

Compassion: A Concept Analysis

Maria L. Schantz, RN, PhD

Compassion is a quality deemed sine qua non for nursing and claimed to underpin the profession in its larger-than-life scope. Yet the meaning of the concept "compassion" (or "compassionate care") is neither clearly defined in nursing scholarship nor widely promoted in the context of contemporaneous everyday nursing practice. The term in its moral dimension has, at best, been downgraded as an optional practice in everyday nursing care and, at worst, dismissed as lofty ideals connected to other disciplines, such as religion and ethics. A concept analysis using Walker and Avant's strategic method as well as Rodgers's evolutionary paradigm was undertaken to clarify the meaning of the concept "compassion" and examine its relevance in the context of everyday nursing practice.

Search terms: *Compassion, compassionate care, everyday nursing practice*

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Introduction

Escalating problems assailing humanity worldwide have urged nursing leaders to launch a formidable appeal to "the heart of nursing." In fact, in anticipating calamities of global proportions, visionary figures, such as Madeleine Leininger, have spent the last five decades developing monumental scholarship to prepare professional nursing to assume leading roles in the daunting mission of implementing unprecedented agenda for caring, whose goal is to alleviate the pandemic ailments afflicting the international community (Gaut, 1993; Gaut & Leininger, 1991). Leininger (Gaut, 1993), for example, sees nursing "making significant difference not only in nursing practices, but health maintenance, well-being ethos, world peace, and human survival" (p. 9). In planning so formidable a mission and inspired by an evolving awareness of reassessing individualized human care needs both transculturally and universally, Leininger (1991) has made monumental contributions to legitimize our current state-of-the-art nursing trends. No doubt, these hard-won achievements might enable nursing not only to assist, but also, on its own merit, to share in healthcare decision-making with traditionally powerful disciplines, such as medicine. Moreover, at last, nursing is given the opportunity to rise to the occasion and use compassion as its most effective strength, if for nothing else, to become more politically active in conflict resolution and prevention stemming from natural as well as man-made disasters at local, community, national, and international levels.

It is noteworthy, however, that while caring (or compassion) is identified as nursing's most precious asset, nursing research (or discourse) featuring the profession's altruistic ideals is not only scarce, but also lukewarm at best. Specifically, the meaning of the concept "compassion" (or "compassionate care") is neither clearly

defined in nursing scholarship nor widely promoted in the context of contemporaneous everyday nursing practice. For instance, nursing research that uses terms such as caring, empathy, sympathy, compassionate care, and compassion interchangeably, implying that these words are synonymous, not only promotes erroneous assumptions, but also compromises the validity of the research findings. Accordingly, using Walker and Avant's (1995) strategic method and Rodgers's (Rodgers & Knafl, 1993) evolutionary perspective as a guide, this concept analysis seeks to clarify the meaning of the concept "compassion" and to examine its relevance in the context of everyday nursing practice.

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Literature Review

Literature for this concept analysis was generated from electronic search, checking the following: Academic Search Elite, CINAHL (Cumulative Index of Nursing and Allied Health), Pre-CINAHL, and Health Source: Nursing/Academic Edition. Key terms were "concept analysis" and "compassion" (or "compassion" and "concept analysis") from 2004 to 2005. The CINAHL search yielded 426 articles featuring the following issues: "compassionate care," "compassionate action,"

"compassionate work," "compassionate nurse," "caring," and "empathy." Only one article contained the word "compassion" in the title. To define the word compassion, various English dictionaries were consulted; textbooks on nursing theories (specifically those related to the theory of caring), academic journal articles, and online sources were reviewed. And as compassion conveys close relevance to the fields of religion (e.g., Christianity and Buddhism) and ethics, literature from these disciplines was used as well.

Identifying a Definition of Compassion

Walker and Avant's (1995) method lends itself useful for my purposes because in its directive for concept analysis selection, the method suggests that a concept ought to be chosen either if it satisfies personal interest or if it "has always bothered" the user (p. 40). The concept of compassion, in the author's case, became bothersome at the very inception of my nursing career. Shortly following graduation from a rigorous baccalaureate program, I came in contact with the proverbial "reality shock" many a novice nurse encounters while making her debut in the hardly nurturing milieu prevalent in the "real world" of the healthcare establishment. "Reality shock" represents the crucial period when the novice nurse struggles to uphold the holistic knowledge/principles amassed in nursing school against the rigid rules that govern "the real world" of everyday nursing practice in a typical hospital ward. These rules, MacIntyre (1984) asserts, are "the external goods" that guarantee economic profits for hospitals, community healthcare institutions, and healthcare administrators. The economic-controlled agenda, which controls hospitals/healthcare institutions at the administrative level, impacts the entire dynamic of the everyday nursing care practice because the noble ideals many a novice nurse brings from nursing school often tend to conflict with the power struggle pervasive among senior staff.

The ensuing conflict is complex and multifaceted. One of its prevalent manifestations presents as follows:

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during stressful moments, male (or at times, also female) physicians lash out at senior nurses, who, in turn, lash out on fellow nurses, who then target the junior staff. Next, the unresolved crisis infests the working environment with resentment, low morale, and mediocre performances. In my case, so dismal a conflict proved beneficial to my professional as well as personal growth. It reaffirmed my conviction that had inspired me to enter nursing in the first place—to be me and do that well, as recommended in the teachings by St. Francis de Sales. In choosing to act in good faith rather than succumbing to oppression and potential emotional impotency, I made the conscious decision to choose compassion not only as the mandate to give directions to my nursing decisions and actions, but also as the major inspiration to achieve excellence in my everyday nursing practice.

My own painful encounter with “reality shock” in the “real world” of the hospital ward also inspired me to become an exemplar of competence and compassion to junior staff. Hence, rather than becoming an agent of oppression that would turn novice nurses away from the profession, I volunteered to serve as their mentor. Virtues or vices can undergo similar fates. Compassion, in my view, is just as contagious a behavior as apathy or indifference.

Concerning the use of Rodgers’s evolutionary perspective (Rodgers & Knafl, 1993), I found it useful to my purpose because, in spite of the transitory nature concepts have in Rodgers’s method, they are given, nonetheless, the opportunity to reach widespread acceptance and application as the perspective lends itself effective in solving problems within the discipline and, ultimately significant to the discipline. Hence, at this crucial moment when professional nurses are summed up to answer the challenges that will impact the viability of our profession as well as the viability of humanity within the global context (Tschudin & Schmitz, 2003), it is compassion, in my view, that lends itself more fitting to be recognized, internalized, and applied in everyday nursing practice.

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Compassion is hardly a neologism in the English language or a new ideal in nursing. But as disciplines evolve, traditional lexicon becomes archaic and eventually eradicated. In Rodgers’s evolutionary view (Rodgers & Knafl, 1993), as noted by Sadler (2004), “concepts are contextually located and understood to change over time” (p. 38). In current nursing scholarship and everyday nursing practice, for example, words, such as “caring” and “empathy” have gained popularity. In Sadler’s study to assess students’ baccalaureate program admission essays, she observed that compassion was replaced by caring. Yet, it was compassion, she argues, that “early nurse leaders identified . . . as a characteristic of a ‘good’ nurse” (p. 37). In her article, Sadler quotes the study by Hamilton (1994), which lists nursing leaders, such as Lavinia L. Dock, Lillian D. Wald, and Annie W. Goodrich, who considered compassion not only the essence of nursing, but also an inherent quality a nurse should have (as cited in Sadler, 2004). Sadler reports that for these leaders compassion represented “an internalized motivation for doing good” (p. 37). Compassion transcended mere sentiments. It entailed “making justice and doing works of mercy” (p. 37). Jull (2001) explains the devaluation process, which affected the concept of compassion in society at large and in nursing in particular. In society, greater emphasis has been given to technology; as for nursing, the training pedagogy has historically promoted emotional detachment rather than

"personal engagement" in the alleviation of suffering (p. 16). Most nursing educators believed that "sentiments" had "no place in the drive to professionalize nursing" (p. 16). The researcher goes on to observe that "with the exception of Travelbee . . . , who believed both compassion and sympathy had a place in nursing practice, the outcome of the debate was the devaluation of sympathy as sentimentality and the promotion of empathy as a more professional approach" (p. 16).

Jull (2001) alerts the reader that "empathy," or more specifically, "therapeutic empathy," is a borrowed term. It is, in fact, a tool used in the psychotherapeutic context by psychoanalysts, particularly Carl Rogers, as Hayward (2005) points out. Accordingly, Jull questions its validity or relevance "within the context of acute care non-psychiatric facilities" (p. 17). In addition, Hayward reminds the reader that the word "empathy" surfaced around 1904, not in connection with the medical world, but rather with literary fiction. He traces its usage to works by novelist Vernon Lee, "who was fascinated by ideas of spiritual possession and identification" (p. 1071). Hayward goes on to relate the evolution of the word "empathy" to a deliberate attempt toward "dehumanization of the patient" (p. 1071). It is well to alert the reader that the word "empathy" enjoys widespread popularity in nursing scholarship as an exemplar for optimum nursing practice.

The definition of the word "compassion" is consistent in most of the dictionaries consulted. In the *Oxford English Dictionary* (1989), for example, the word compassion—from the Latin *com* (together with) and *pati* (to suffer)—is defined as:

1. Suffering together with another, participation in suffering; fellow-feeling, empathy.
2. The feeling of emotion, when a person is moved by the suffering or distress of another, and by the desire to relieve it; pity that inclines one to spare or to succour.
3. Sorrowful emotion, sorrow, grief.

In the *Random House Webster's Unabridged Dictionary* (1998), compassion is defined as:

1. A feeling of deep sympathy and sorrow for another who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering.

As synonyms for compassion it lists: commiseration, mercy, tenderness, heart, and clemency.

Related Terms and Differences

Most dictionaries also list "empathy" related to compassion, adding, however, that "empathy" merely connotes a vicarious participation in other people's emotions, ideas, or opinions. Similarly, the word "caring" is defined as a state of mind, which is related to troublesome worries, anxiety, or concern, whereas "sympathy" is defined as an overall kinship with someone's feelings, regardless of the feeling. Significantly, most dictionaries state that the word "compassion" encompasses a deeper sympathy for the sorrow or trouble of one's fellow man. Lastly, what distinguishes compassion from all these related words is its intrinsic motion-generated effect. That is to say, only compassion impels and empowers people to not only acknowledge, but also act toward alleviating or removing another's suffering or pain.

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It is important to note that compassion is not an inherent quality human beings possess. In fact, according to His Holiness the Dalai Lama (2005), people share equal potential to be either compassionate and happy or harmful and miserable (as cited in Gyatso, 2002). In the end, it is all a matter of individual choice.

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In the study of McNeill, Morrison, and Nouwen (1982) on compassion, they examine the link between compassion and humanity. They remark on the positive feelings the word "compassion" evokes. They go on to explain that as compassion is perceived as a necessary result of being human, human beings feel insulted when they are accused of lacking compassion because it implies that they are "nonhuman human beings" (p. 3). In relation to other disciplines, such as religion, either Christianity (Gonzalez-Balado, 1996; McNeill et al.) or Buddhism (Gyatso, 2002), the concept of compassion, defined as a moral virtue and a lifelong journey, is highly praised because of its positive, all-encompassing, long-lasting outcomes.

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In taking the philosophical matter to the nursing context, Dietze and Orb (2000) view compassion as a potential deterrent to making professional decisions. They remark that "compassion can blur our understanding of professional boundaries and professional objectivism" (p. 169). They also ponder whether there is a link between compassion and humanity. Next, they pose the question as to what would happen if nurses were required to use compassion rather than mere empathy in their everyday nursing practice. Lastly, they ask the reader whether nurses ought to be expected to take their role to so high a level. They go on to quote McNeill et al. (1982) on what compassion entails:

Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion into the condition of being human. (p. 4)

Along with acknowledging our fellow man's suffering comes the urge to intervene and abate it. To exercise compassion, however, is not a small undertaking. As Dietze and Orb (2000) comment, "at its heart compassion requires us to transcend traditional boundaries and distinctions . . . compassion suggests that any sense of differentiation between people is removed" (p. 169). They also distinguish compassion from pity because the former "does not define one person as being weak, inferior or lesser in any way against another" (p. 169). Conversely, "pity is a feeling, which conveys condescension and dissociation" (p. 169). In fact, pity may also underscore feelings of plain "arrogance and even fear, as well as a feeling of 'I'm glad it's not me'" (p. 169).

Compassion is not an easy task, especially considering human beings' hedonistic nature. Who would choose pain and suffering over comfort and pleasure? Hence, it is hardly a small wonder that compassion is so rare to find.

Antecedents

It is readily apparent that compassion is incited by the recognition of suffering. That is to say, for compassion to be realized, suffering must be identified and acknowledged.

Critical Attributes

In the nursing literature reviewed, compassion in its moral dimension was neither defined nor demonstrated.

In the clinical setting, at best, it is sympathy rather than compassion that is cultivated.

Compassion, however, has been proposed as a possibility to become incorporated into nursing practice. Dietze and Orb (2000) exhort nurses to reflect "in this need to resist indifference or insensitive familiarity with suffering, and be constantly open to the real needs of the patient" (p. 172). I concur with them that, indeed, "this is a task full of personal, professional and systemic obstacles. However, it is not impossible" to transcend them (p. 172). Dietze and Orb define compassion as "a moral virtue." As such, they assert that for compassion to flourish the following is necessary: acceptance, affirmation, enactment, and evaluation (p. 174). In other words, in rendering effective succor to a patient, the nurse makes the congruent connection between "reasoned justification and morally-driven action" (p. 174).

Consequences

Compassion has its own intrinsic moral and spiritual empowering values. As Dietze and Orb (2000) remind nurses,

Compassionate care...is not simplistically about taking away another person's pain or suffering, but is about entering into that person's experience so as to share their burden in solidarity with them and hence enabling them to retain their independence and dignity. (p. 169)

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A compassionate stance is equally capable of promoting overall social justice. The late Mother

Teresa (Gonzalez-Balado, 1996) often informed her coworkers, "I do not want you to give me your leftovers. Our poor do not need your condescending attitude nor your pity. The poor need your love and your kindness" (p. 19).

Model Case

The motion picture entitled *Wit* (Edson, 1999) serves as an ideal exemplar for what compassion is and is not. In the movie, Vivian Bearing, a middle-aged, renowned English professor at one of America's most distinguished Ivy League universities, is found to have sudden, acute onset of inoperable ovarian cancer. Upon completion of the preliminary tests and procedures at a prestigious research hospital center, Dr. Kelekian, Vivian's ob-gyn oncologist, blatantly informs her that the prognosis is poor. The eminent English professor takes the dismal information with impeccable self-control because she believes she must exercise the utmost propriety congruent with her impressive academic stature. Much to her dismay, however, in the oncology ward, little importance is accorded her either by her famous oncologist or by Jason, the first-year oncology resident who has been designated to follow her case. Coincidentally, the illustrious professor is hardly a stranger to Jason. In fact, as an undergraduate student, he has experienced her pedagogic rigor while taking one of her challenging English courses. By this time, however, the hierarchical order has tilted in his favor. Recently out of medical school, Jason is practicing his first steps toward professional stardom or plain omnipotence, like his senior oncologist mentor. Accordingly, the young resident shows neither regard toward his patient's rights for privacy as he examines her body nor sensitivity as she inquires about the deterioration of her clinical status. He simply goes in and out of the dying patient hospital's room sporting the most detached attitude he can possibly muster. During his visits, for instance, Jason automatically lifts his patient's sheets, exposes the woman's abdomen to examine and palpate it, jots his findings on his clipboard, and exits the room

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as if his patient's body were a simple refrigerator, whose door is allowed to open and close ad-lib.

Among the entire hospital staff, only Susie, the night-shift registered nurse (RN), the sole creature among the entire staff who takes time not only to provide nursing care to Vivian, but also to sit at her bedside and console her during those rare moments Vivian feels comfortable enough to relax from her superhuman stance and share with her nurse the formidable fear she is experiencing as she ponders her impending death. Susie cries and laughs with the patient. The ensuing friendship between the two women is a perfect exemplar of compassion. Susie shares the patient's agony when the latter becomes so nauseated by a full course of chemotherapy. After supporting Vivian's body during a violent vomiting episode, Susie suggests that Vivian might tolerate a cold popsicle. The patient acquiesces to the RN's suggestion, next, Susie returns to the room with two popsicles. She hands one to her patient, and she sits at the bedside to savor her own. The two women proceed to share intimate stories that only two souls can share only after they make an intimate connection.

Moral virtue in my view, from reviewing related literature and personal experience, does not necessarily require heroic deeds. It can manifest itself in small gestures. Like Susie's toward her patient. Mother Teresa (Gonzales-Balado, 1996), for instance, believed that a simple smile could elicit peace. She confessed, "I never will understand all the good that a simple smile can accomplish" (p. 73). In the clinical setting, Dietze and Orb (2000) comment on the power of compassion in promoting healing. They identify how nurses become powerful healers, predicting that "if the nurse is able to develop a relationship of confidence and trust with the patient, not only will healing occur, but the patient's spiritual, emotional and other needs can also be effectively addressed" (p. 172). These authors take this healing power to a higher dimension, arguing that healing means "significantly more than just becoming well, and in which death is part of the healing process" (p. 172).

Conclusions

As noted above, the concept of compassion, or compassionate care, is hardly found in connection with contemporaneous nursing literature. "Caring," "sympathy," or even the more objective word "empathy" have found wider popularity within more recent nursing scholarship. The implication is that these words can be used interchangeably because they supposedly share similar meaning or value. The author found that this is an erroneous assumption. It is equally important to alert the reader that nothing less than *compassion* can empower nursing to assume major roles in solving or preventing problems afflicting the global community. As a human being, many a nurse will say that it was compassion for others that inspired her to become a nurse. Yet to claim ownership to the virtue of compassion, it is necessary first of all to identify, understand, and internalize its profound meaning. The next step requires us to exercise compassion in our everyday nursing practice. Undoubtedly, to exercise compassion is hardly a small task, but it does not have to be an insurmountable feat.

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