords: compassion

(and) nursing (not) fatigue. Some journals were consulted too (Nursing Ethics and Nursing Education Today) and one book was read.

The search of the keywords was done in title, because it provided us with enough items to make a good revision.

It was decided to exclude “fatigue” within the keywords because there is a lot of work done in terms of “*compassion fatigue*” (1) these last years and it is a concept that, although it’s closely related to compassion, gives another point of view that maybe is not so important to this assignment. Compassion fatigue is a kind of burnout syndrome related to an excess in giving compassionate care and it is important to keep it in mind to understand the possible lack of compassion in nursing when fatigue appears.

The literature review contains articles from 2008 onwards in English and Spanish, and one in French.

5.2 Second part: Qualitative Descriptive Study

A qualitative approach has been chosen to assess the experience of nurses about their practice and beliefs about compassion.

5.2.1 Settings

This qualitative descriptive study has been made with the collaboration of seven nurses with less than one year of working experience.

5.2.2 Population and sampling methods

The choice of the nurses was intentional and not randomised and they were contacted during the first part of the preparation of the research.

Following **inclusion criteria** were kept:

1. All of them studied Nursing attending at Rovira i Virgili University: this way it could help us to find some relationship between how the concept of compassion term is taught in this university.
2. They all had less than one year of experience in their professional careers to avoid that the number of years of working experience could modify the perception people have about compassion and how it is applied. This way they could still have fresh memories of their studies.

Those nurses who showed interest in participating in the study were telephoned later on to determine the dates, times and venues for the interviews.

5.2.3 Data collection:

To analyse how the concept of compassion was taught in University and how nurses give compassionate care in their day-to-day, seven half-structured interviews were done. In order to facilitate recruitment and ensure participants' privacy and confidentiality, three of the interviews were conducted at university library and other three in their private homes. Only in one case it was carried out in another space chosen by the participant.

Each interview lasted 40-45 min and was recorded. Common interviewing procedures and techniques were used.

Every interview consisted of 8 main questions about their knowledge of the concept of compassion and the influence it had on their daily professional practice, leaving them also space to talk freely and to share other subjects of their interest about the main argument, compassion in nursing.

The questions were:

1. What's the meaning of compassion for you?
2. What's the meaning of compassion related to nursing?
3. Do you think compassion is inborn?
4. Do you link compassion to a religious meaning?
5. Do you think that compassion is a concept that it's taught in university?
6. How do you understand the day-to-day application of compassionate care?
7. Have you ever been in a situation where you couldn't bring compassionate care at all?
8. Would you please share with me any personal situation in which you have experienced compassion (giving and/or receiving)?

All the interviewed nurses were informed about the use of their interviews and agreed to show their true name on it.

5.2.4 Data analysis:

All seven interviews were completely transcribed, printed and read several times to analyze their content.

After the transcription process, significant statements and commonalities were identified and organized into categories and subcategories representing the most important aspects linked to the systematic literature review.

The categories and subcategories chosen were as shown in Tabla2: Categories and subcategories

5.3 Ethic aspects

A document was prepared in order to inform the participants about the research and asking them to give their consent to participate in it. Before carrying out the interviews, all 7 nurses signed the document (See ANNEX I).

6. METHODOLOGY RESULTS

6.1 First part: Systematic Literature Review

After following inclusion and exclusion criteria selection, the following Academic Databases were consulted: PUBMED, CINAHL, CUIDEN and CUIDATGE.

Inclusion criteria:

1. Most relevant Databases available from CRAI at Rovira i Virgili University
2. Specific health International Databases available from CRAI at Rovira i Virgili University
3. Specific health Spanish Databases available from CRAI at Rovira i Virgili University

The increasing number of articles found relating compassion and nursing since 2008, is due to the analysis of the loss in nursing compassion perceived by the patients of the British National Health System and the reaction of all involved parties to fix it.

Preliminary results obtained according to our searching strategy were the following, also shown in the flowchart.

PUBMED

76 articles were found with the keywords in title, which were reduced to 49 when the time filter was applied. After analysing the abstract 17 articles were kept and the rest were rejected, because they did not contain information of our specific interest or the content was not available.

CINAHL

94 articles were found with the keywords in title, which were reduced to 38 when the time filter was applied. After the abstract reading were kept 5 articles and rejected the rest, because they did not contain information of our specific interest or content was not available.

CUIDEN

2 articles were found with the keywords COMPASIÓN (Y) ENFERMERÍA in title, one of them not available.

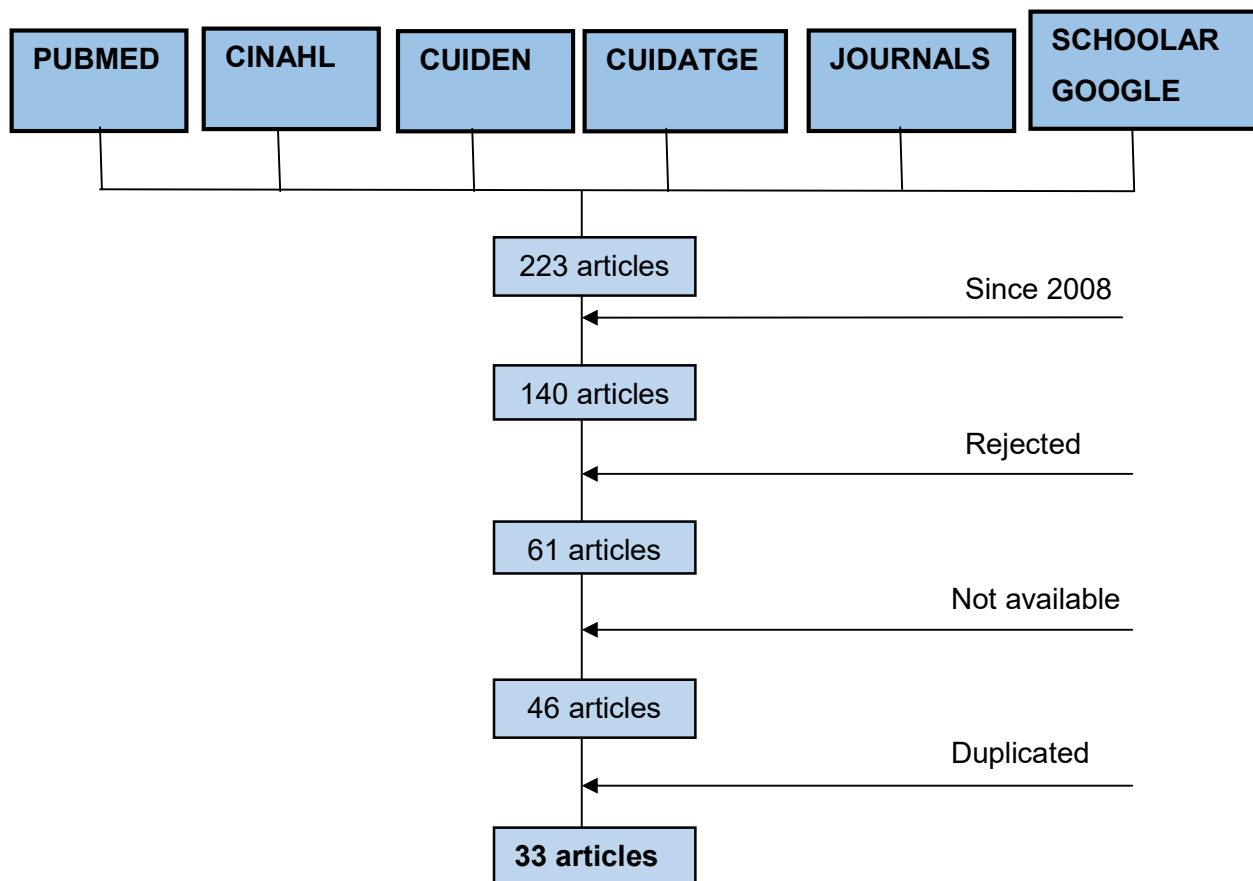
CUIDATGE

No articles were found in this database with the chosen keywords.

SCHOLAR GOOGLE

20 articles were found using the keywords in the Scholar Google and 3 of them were rejected after a simple reading.

Besides, the main journals that were consulted were *Nursing Ethics* (5 articles found) and *Nursing Education Today* (26 articles found) and one book read.



A table summarizing all the articles used and the basic information of each one can be consulted in *ANNEX IV*.

6.2 Second Part: Qualitative Descriptive Study

The study participants were heterogeneous in their demographic characteristics and the places where they currently work are as shown in Tabla1: Participants characteristics.

Name	Age	University - year	Title	Experience	Department
CrisMateos	23	URV - 2016	DUI	< 1 year	Primary Care Center
Dori	45	URV - 2016	DUI	< 1 year	Intermediate Resp. Cure
Javier	49	URV - 2016	DUI	< 1 year	Nephrology
CrisElbaile	32	URV - 2016	DUI	< 1 year	Urgencies
Elisa	53	URV - 2016	DUI	< 1 year	Mental Health
Mar	28	URV - 2016	DUI	< 1 year	Mental Health
Zaida	31	URV - 2016	DUI	< 1 year	Oncology

Tabla1: Participants characteristics

Actually, the most relevant to this research was to keep similarities in the experience career and the universities where they studied like shown.

From the questions made during the interviews and besides the conversations that took place, four categories were commonly showed as important by the interviewed nurses. These were highlighted and divided into subcategories to make it easier to discuss the results. They are shown in following Tabla2: Categories and subcategories.

CATEGORIES	SUBCATEGORIES
1. COMPASSION	Conceptual aspects
	Religious origin
	Inborn ability or learned?
2. COMPASSION AND UNIVERSITY	University studies
3. COMPASSION AND NURSING	Meaning
	Practical implementation
	Time
	Compassion fatigue
	Work-team
4. COMPASSION EXPERIENCES	Experiences and practice
	Sharing

Tabla2: Categories and subcategories

7. SYSTEMATIC LITERATURE REVIEW RESULT

Amongst the several definitions of compassion there's a general agreement that it's a concept with two different parts: the first part is being aware of the other's suffering and the second part is having the impulse of acting in order to relieve it (2–5).

This definition establishes differences between empathy and compassion, both terms usually cause confusion. On the one hand, empathy would mean to put yourself in someone else's shoes, thus causing a feeling; on the other hand, compassion is the action that people take to avoid this.

It is at this turning point, when taking action, where compassion and nursing are related. Transfer of compassion in the values of the society determines the way this compassion is accepted and is professionally applied. Throughout the next pages, our aim is to review how compassion is configured in the values of society checking the fields of philosophy, religions and different nursing models (6).

7.1 PHILOSOPHY OF COMPASSION

There's a lot of philosophy around compassion, during centuries philosophers have written about it and analyzed its meaning or the meaning it has been given.

In a short review about the meaning of ethics and moral, Rodríguez (7) states: *"Ethics is a philosophical reflection about moral, which at the same time consists in codes or norms imposed in a society to rule the behavior of the individual"*. Far from magnifying one over the other, the interesting point is to see where we place compassion.

We will focus, though, on modern philosophers who have made conclusions about it with some perspective.

As Professor Joan-Carles Mèlich (2) analyses in his book "Compassion ethics", contingency is the origin of ethics. Contingency is defined as the absence of the necessity of one's own life: *"The universe existed before me and so will it be after my own death"*. This causes a real vertigo in human beings who lead to a creation of a set of norms that establish what is correct and what is not, a moral that gives meaning to existence.

But when we talk about compassion, we look for a meaning within ethics and differentiate it from moral. According to Mèlich (2), ethic is outside the norm because it's generated in personal situations, particular ones, outside the scope of what is usual and has a fixed response: *"ethic is somehow intimate, while moral is public"*. Mèlich

affirms that usually, when being compassionate is needed, we need to break some moral limits, because compassion turns up when facing the need of the person in front of you, and from there on there's a personal and unique dialogue. This need can only be guessed by listening and understanding his/her need and leaving away the thoughts whether it's correct or not, or if it fits the established norm.

Nussbaum (3) acknowledges that compassion is nothing but rational, it is not impulsive because it implies a thought analysis or belief. What it can actually happen is that this idea causes a confrontation between the moral development and the personal beliefs, but this process does not make compassion irrational.

According the same author three conditions are needed to make compassion possible:

1. That the fact that we have compassion is a relevant one
2. That the person we have compassion for is not guilty of his/her situation
3. That we consider the possibility that this fact or situation could also happen to the person who is having compassion

This late point is extremely related to the need of justice, because if this suffering we see in the other person is possible for us to suffer too, at the end there's a demand of having the basic needs covered.

Nussbaum also considers that it is possible to analyse these three points and not to feel compassion at all: it could be due to the fact that the suffering person is completely unknown to us and this makes it difficult for us to empathise with him/her or maybe we're extremely busy to stop and feel about this.

Lydia Feito (4) states "*caring is responsibility*" (2). Taking care is a spontaneous act to give a response in front of others' needs. When it is related to the profession (nursing, in this case), it stops being spontaneous to be linked to the responsibility of the accomplishment of the job. This gives the profession meaning and social validation. It's shown that compassion is inborn when referred to the family circle, but it could be learned when referred to someone else (8).

We need to make a distinction between a caring ethics and a caring ethic. The first one will provide the whole normativity that will be applied to the nursing cares, being the person and his bio-psycho-social environment at its core. But when we talk about caring ethic, it is referred to the philosophy, the conceptual base, from where many of the nursing theories are developed.

When we talk about compassionate care, we are referring to a way of learning that goes further from academic contents and this makes it difficult to make an assessment of what is correct and what is not. This does not imply leaving the techniques aside, but it completes them with an ethical compromise and responsibility.

“Awareness of the world fragility makes obligatory a solidary attention”(4)

So, based on Nussbaum’s idea, who links compassion and justice, Feito goes one step beyond and says that there’s a part linked to a moral and personal responsibility, that has no place in this rational justice model. Maturity of compassion should integrate both visions.

An excess of caring, without taking into account the justice frame can lead to an excess of maternalism that blows up patient’s freedom and autonomy. The solution is to flow between these two levels: an obligatory minimum and an acceptable maximum.

Tronto (9) proposes *“place care at the center of human life”*. This would provide a different understanding of what nature and human relationship are, turning off from gender the ability to take care and be taken care of.

The same author divides the taking care process in four steps:

1. Caring about, meaning attentiveness
2. Taking care of, meaning responsibility
3. Care giving, meaning competence
4. Care receiving, meaning responsiveness

She demands care giving as a basis for political institutions and societies, being adapted to every culture, marrying up at this point with Nussbaum and the need of justice in terms of caring and compassion.

7.2 COMPASSION AND RELIGION

Religions have always been very important when defining moral and values in societies. Even in the current self-called non-denominational societies, a clear relationship between the values which lead to legislate and the values emerged from religion theories can be found. Furthermore, the concept of caring is strongly linked to religion, in the sense of charity and compassion towards the helpless ones.

Judaism points out in several occasions compassion as a must, in a positive way, because God is compassionate and he is a role model (10). It's mentioned both in Judaism as in Christianity that God suffers when he is near somebody who is suffering.

The Holy writings state that God is present and available for those who suffer. He can always be prayed to whenever needed and He is committed to take care of the suffering ones (10).

This taking care action, above all from believing women with this practitioner and merciful side, is from where nursing was considered altruist and completely rewarded with the presence of God.

So there's a way to understand compassion under a Jewish-Christian perspective; this way was brought by Florence Nightingale (11) to nursing until it was more technician around the seventies.

“she [the nurse] must be a religious and devoted woman; she must have respect for her own calling, because God’s precious gift of life is often literally placed in her hands... she should bring the best she has, whatever she has, to the work of God’s world”.

At the same time, in the second half of the 19th century, led by the Red Cross nursing, it was the beginning of the claim of taking care as a profession, and, linked to this, a salary demand. Nevertheless, the nursing profession kept on essentially working in the same way, maybe not in the Jewish-Christian paradigm, but within a humanitarian ethic frame (12).

In a short approach to other religions, we will take a look at Islam (third monotheist religion) and lately in Buddhism (with a profound compassion meaning).

Regarding Islam, compassion is a quality only possessed by God; human beings can just be understanding about people who suffer and illness. We see then that Allah is a compassionate God, similar to the one we find in the Jewish and Christian religions and believers can just pray to God for compassion. This can be seen in next passage:

139- Allah’s messenger used to say to ill people who were visited by Him: This is nothing but purification from Allah.

Compassion in Buddhism is one of the two foundations for the Enlightenment (together with wisdom) and it is not understood like a you-me apart, but it all comes from the

same essence and that's why practitioners do not expect anything in return when they act in compassion. They believe compassion is not inborn, but learned and practiced.

This ideal in the religious meaning of compassion has been perpetuated through centuries, but over the years, nursing has become each time more technical to the detriment of compassion and other ethic values.

This makes a real tension nowadays between the moral component of the profession and the technification of practice. Or that there's been a change in the paradigm where compassion and caring has been not so important to be a nurse, neither inside the profession nor within the motivations for the future nurses. According to Carter(13), it is basic to constantly question and analyse the way nurses define themselves. It may be true that it is necessary to have an alternative idea from vocation and altruism, less linked to a religious concept, but it is important to keep going with the idea of helping others, because this is a key point for a good profession practice (14).

7.3 COMPASSION IN NURSING

In the Real Decreto 1231/2001 it's established the nursing mission in the following terms: "The nurse is the professional legally habilitated, responsible from his/her professional nursing acts, who has acquired enough knowledge and abilities about human beings, organs, biopsychosocial functions in health and illness, about the applicable scientific methods, its ways of measuring, valuing and assessing the scientifically proven facts, as well as the analysis of the results obtained; helped by clinical means and resources technologically suitable, in order to detect the needs and alterations in human beings, referred to illness prevention, health recovery and rehabilitation, social reinsertion and/or dignified death."

It's implicit in the definition of nursing that a responsibility that drives to excellence in social responsibility and where the last objective is to live the profession from a moral compromise. From this point of view, compassion is part of the nursing definition and both should be inborn. It's reasserted, in the literature review, because compassion is not linked in such an important way to other sanitary professions as it is with nursing (15).

The different nursing theories also include caring as inherent to the profession. From Florence Nightingale to more modern models like Jean Watson or Madeleine Leininger, they include nursing profession to life itself: saying that taking care is a way of living, is a commitment towards society: "*Taking care is in itself a moral action*" (16).

Anyway, Collette (17) analyses the changes in the reasons why nursing students from different countries choose this profession, and she finds differences within the answers between 1983 and 2005: in recent years stable working conditions and salary have become more important motivations than caring for others. She states that it is idealistic to think that people choose nursing studies in an altruistic way. The author studies the impact this change of vision has caused on the National Health Service in Great Britain and how it is all influenced by the economic worldwide crisis. With the goal of improving the nursing levels some standards have been established, which have to be fulfilled by future nursing students even before enrolling in the university.

Part of the difficulty lays in how to define compassion if it is a subjective term and hard to measure (18). It became a highly controversial issue the demand taken from the British Government when the State Health Secretary proposed a possible way of measuring compassion (13, 14).

To identify with the other, being capable of empathy, it all seems to be essential characteristics prior to compassion. Taking compassionate care using visual contact, smiling and touching are important aspects in the nursing practice (14).

One of the most commonly used tools to measure caring capability, the Caring Behaviours Inventory (CBI), defines it is based on four elements: presence, knowledge and skills, respect versus the other and positive connexion (19,20).

The time devoted to a patient is a fundamental aspect to highlight: to be able to listen carefully enables empathizing and practicing a better compassionate care towards the person in front of you (21,22).

Despite the difficulties regarding the definition of compassion, it is clear that the users of the health system know exactly when they receive good compassionate care and when not. In some studies which include interviews, they define three aspects: dedicated time, the capability to put him- or herself in others' shoes and to define compassion to be inherent to the nursing profession (23,24).

Some studies define or establish a nursing ethic code which is related to compassion (25,26). As Van der Cingel proposes (27), compassion in nursing consists in 7 dimensions: attentiveness, listening, confronting, involvement, helping, presence and understanding.

It looks like there is some kind of dissonance between what nurses learn during their nursing studies and what the profession actually represents afterwards (4,16). There's

an initial enthusiasm that changes all through the years of studies and even more, when the professional work begins. This may be due to the complicated process of holding your ideals and the disappointment that sometimes implies not being able to work according to the theory learned or the idealization nurses can have about their job. The solution adopted by the professionals is to balance these two parts: the ideal and the real one, but it usually involves an effort that is difficult to keep.

All these would be related to the burnout syndrome, which has an enormous effect in how nursing is practiced. When a professional is not satisfied with the job he/she is doing, feels frustrated, feels loss of control, increases substantially his/her efforts but decreases the encouragement, he/she is not able of taking compassionate care of his/her patients (28). A new concept that has appeared along with compassion and which we will not analyze in this work is “compassion fatigue”. It is defined as having stress and burnout syndrome due to an excess of being in other’s shoes for a better care taking.

From everything described so far, it is clear that compassion is a characteristic linked to nursing and which brings excellence in caring. However, the conflict is often triggered when nurses try to apply it within an organized system like the Health System, where usually political and economic matters are involved (29). In any case, the responsibility of doing a good job is individual and we shouldn’t hide behind the poor functioning of the system as an excuse for not giving the best possible care. On the other hand, it is important to be taken into account at political and economic levels that compassion is a quality and excellence item in order to promote good practices towards this direction.

8. QUALITATIVE ANALYSIS RESULTS

In this section obtained results will be analysed through categories and subcategories shown in Tabla2: Categories and subcategories.

8.1 COMPASSION

The first category about the concept of compassion is subdivided in three subcategories as follows: Conceptual aspects, religious origin and if it’s an inborn or learned ability.

8.1.1 Conceptual aspects

Facing the question about what compassion is, most of interviewed nurses are convinced that the concept of compassion is like putting yourself in the shoes of the one who is suffering and take some action to relieve it.

“Per mi la compassió, jo crec que és.. umm, saber-te posar en el sofriment que està patint l'altra persona, no? (...) jo crec que és un sentiment que.. que comparteixes la pena de l'altra persona..., per mi. (...) És poder fer tot el que estigui en la meua mà per ajudar-la.” Zaida

In the same way they express that it is necessary to consider the other person's situation serious or worrying in order to let compassion appear.

“Ser compasivo yo supongo que es ponerte mucho en el lugar del otro, de la otra persona... y... ayudarlo en... en los trámites más difíciles de su vida... Pienso que eso es la compasión. Apoyarlo, ayudarlo, escucharlo, creo que eso es ser compasivo.” Dori

Compassion is understood as an individualized way of dealing with the other.

“Es una, es una forma de compasión, saber ver a la otra persona en qué momento está y lo que necesita.” Elisa

Most of them consider that if it is necessary to skip over the hospital protocols to give a better attention in compassion, 6 out of 7 of the interviewees have already done it or wouldn't have any doubt to do it.

“Evidentemente. Yo me lo salto todo. Y me da igual. A ver... En enfermería... enfermería no son matemáticas, no son dos más dos son cuatro, no, pueden ser tres más uno, pueden ser dos y medio más uno y medio... no, no, no, no...” Dori

“O sigui, jo crec que el protocol està... perquè és una eina per...ser eficaç, eficient i efectiu, però..., però tu com a professional decideixes quan, seguir estrictament el protocol o, bé anar-te'n... (...) Jo crec que els protocols no estan pensats...per, per...o sigui, no en tenen en compte la compassió...” Zaida

8.1.2 Religious origin

In front of questions about the religious connotations that words like compassion or even anything related with caring have, most of the interviewees don't make a direct link.

“Tú puedes ser una persona compasiva, y puedes tener una persona a tu lado que sea una persona que mire por los demás, que sienta lástima, que procure ayudar, que esté pendiente de que... y no necesariamente son personas religiosas... no, no lo veo relacionado.” Javi

“Dins de la religió nostra sí que es contempla molt!...Però no, jo no ho relaciono l'origen. Jo crec que és un sentiment que tenim i..., que ens genera...espontàniament.” Zaida

Only one of the nurses expresses it openly.

They show during the interview the idea that compassion comes not exclusively from religion but, on the other hand, they assign a religious origin to nursing.

“... quiero pensar que en los años cuarenta o cincuenta, treinta, todo era más compasivo, también quizás porque el cuidado lo hacían monjas...” Dori

8.1.3 Inborn ability or learned?

One of the questions that appeared in all the interviews was if the capacity of having compassion is inborn or can be learned. This allows linking the answers with the idea of a true vocational nursing, based in caring and necessarily provided with a compassionate character.

The answers obtained were not restrictive and not all the interviewees answered in the same direction. In fact, answers were divided to fifty percent.

“Y me dice “¿tú? Tu llevas la enfermería en la sangre”. Y me conoce de hace cuatro guardias. Y es verdad. Que llevas la enfermería en la sangre, las verdaderas enfermeras.” Dori

“Creo que se puede aprender y se puede trabajar...sí, igual sí que depende un poco de cómo seas, pero se puede trabajar como otras cosas, yo creo que sí...” Cris Elbaile

8.2 COMPASSION AND UNIVERSITY

Below is shown the second category, defined as compassion and university and related to the subject-matter about compassion in the university studies.

8.2.1 University studies

One of the parts that were interesting to show in this research was all about University studies and the dedication to the most humanistic part of them. All the interviewees were nurses coming from the same University and they were asked about if they remembered what was taught about compassion during the time they took lessons.

In general, the answers were negative. Although they remembered receiving some teachings about therapeutic relationships, empathy and other related concepts, none of the interviewees referred having had notions in compassion specifically.

“Además que yo creo que la compasión, que va muy ligada a enfermería desde sus inicios, es un tema que, hoy por hoy, no se da en las universidades. (...) El acompañamiento del alma... el... el... el saber estar en los momentos puntuales de un duelo... o... de una mala noticia... eso no se enseña en las universidades” Dori

On the other hand, it seems clear that there's a general complaint of all the interviewees once they notice reality lies so far apart from the theory in the University. They feel that in the University they are not taught how to manage emotional feelings day-to-day.

“Llavors clar, ffff, penso que tenim un paper molt gran que per exemple a l'hora d'explicar-nos a la carrera... això no t'ho explica ningú fins que no et deixen sola i dius 'com ho faig tot això?'” Mar

8.3 COMPASSION IN NURSING

The following category is the research core and it's about compassion in nursing. It's divided into 5 subcategories: meaning, practical implementation, time, compassion fatigue and working team.

8.3.1 Meaning

Once compassion was analyzed during the interview as a general concept, it was interesting to ask how the nurses apply it in their day-to-day work.

“Tanto en una planta, como en una urgencias, estés donde estés y estés en el momento que estés, SIEMPRE [enfatisa] has de tener presente que estamos junto a personas y que nos valemos de trabajar con estas personas en base a una ética y unos conocimientos. Y si no aplicamos ni los conocimientos ni las éticas, pues no sé qué hacemos ahí, es lo que pienso, no sé...” Javi

All the interviewees showed a clear difference between nursing and other kind of jobs because of the need of being more humanistic due to the fact of working with people, in most cases in a delicate health situation. They don't understand the nursing profession without this capacity of being compassionate.

“Sí, sí, sí... jo crec que sí, que és un requisit, perquè... estàs amb persones, estàs amb..., i a més amb persones que, la majoria de cops estàs amb persones en situació de malaltia, i que, que és, mmm, i que és un sentiment que tu has de tenir, que si no estaríem posant cafès o fent..., fent xurros, es que no...” Zaida

8.3.2 Practical implementation

Although not being directly asked, nurses explained how their day to day was and how they applied compassionate care in their jobs. All of them distinguished between a more technical part of the profession and another one more humanistic, and all of them gave more importance to a good human treatment because they understand that one can be the best at doing a technique, but in the end, it is only a technique.

“tienes que ser muy persona... De medicación, te técnicas y demás y luego la parte persona, ¿sabes?” Cris Mateos

“Lo que sí que tengo muy claro es que me gusta mucho el contacto con la gente y la enfermería otra cosa no tendrás, pero contacto con la gente...” Javi

All interviewed nurses were able to highlight compassionate situations in specific scenes that take place during their daily work.

“Pero bueno, la compasión ya parte con que tú cuando llegabas a esa habitación ya hablas “hola, ¿cómo estás? ¿Cómo has pasado la noche? Te voy a limpiar la boca”. Yo le explicaba todo lo que le iba a hacer.” Dori

Some of the interviewees highlighted that there are some differences depending on the different working places. Comparing amongst them, there are some working places

that are more technical and some others which implicitly carry a lot of much humanistic weight, and therefore, more compassionate care.

“La infermera que jo tenia a salut mental, aquí sí que vaig notar molta més compassió per part d’ella pels nostres pacients que tenien trastorns de conducta alimentària..., que no pas la infermera de la UCI, no?” Zaida

8.3.3 Time

It should be highlighted that they all mentioned the relationship between available time and quality of care. Absolutely all of them established a directly proportional relationship: the more time one has, the better attendance one can give and a major compassionate care is possible.

“El tiempo, el volumen, el trabajo, claro, no te dedicas igual, no puedes dedicarte igual.” Cris Elbaile

“En mi opinión. Pero creo que la compasión va relacionada directamente o proporcionalmente relacionada con las horas que tú prestas en ese tipo de trabajo a ese tipo de personas.” Javi

8.3.4 Compassion fatigue

Regarding the concept of compassion fatigue, none of the nurses knew about it as a concept before the interview was done, but they were all able to recognize it within their working experiences.

“Son ocho horas dedicadas a personas... ni a muebles, ni... a personas. Con lo cual, para que ellos estén bien, yo tengo que estar bien.” Elisa

“O desconectas y tienes una forma clara de entender las cosas y cómo lo has de hacer... o si te entregas al ciento por ciento y te ves exigido dentro de un cúmulo de trabajo de esta manera, es normal que acabes también mínimo, mínimo, agotado mentalmente, mínimo con problemas también de, de decir, necesito parar. Es lógico.” Javi

Besides understanding the meaning of the concept of compassion fatigue, all of them agreed that it is very important to be aware when one is undergoing this kind of burnout syndrome and act consequently. Most of them suggested a change in their working place, should be taken if this situation arrive.

“Yo en el momento, en un futuro que espero que nunca llegue, pero que yo vea que estoy quemada... yo dejaría la profesión, no sé si para siempre o para un tiempo, pero yo lo dejaría.” Cris Mateos

“Puedo entender que sea así, puedo entender que lleves muchos años en el tema y estés muy cansado de... pero entonces, más vale que cambies de trabajo, porque lo estás haciendo mal.” Elisa

One of the nurses mentioned she thought that compassion fatigue was more related to an excess of work weight than to an excess of compassion.

8.3.5 Working Team

Nursing is a highly team work profession. It was important to make them think over to know if the people who work with them side by side, the rest of the working team, had compassion so linked to their professions as nurses have.

Most of the answers weren't conclusive, although they accept there's a part related to the different doctor's status, they referred that it depends more on the person than on their academic training.

“A nivel de médicos, hay muy pocos médicos que tengan un acompañamiento compasivo del paciente. Yo te diría que, a lo largo de mi trayectoria profesional... dos, tres... como mucho. No, no hay un acompañamiento compasivo... para nada.” Dori

“Creo que puede ser que donde yo trabajo no depende tanto de qué categoría laboral tengas, los valores y la trayectoria que tenga cada uno...yo creo que la cosa va más por aquí...” Cris Elbaile

Some of the interviewees established a direct relationship between the time one spends beside the patient and the capability of building an empathetic and compassionate caring relation.

“Que si... si... una persona siente miedo puntualmente a las doce de la noche... el médico, si no está, no está... el psiquiatra si no está no está... el psicólogo si no está no está... el que siempre está es el enfermero...” Elisa

One of the nurses highlighted the importance of team-working to collaborate with one another and this way being able to give a better compassionate attention.

8.4 EXPERIENCES

The last category is about the personal experiences of the interviewees and it is subdivided into experiences and practice and finally, a sharing space.

8.4.1 Experiences and practice

It was very interesting to offer a space during the interview in which nurses could share stories from a personal point of view, a space to give voice to narrations of personal lived situations that were important for them in relation to compassion and their job.

I asked them if they had felt real lack of compassion with any patient any time and the answer was positive in all cases. These situations happened to all of them in different ways and in different work places.

“no siempre es fácil ser compasivo... es complicado tratar a alguien cuando tú a lo mejor no estás bien, ¿sabes?” Cris Mateos

“Entonces, cuando ves personas que intentan manipularte de esa manera, llega un momento que la compasión se te acaba. Es verdad. Y la paciencia también. Y no me gusta ser así, entonces ya, ya, no soy compasiva, soy enfermera directa.” Dori

The way of reacting of the interviewees facing these situations is usually to keep on going with their task, regardless the difficulties about giving compassionate care this way. At this point they recognize that taking some distance from the more human part of their job is a strategy.

“I sí que hi havia vegades que pensava... fffff... costa una mica, però bueno... sabent que has d'entrar a l'habitació, agafes aire, intentes... fer-ho lo millor que pots i si li has de dir que aquesta no és la manera correcta li dius bé... però penso que s'ha de ser... de vegades encara que costi, s'ha de tenir aqueta part humana... la compassió amb un pacient. Costa, però es pot. Segons en quins casos [riu].” Mar

8.4.2 Sharing

To finish the interview, they were given the chance of talking openly about personal experiences as patients (or patient's relatives) in which they felt lack of compassion in treatment. Some of the fragments are shown below.

“Yo tuve una, unaaaa, una sensación de poca compasión cuando, cuando di a luz a mi hija. O sea, fui tratada peor que un perro. Y eso se me quedó grabado en el alma. Porque además es un momento muy tuyo, muy propio, que te destrozan, y no te llevas un bonito recuerdo, al revés, yo no... no recuerdo el parto de mi hija como algo bonito y algo vivido de una manera intensa... No, no, yo sólo recuerdo lo mal que me lo hicieron pasar. Y la poca compasión que tuvieron conmigo. (...) Pero es que NADIE se compadeció de mí. Nadie se compadeció de mí. Y claro, esa noche la recuerdo como la peor noche de mi vida. Cuando debería haber sido todo lo contrario” Dori

“Però clar, jo em vaig sentir, desamparada perquè la doctora no va tenir cap mena de compassió amb mi, em va dir ‘ep!’ Llavors clar. És per telèfon a més a més, et sents que no saps res, perquè clar ells t’ho expliquen amb un llenguatge, que si no tens idea, et quedes igual. Llavors, penso que és molt important.” Mar

One of them told us that some negative experiences in the past help her nowadays to think about her profession and try to be better every day.

“De falta de compasión sí, de hecho, fue lo que más fuerza me dio para la decisión, que siempre había querido ser enfermera pero realmente lo que más me hizo sentir que quería cambiar cosas fue... fueron varias cosas que pasaron cuando mi marido estaba enfermo de cáncer terminal y bueno pues, sí, sí, hubo varias cosas que había que cambiarlas...” Elisa

But not everything was so negative in their stories, they also shared situations in which a profound compassionate care could be recognized, being given by them or working companions.

At the end of the interview, nurses' words reflect satisfaction when they do their job the way they consider is correct, including when they give compassionate care.

“El hecho de que me agarrara aquella mano mientras le quitaban el tubo y que ella dijera “no te vayas” y me cogiera la mano... bueno, yo eso no lo voy a olvidar en la vida... no lo voy a olvidar en la vida...” Dori

9. DISCUSSION

9.1 COMPASSION

9.1.1 Conceptual aspects

Concerning the question about compassion as a concept, the majority of the interviewees agree that when it emerges is in really difficult situations, as Nussbaum states (3), it is one of the required features for it to happen. They also have clear in mind the difference between empathy and compassion and that this latter implies action (5).

All the interviewees point out, as Mèlich explains (2), that sometimes compassion implies to step outside the accepted rules and it is necessary to give more individual attention.

9.1.2 Religious origin

All the interviewees live in a non-denominational environment but in a culture linked to Christianity. They relate the origins of nursing to a religious nature (30) but they do not establish a direct link to the way it is practiced currently. Some of the interviewees who are over forty even deny that religion is compassionate but rather punishing

In this point, I would like to highlight the fact that the education they each have received at a personal level and the relationship they have with religion and beliefs play an important role, making it difficult to establish a general relation, even though it has been homogeneous in this group

What I have noticed is that nursing studies, as they are taught nowadays, they do not have a strong link to the altruistic character that it might have had in its more religious origins. The curriculum has been designed as a degree in the Science branch and, as such, based on scientific evidence. This is perceived during the interviews.

9.1.3 Inborn ability or learned?

The answers are varied. You can somehow intuit that the interviewees (5 out of 7) would like to think that they are special for the fact that they have chosen a job where they deal with people, that their job is vocational (13). They compare quite often how different it is to work on an assembly line and how necessary it is to be aware of the implications of working with people, and even more, with people who suffer.

Only two of the interviewees had clear in mind that they hadn't chosen nursing out of vocation and, therefore, compassion is not inborn for them to practice within the scope of their job. However, they also admitted that having studied nursing and having some given experiences, it has made them think over the meaning of working as nurses.

9.2 COMPASSION AND UNIVERSITY

9.2.1 University studies

All the interviewees agreed that compassion is not taught in the university. The closest concepts were definitions related to the subject of Therapeutical relation in second year or Ethics in the first year. (<http://www.urv.cat/ca/estudis/graus/oferta/plans/ciencies-salut/infermeria-grau-2016/>). Although during the work practices some Gibbs' reflexive cycles are carried out, none of them mention an example for reflection about compassionate acts. Notwithstanding the fact that authors like Bradshaw (31) propose some similar improvements into teaching that could lead to a reconnection with compassion, which he considers undervalued.

As Feito (4) points out, a compassionate attitude is far from being taught and even more, assessed, due to its subjectivity.

All the interviewees highlighted the difference between theory and real practice, which differs too, regarding the working practices that are carried out during the studies (32).

9.3 COMPASSION AND NURSING

9.3.1 Meaning

Concerning the question about the meaning of compassion applied to nursing the interviewees highlighted its importance in many of the aspects related to this profession

Humanisation of the care is highly emphasized during the nursing degree in the Rovira i Virgili University, following the model described by Jean Watson (33) and it is a message found in the discourse of all the interviewees.

9.3.2 Practical implementation

The interviewees name many possible ways of compassion being implemented. Being able to listen to a person, giving him/her your hand or remaining in the room for five more minutes are given the same importance. They positively highlight the fact of

having a compassionate attitude more than knowing the techniques and carrying them out perfectly or properly administering medications (14).

It has been remarked that compassion varies according to the service where one works, which agrees with Efstathiou (34), who highlights that when compassion is difficult to directly apply to the patient, it is with the family or the caretakers with whom the link is established.

9.3.3 Time

Time is a factor regarded as important by all the interviewees when facing compassionate care (21,22). The more time available to be with the patient, the better dedication to establish proper relationships of trust and intimacy which will help to a better understanding of the person. An individual relationship is what differentiates a compassionate treatment from one that it is not.

9.3.4 Compassion fatigue

Compassion fatigue will not be dealt in depth. Even though it is not a term which is currently present in the discourse of the nurses interviewed, it is recognized as such when they are asked if they could identify an experience being lived or if they could project how would they act if they found themselves in a situation of burnout due to compassion fatigue.

There's a lot of literature written on the subject (28), mainly from 2008 onwards.

9.3.5 Workingteam

Along with nurses, several multidisciplinary professional teams work together: nursing assistants and doctors mainly all the time and depending on the function of the service; psychologists, nutritionists and social workers.

None of the interviewees questions the direct link between nursing and compassion, described as such by McCaffrey (15) in his revision. The result is not so obvious when trying to establish this link with other health professions. The majority of the interviewees refer to the relationship according to the time spent next to the patient and that nurses are the ones who spend most of the time or the most critical moments.

9.4 EXPERIENCES

9.4.1 Experiences and practice

This part of the assignment reflects how, going back to Nussbaum (3), it is not always that easy to be compassionate with the others. There are given situations where either because of personal issues, or because of cultural or external factors, it is difficult to be compassionate (22).

At this point, the majority of the interviewees move from working in a compassionate way to carrying out the techniques trying to keep the minimum personal contact with the patient.

9.4.2 Sharing

The last section was open to give free way for the interviewees to express themselves. They all remembered important moments when they had lived compassion directly. What they all highlight is that those are unforgettable moments which give meaning to the profession they have chosen.

It would maybe differ from the feeling given by Collete (11) that the link between choosing nursing studies and vocational compassion was getting lost.

10. CONCLUSIONS

Compassion is a term that has been used for many centuries, practically since the beginning of humanity. The older texts come through philosophy, which has been devoted to analyze the grounds and reasons that lead to being or not compassionate. The concept of compassion also appears in various monotheistic religions, being considered a good of God, or a path to follow or an objective to fulfill with others.

At the beginnings of nursing as a profession, compassion appears as a concept closely linked to Christianity with Florence Nightingale as a model. From this point, nursing has always been related to compassion, much more than with other health professions.

Towards the 1970s the profession underwent a major change, increasing the technification and moving away from its most humanistic side. This point has been restored in recent years with the importance given to the humanization of caring for new nursing models. The complication lies in a good transmission from the University of the knowledge about a term that is subjective, difficult to teach and even more to assess.

New nurses know that finding the balance between the two points, technification and humanization seems to be the most successful way. Also, we must understand nursing as a profession in which the time devoted to the patient is crucial. Since the global crisis started in 2008, work overload makes it more difficult to exercise it with satisfaction, both by the professional and the user.

It has been interesting to open spaces for dialogue on nursing tasks in general, where to rethink the profession and, in this particular case, reflect on compassion and bring conclusions that help us offer better care and, at the same time, provide us with personal satisfaction.

11. PROPOSTA DE MILLORA

Després d'analitzar els resultats es pot concloure que som davant un concepte abstracte i subjectiu, però íntimament lligat a la infermeria. Es pot concloure també que tot i ser un terme difícil de definir, sembla fàcil de reconèixer dins les diferents accions dins la tasca diària d'infermeria.

Durant la recerca hem vist també que tot i no ser un terme fàcilment quantificable, els usuaris del sistema de salut són capaços de detectar quan hi és present i quan no.

En l'altre àmbit analitzat, el dels estudis universitaris, trobem doncs el mateix resultat: no sembla un concepte que sigui ensenyat d'una manera concreta, però sí que la idea del que significa i que és important per exercir la infermeria, arriba als alumnes.

Per aquest motiu el pla de millora que es planteja afecta als dos àmbits:

1. En l'àmbit acadèmic

En tot els estudis de grau només es realitza un Cicle de Gibbs referent a Ètica, en el qual s'ha de treballar específicament un dels conceptes de bioètica. Però donat que en realitat la compassió apareix en molts dels Cicles Reflexius de Gibbs que es treballen durant les pràctiques, la idea consistiria en fer-ho d'una manera més conscient.

La proposta seria: realitzar un Cicle de Gibbs sobre una acció observada en relació amb la compassió a cada curs i, un cop arribats a l'últim curs reunir-los tots i

realitzar un treball en què es pugui observar l'evolució i com l'estudiant ha madurat la idea.

2. En l'àmbit laboral

En l'àmbit laboral la proposta consisteix en reunir grups multidisciplinaris, on hi constin tots els estaments sanitaris que tenen relació directa amb els pacients, per establir espais de reflexió sobre la compassió i com millorar la seva aplicabilitat. Aquests grups haurien de ser independents per cada servei, ja que les característiques en el cuidar compassiu hem vist que difereixen.

Aquests espais es concretarien en forma de tallers pràctics on els participants, a partir de l'observació del seu treball diari en relació a situacions de manca de compassió, reflexionarien sobre els elements claus de la mateixa i treballarien fer propostes de millora en l'atenció.

Les preguntes proposades per reflexionar serien semblants a les contingudes en aquest treball:

- Per què has destacat aquesta situació? Fer una petita descripció.
- Quin és l'element clau que creus que provoca la manca de compassió? Assenyalar si és individual o si és inherent al servei.
- Quina proposta de millora faries? Poden ser varies i de caire individual o col·lectiu

Les reunions es proposen trimestrals i l'assistència idealment hauria de ser voluntària, però per garantir el treball en equip es demanaria a tot el personal assistir-hi com a mínim un cop l'any.

Els grups estarien conduïts pel mateix personal de l'hospital i es recolliria una acta amb les propostes, avaluable a la següent reunió.

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13. ANNEX I

Consentimiento informado trabajo de fin de grado

NOMBRE ESTUDIO: COMPASIÓN EN ENFERMERIA, APROXIMACIÓN CUALITATIVA

INVESTIGADOR: ANAHI GALAN

Este Documento de Consentimiento Informado tiene dos partes:

- Información sobre el estudio
- Formulario de Consentimiento

PARTE I: Información

1. Introducción

Este estudio es sobre la compasión en enfermería. Se trata de realizar una revisión sistemática de la literatura y complementarla con un estudio cualitativo que constará de entrevistas semi-estructuradas.

2. Propósito u objetivo del estudio

El objetivo del estudio es indagar sobre el concepto y orígenes de la compasión en enfermería y preguntar a enfermeros noveles sobre cómo lo aplican en su trabajo día a día.

3. Selección de participantes

Los criterios de inclusión de los participantes son que hayan estudiado enfermería en la Universitat Rovira i Virgili y que lleven menos de un año en activo como enfermeros.

4. Participación Voluntaria

La participación en esta investigación es totalmente voluntaria. Puede elegir participar o no hacerlo. Puede cambiar de idea más tarde y dejar de participar aún cuando haya aceptado antes.

5. Procedimiento

Se realizará la entrevista en un entorno tranquilo y se grabará. Posteriormente la entrevista será transcrita y se analizarán las respuestas para realizar el trabajo. Algunos de los fragmentos de las entrevistas pueden aparecer en el mismo.

8. Duración

La entrevista tendrá una duración de 45 minutos.

9. Confidencialidad

No se compartirá la identidad de los entrevistados, a menos que den su consentimiento para ello, utilizando un alias si hiciera falta. No se publicará ningún nombre ni dato real de pacientes que puedan aparecer durante las entrevistas.

10. Compartiendo los Resultados

En el caso de obtener una nota superior a 8/10, el trabajo quedará depositado en el repositorio de la Universitat Rovira i Virgili con libre acceso de consulta.

11. Derecho a negarse a participar o retirarse del estudio

Usted no tiene por qué tomar parte en esta investigación si no desea hacerlo. Puede dejar de participar en la investigación en cualquier momento que quiera. Es su elección y todos sus derechos serán respetados.

12. A Quién Contactar

Si tiene cualquier pregunta puede hacerlas ahora o más tarde, incluso después de haberse iniciado el estudio. Si desea hacer preguntas más tarde, puede contactar directamente con la investigadora ANAHI GALAN en la siguiente dirección de e-mail: anahi.galan@estudiants.urv.cat

PARTE II: Formulario de Consentimiento

He sido invitado a participar en el trabajo de fin de grado: LA COMPASIÓN EN ENFERMERÍA, UNA APROXIMACIÓN CUALITATIVA.

He leído la información proporcionada o me ha sido leída. He tenido la oportunidad de preguntar sobre ella y se me han contestado satisfactoriamente las preguntas que he realizado. Se me ha proporcionado el nombre de una investigadora que puede ser fácilmente contactado usando el nombre y la dirección que se me ha dado de esa persona.

Consiento voluntariamente participar en esta investigación y entiendo que tengo el derecho de retirarme de la investigación en cualquier momento.

Nombre del Participante _____

Firma del Participante _____

Fecha _____

Día/mes/año

14. ANNEX II

Schedule

The proposed schedule was the following (see table next page):

- Job justification → Ending October
- Beginning of literature review → November
- Introduction and methodology justification → Ending November
- Literature review to begin theoretical framework and defining interview questions → December
- Interviewing → January and February
- Interview transcription → February and March
- Interview analysis and relation to theoretical framework → First half June
- Results presentation, discussion and conclusions → Second half June
- Finished job presentation → First half July
- PowerPoint preparation → August
- Job Defence → Beginning of September

Title: **COMPASSION IN NURSING: A QUALITY APPROACH**

SCHEDULE				
	MONTH	2016		
		OCT	NOV	DEC
Activity				
JUSTIFICATION				
BIBLIOGRAPHY SEARCHING				
METHODOLOGY				
INTRODUCTION				
TEHORETICAL FRAMEWORK				
INTERVIEW DESIGN				
INTERVIEW REALISATION				
INTERVIEW TRANSCRIPTION				
INTERVIEW ANALYSIS				
RESULTS				
DISCUSSION				
CONCLUSIONS				
END WRITING				
PREPARE PRESENTATION				
PRESENTATION				

SCHEDULE								
Activity	MONTH	2017						
		JAN	FEB	MAR	APR	MAY	JUN	JUL
JUSTIFICATION								
BIBLIOGRAPHY SEARCHING								
METHODOLOGY								
INTRODUCTION								
THEORETICAL FRAMEWORK								
INTERVIEW DESIGN								
INTERVIEW REALISATION								
INTERVIEW TRANSCRIPTION								
INTERVIEW ANALYSIS								
RESULTS								
DISCUSSION								
CONCLUSIONS								
END WRITING								
PREPARE PRESENTATION								
PRESENTATION								

15. ANNEX III

Open questions

9. What's the meaning of compassion for you?
10. What's the meaning of compassion related to nursing?
11. Do you think compassion is inborn?
12. Do you link compassion to a religious meaning?
13. Do you think that compassion is a concept that it's taught in university?
14. How do you understand the day-to-day application of compassionate care?
15. Have you ever been in a situation where you couldn't bring compassionate care at all?
16. Would you please share with me any personal situation in which you have experienced compassion (giving and/or receiving)?

16. ANNEX IV

Table summarizing the articles used in this research

Main Author	Title	Year	Qualitative/ Quantitative	Conclusion
Coetzee, S.	Compassion fatigue within nursing practice: a concept analysis	2010	Qualitative	Qualitative analysis of compassion fatigue term
Mèlich, JC.	Ética de la compassion	2010	Book	Analysis of compassion from a philosophical point of view
Nussbaum, M.	Compassion: The basic social emotion	1995	Part of a book	Analysis of compassion from a philosophical point of view
Feito, L.	Los cuidados en la ética del siglo XXI	2005	Qualitative	Nursing is a moral practice and nurses should take it as a responsibility
Davison, N.	Compassion in nursing. 1: Defining, identifying and measuring this essential quality.	2009	Qualitative	Delivery of compassionate care is more than the competent execution of clinical skills
Pfau-Effinger, B	Culture and Welfare State Policies : Reflections on a Complex Interrelation	2005	Qualitative	Offer a theoretical framework to analyse relationship between culture and welfare state policies
Rodríguez, C.	Sobre ética y moral	2005	Qualitative	Review of moral and ethic through different philosophers
Curtis K,	Student nurse socialisation in compassionate practice : A Grounded Theory study	2012	Qualitative	Socialisation in compassionate practice is compromised by dissonance between professional idealism and practice realism
Tronto, JC.	Care as a Basis for Radical Political Judgments	1995	Part of a book	Care should be taken into account to political judgements
Käppeli S	Compassion in Jewish, Christian and secular nursing. A systematic comparison of a key concept of nursing (Part I)	2008	Qualitative	The topos of the Compassionate God laid the foundation of the tradition of the ethics of compassion in nursing (part I)
Straughair C.	Exploring compassion: implications for contemporary nursing. Part 1	2012	Qualitative	Re-endorsing the concept of compassion as a core and fundamental nursing value
Käppeli S	Compassion in Jewish, Christian and secular nursing. A systematic comparison of a key concept of nursing (Part II)	2008	Qualitative	The topos of the Compassionate God laid the foundation of the tradition of the ethics of compassion in nursing (part II)
Carter M.	Vocation and altruism in nursing : The habits of practice.	2014	Qualitative	Ideas about the significance or meaning of a vocation and altruism in nursing have changed over time
Fry M	Nursing praxis , compassionate caring and interpersonal relations : An observational study	2013	Qualitative	compassionate caring is central to nursing praxis
McCaffrey G	Compassion: a critical review of peer-reviewed nursing literature	2015	Qualitative	Compassion is a human experience of deep significance to nursing and needs understanding in the context of healthcare environments dominated by discourses of efficiency and rationalisation

Rodríguez-jiménez, S.	Una mirada fenomenológica del cuidado de enfermería	2014	Qualitative	Care is present and is inherent to human condition and existence
Straughair, C.	Exploring compassion: implications for contemporary nursing. Part 2	2012	Qualitative	It is essential to ensure that nurses are able to respond to patients with humanity and kindness, and deliver high-quality, compassionate care to all
Richardson, C.	Nursing therapeutics : Teaching student nurses care , compassion and empathy	2015	Qualitative	It is possible to develop materials to enable student nurses to learn how to care using compassion and empathy
Sturgeon, D.	Measuring compassion in nursing	2008	Qualitative	Much of nurses' job is necessarily private, undisclosed to the public and therefore immeasurable in qualitative terms
Bradshaw A.	Measuring nursing care and compassion: the McDonaldised nurse?	2009	Qualitative	Nurse's tradition and its essence, is immeasurable, unquantifiable, and often unobservable
Arzouman J.	Care, Compassion and Communication in Professional Nursing: Art, Science, or Both	2015	Qualitative	The most treasured nurses are those who remember the three C's—caring, compassion, and communication
Valizadeh, L.	Nurse's perceptions of organizational barriers to delivering compassionate care: a qualitative study	2016	Qualitative	For compassionate care to flourish, policy makers, managers, and healthcare providers must foster an organizational atmosphere conducive to compassionate care
Curtis, K.	21st Century challenges faced by nursing faculty in educating for compassionate practice : Embodied interpretation of phenomenological data	2013	Qualitative	Enabling the learning of and on-going engagement in compassionate practice by nurses is a critical issue for nursing and nurse teachers
Curtis, K.	Compassion is an essential component of good nursing care and can be conveyed through the smallest actions	2015	Qualitative	Compassionate practice does not simply rely on an individual demonstrating empathy and kindness but on the moral, emotional and organisational environment within which that individual learns their caring craft
Lachman, VD	The New Code of Ethics for Nurses with Interpretative Statements'(2015): Practical Clinical Application, Part II.	2015	Qualitative	This revised Code provides nurses with the guidance to continue to earn the public's trust
Lachman, VD	The New'Code of Ethics for Nurses With Interpretive Statements'(2015): Practical Clinical Application, Part I.	2014	Qualitative	This revised Code provides nurses with the guidance to continue to earn the public's trust
Van der Cingel, M.	Compassion in care: A qualitative study of older people with a chronic disease and nurses	2011	Qualitative	Compassion is a valuable process which motivates patients as well as nurses to cooperate in achieving relevant outcomes of care
Yoder, EA.	Compassion fatigue in nurses	2010	Both Quantitative and Qualitative	Being aware of the triggers and coping strategies may help the nurses and their managers deal with the inevitable stressors which nurses face on a daily basis

Fotaki M.	Why and how is compassion necessary to provide good quality healthcare ?	2015	Qualitative	Relationship between compassion as an aspect of professional ethics on the one hand, and values and norms that institutions and specific policies promote on the other hand, must be highlighted
Davison, N.	Compassion in nursing. 2: Factors that influence compassionate care in clinical practice.	2009	Qualitative	It is vital that nurses, whether in practice, education or leadership positions, engage in the debate about defining and communicating the role of compassion in nursing
Bradshaw A.	Relink education with practice to restore compassion to nursing	2014	Qualitative	Students should observe compassion and competence enacted by their teachers—not just in words but in actions
Keogh, K.	HCA pilot is a route to nursing but 'is not about teaching compassion'	2014	Opinion	Article assessing a pilot program to improve compassionate care giving
Cara, C.	S'appropriier la théorie du human caring de Jean Watson par la pratique réflexive lors d'une situation clinique	2008	Qualitative	Nurses should do an effort to maintain the humanistic approach in their jobs
Efstathiou, N.	Compassionate care during withdrawal of treatment : A secondary analysis of ICU nurses' experiences	2017	Qualitative	ICU nurses, motivated by compassion, may feel justified in taking measures that are in the interests of the family rather than the patient