

Compassion,  
*the* Core Value in  
Person-centred Care



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By

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Cover image: bronze Anatolian artifacts of human figures, Alaca Hüyük, 2400-2200 BC. Copy of bookfront (in possession of the author) of the Dutch version of 'The dawn of civilisation' by Stuart Piggot (1961), Uitgeverij W.Gaade, The Hague.

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## PREFACE

To have compassion for other people seems natural for those who made caring for others their profession, like nurses and other care professionals do. But compassion often is not that visible in care practices, even though it may be present. Whilst the importance of compassion in healthcare has become evident more than ever in the past decades, healthcare education curricula and contemporary healthcare practices still do not always explicitly discuss the true value of compassion. Whenever I'm working with nurse students, I'm touched time and again by their stories about encounters with care users. Their perceptions and emotions when they genuinely interact with care users who have an impact on them, often bring me back to my own experiences as a nurse. The moments in which I was able to show compassion, are the ones I remember best, because of the responses of care users it induced. Back then, I did not know this was what we would call compassionate behaviour today, and even as a college professor I was sometimes looking for words to explain it. Compassion was for me an elusive concept, as it still is for many people when you start talking about it. This is why I decided to study compassion in healthcare practice. If we are able to name it and give words to the concept, to reach consensus about it, and to make compassion tangible, then we are also able to teach it, research it and show it in our daily practice. And yes, for older nurse scholars among us: you may understand this as a free translation of Norma Lang's famous statement: "if we cannot name it, we cannot control it, finance it, teach it, research it or put it into public policy". When compassion is articulated and described, it means it can be practiced and shown in professional behaviour and used in daily practice. This will take place within a caring relationship of a professional and a person who needs care, which should be a coequal relationship. Compassion, since it is an inseparable component of care, will therefore always be a mutual affair as well. Compassion is doing justice to care users as well as to professional caretakers but will always put care users and everything they feel that is important to them, first.

What I've learned during my studies of compassion, which is described in this book, stems from literature of all kinds of past and present-day scholars who had something to say on the phenomenon. But most of all it comes from people in need of care and nurses and nurse assistants today. Without

them, without all those anonymous participants in my studies, I wouldn't have been able to say anything at all about compassion as it is perceived today, and I wouldn't have been able to write this book. I'm therefore very grateful still for their participation and cooperation. I sincerely hope this book will make compassion tangible in daily practice for student nurses, student nurse assistants, registered nurses and nurse assistants and all professional carers for that matter, because I do believe all professionals in healthcare share the feeling of wanting to be of significance to others. I hope this book will help them to see how compassion can be a conscious part of their care and the relationship they have with those in need of care and how they can themselves benefit from practicing compassionate care.

January 2022, Utrecht, the Netherlands.  
Professor Margreet van der Cingel (PhD, MscN, RN)



# INTRODUCTION

## **Compassion, *the* core value of care**

In this book compassion is being considered as *the* core value of professional person-centred care. Compassion is described in many ways but is commonly seen as to feel for someone or to have sympathy with someone who suffers. For many nurses and healthcare workers the implicit value and motivation for their work is to feel for others who are ill and in need of care. This used to be the case in former days in the 20<sup>th</sup> century when professional nursing developed itself, but it still actually is, as we will see in this book. Nurses today are still choosing professional nursing because they are committed to other people and want to be of some significance to them. They value this specific commitment and want to express it in their daily care. If it is in some way difficult or troublesome to show compassion in their work environment, for example because of a non-endorsing work culture or a high workload, nurses feel conflicted.

Those who need care, care users, residents, clients, always are persons first and foremost. As a person, one wants to be acknowledged as the person and individual one is. Especially during times of illness and misfortune in life. People feel compassion coming from care professionals is a necessity provided that compassion is seen as a sincere emotion which expresses a kind of joining in another person's joy or grief within an equal relationship. Care without compassion is being perceived as cold, bare and loveless. In fact, people say that care without compassion is no care at all. Care with compassion, however, truly is good care. Compassion is the heart and soul of care, one could therefore say. But compassion isn't solely an emotion or human experience in which feelings, the affect, plays its role. To express compassion in a way that fits the person to whom it is directed within professional care, demands much more. It demands the use and application of several sources of knowledge and a broad variation in skills. One can broach, develop and put compassion into practice as a professional competency. This is why nurses and nurse students are able to learn to "use" compassion, which is possible without losing the genuine feeling it also is. It is necessary though, to also acknowledge the feelings of professionals as the valuable emotions that they are. This book will make a plea for compassion and

emphasize professional nearness rather than professional distance which is mostly seen as the norm in healthcare.

### **Significance and necessity of compassion in nursing care**

The content of this book is based upon a PhD-study and two follow-up studies which contained literature reviews and empirical research in daily nursing practice. Many older people with a chronic disease and nurses and nurse-assistants spoke about the importance and significance of compassion in their lives and their practices during interviews and focus groups which were performed in these studies. They not only spoke about the fact that compassion is a very pleasant and comforting aspect of care, but also emphasized the very necessity of compassion. Compassionate care is necessary because it helps to consciously find out specific personal information about people which otherwise would have stayed hidden. This is done by using saliency as a basic component for compassionate behaviour. The subsequent use of specific personal information makes it possible to personalise care tuned to the needs, wishes and lives of the people who need it.

Compassionate care also is a necessary phenomenon because of the consequences of care without compassion. Without compassion, care does no good to people and causes pain. Without being salient to someone's emotions, without 'joining in' those feelings that come with loss and suffering, there's neglect. Neglect is damaging and causes more pain and suffering, in addition to the pain and suffering that is already there because of illness or the consequences of being ill. Therefore, compassion is not a luxury in care today. Compassion is *the* core and underpinning value for the realisation of humane and person-centred nursing care.

### **Compassion and person-centred care**

Person-centred care is the kind of care which sees a human being for the person he or she is and places that person in the centre of attention. Person-centred care is an overarching and internationally used concept under which can be ranged a lot of theories, views and conceptual models that have human beings as a main concept. Person-centred care therefore is rooted in humanistic (nursing) theories. In addition, ethics of care theories, views and models have also influenced the rise and development of all kinds of person-centred care theories. The person-centred approach by Carl Rogers, and in dementia care the work of Tom Kitwood, are widely known and may be

considered the founding philosophies for person-centredness. Validation therapy by Naomi Feil and the chronic care model are other examples of person-centredness made tangible for practice. Also, a much-used person-centred model is that of McCormack and McCance. They address specific concepts such as personhood, care environment, person-centred processes within the relationship of professional and care user, professional competency and commitment, and person-centred outcomes as in good care experiences, and well-being and involvement in care. These concepts help to put person-centredness into daily practice. Values such as compassion, empathy, mercy and benevolence are often mentioned in relation to person-centred care. These values emphasize especially the humanistic character of person-centredness. One could say that person-centred views on care are value-based theories par excellence, contrary to more or less instrumental views on care. Value-based views on care are views that cherish the thought that the giving and receiving of care has a value of its own. This is to say that to take care of someone has value even without a specific outcome whatsoever. Instrumental views on care have the premise that care should lead to some result, to the cure of a disease or the improvement of well-being of a person, for example.

At first sight, person-centred views on care seem to have a lot in common. But, although all views tend to take more or less the same values as a starting point, they do differ. Some views and theories are developed and meant for a specific segment of professional care. Rehabilitation theory, which aims at maintaining one's personal and societal functioning, is very suitable in the context of psychiatric and drug or addiction care contexts. Value based care theories in which the enhancement of care user autonomy and dialogue are the central concepts, are often used in chronic care and home-healthcare organisations. Validation therapy is specifically developed and suitable for dementia care. Nevertheless, since all these views describe their underlying values in slightly different and sometimes overlapping terms and definitions of empathy, compassion, warmth, etc., it can be confusing to differentiate. Descriptions of values are susceptible not only to the times and societal contexts in which they are written, but also to the system of values of the theorist that is describing them. This publication will therefore give an overview and description of compassion and compassion-related values which stem from all kinds of perspectives. Therefore, compassion as it is discussed here, can be seen as a fitting and evidence-based core value relevant to person-centred care in today's time and age.

## **Research base of the book**

This book is based upon research done in several studies on compassion. First a PhD study was done which consisted of a theoretical and philosophical exploration of compassion, a study of compassion in the history of nursing and an empirical study in contemporary daily nursing practices. In addition to this PhD study, another two empirical master studies were performed on the role of compassion within the development of the professional nursing identity and the strategies of novice nurses on sustaining and developing compassion. All studies were initiated because of the need for clarification on the concept in daily practice and the premise that compassion is supportive to good, professional nursing care. Compassion is often mentioned as an important phenomenon, but the exact significance is not that clear, neither for nurses nor for care users. The research population of these studies on compassion consisted of older persons with a chronic illness, nurses and nurse assistants, and nurse students. Chronically ill people often need care for longer periods in their lives and to an increasing extent. Therefore, they also need to make use of all kinds of healthcare services such as hospitals, home healthcare organisations and nursing homes, and the nursing professionals that work with them. They also need to continuously adjust themselves to the consequences of their illness. More often than not they experience all kinds of losses because of which they need to give up on what they would want in life. Loss plays an important role in originating (the feeling of) compassion.

The following research questions were articulated:

- What is the nature and significance of compassion for older people with a chronic disease in nursing practice? (PhD-studies)
- What is the significance of compassion within the development of the professional identity in graduating nursing students? (Master study)
- How do novice nurses perceive compassion within nursing care and gain insight into their strategies to sustain and develop compassionate nursing? (Master study)

### **Theoretical and philosophical exploration of compassion**

Literature on compassion was read, explored and interpreted within the disciplines of philosophy, health and nursing sciences and allied sciences such as psychology and biomedical sciences. It was contemporary literature

that was studied mainly, but specific texts on compassion of classical and 17<sup>th</sup> and 18<sup>th</sup> century philosophers were also included. The literature search was done with (MESH and non-MESH) search terms such as compassion, empathy, sympathy, pity, nursing, nurses, nursing practice, care, etc. within the following databases:

- The database for philosophic literature: Philosopher's Index.
- Several general databases: Academic Search Elite and Premier, Science Direct.
- The medical database: PubMed.
- The most important database for nursing: the Cumulative Index of Nursing and Allied Health (CINAHL and pre-CINAHL).

### **The study of compassion in the history of nursing**

This study was done in order to grasp the perceptions of compassion from former days in the history of nursing up to the notion of and views on compassion within the profession today. Since it is evident that the way in which the nursing profession has developed has influenced these perceptions in the past and today, an analysis of the development of the profession related to compassion was made. The early days of nursing as a formal profession, in which Florence Nightingale, Mary Seacole and others such as Anna Reynvaan in the Netherlands were role models and steered the way, were pinpointed as the start for this desk-research.

### **The empirical study on compassion in daily nursing practice**

This study, based on perceptions of nurses, nurse assistants and older people with a chronic illness, was done from a qualitative perspective. This means that open questioning helped to find the answers to questions about how people perceive and define compassion and what compassion signifies in their lives. The first phase of this study consisted of a total of thirty in-depth interviews with nurses and thirty-one in-depth interviews with older people who had a chronic illness. Participants were questioned about their opinions about the phenomenon of compassion such as described in several ways in literature, and their own ideas and opinions about what compassion precisely is and means to them. During the interview, people were consistently asked to give examples from their daily life-experiences.

Some examples of open questions in the interviews are:

- What associations do you have when you think of compassion?
- What sort of daily life situations come to mind when you think of compassion?
- In what way do you come to know what is important to your care user?
- Did the nurse try to come to know what is of importance to you? If so, how?
- In what way do you know if a nurse has compassion?

Subsequently, six focus group interviews were held in a second phase. The research population in these focus group interviews was mixed, consisting of nurses and nurse assistants as well as older people. Whereas the individual perceptions of participants were central in the dialogues in the in-depth interviews, the exchange of perceptions of, narratives on and experiences with compassion were the core of attention within the group interviews. Eligible compassionate behaviour for caregiving professionals was discussed also. The analysis of this study was done according to Grounded Theory principles of qualitative research methodology. All interviews were transcribed, compared to one another and coded. That is to say, keywords close to similar groups of original quotations were chosen after which groups of keywords were formed into coherent themes. This way compassion was clarified and described in a very precise and nuanced manner as participants of the study perceived it. This led to a description of compassion in seven dimensions which are: attentiveness, active listening, naming of suffering, involvement, helping, presence, and apprehension.

### **The empirical study on compassion within the development of the professional nursing identity**

This master study also had a qualitative design. It was done based on the curiosity to want to know how nurses become compassionate nurses. Since becoming a professional nurse involves the development of all sorts of competencies, then how does compassion fit in the development of a professional identity? The concept of professional identity can be defined as the professional's, in this case the nurse's, values and beliefs. Compassion is one of those values. Thirteen nursing students were interviewed in order to gain insight into the significance of compassion within the development of the professional identity in graduating nursing students. This study resulted in five themes in which participants stated that:

- Compassion was part of their professional identity.
- They were in search of a balance between professional nearness and distance.
- Nursing values helped nursing students to direct this balance.
- The most important value is the nursing student's holistic approach in the relationship with the care user, supported with compassion.
- In order to make time for this relationship, it is required that a professional nurse acknowledges the importance of compassion.

The study's conclusion is that compassion is indeed part of the professional identity, but nursing students do search for a balance between professional nearness and distance. If they are able to do so, they become a compassionate nurse. Hereby, nursing students seem to meet care users' needs requiring person-centred care using their nursing values for compassion.

### **The empirical study on the strategies of novice nurses for sustaining and developing compassion**

This master study, again with a qualitative study design, started from the premise that nurses and care users believe compassion to be one of the most important professional values. Nevertheless, it is not known which factors influence compassionate behaviour in practice. Therefore, the study's aim was to gain insight into whether or not compassion in nursing practice flourishes or falters, and more specifically to gain insight into the strategies novice nurses use in order to sustain and develop compassionate care. Fourteen novice nurses therefore were interviewed, all having zero or at the most five years of working experience. Four themes emerged in which strategies became clear:

- Again, as in the study on compassion within the professional identity, it was confirmed that participants perceive compassion as being a part of their professional identity.
- In order to sustain compassion however, participants stated that they were balancing between positive and negative environmental influences and their own perceptions of nursing care.
- Therefore, various strategies such as rebellion and conforming to the ideas in the workplace helped nurses to sustain compassion in daily practice. If nurses succeeded in dealing positively with various influences, a professional development was perceived over time.
- Lastly, an increased awareness of compassion and professional identity emerged if strategies were successful. If not, insecurity, job

dissatisfaction and ultimately consideration of leaving the nursing profession was described.

This study's conclusion is that while compassion is an essential value during the development of the professional identity of novice nurses, it needs hard work to sustain, develop and actually put compassion into practice in daily working circumstances. Although dealing with meaningful emotions and experiences broadened nurses' personal awareness of compassionate care and stimulated growth in their professional identity, novices do need support if compassion is to be put into practice. Support and help during internships eventually will build empowerment and resilience for compassion to sustain. The study's recommendation is to work on a cooperative team spirit and use role models in compassionate behaviour to coach and support nurse students and novices.

More on the studies described above can be found in these publications:

- Van der Cingel, M. and Nijboer, A., (2018). Compassion, use it or lose it, a study into the perceptions of novice nurses on compassion. *Nurse Education Today*, 72 84–89.
- Van der Cingel, M. (2015). Why Compassion still needs Hume today. Special issue Justice and Compassion, Hume's Moral Philosophy and Contemporary Practical Ethics. *Journal of Philosophy Diametros* 44: 140-152
- Van der Cingel, M. (2014). Compassion: The missing link in quality of care. *Nurse Education Today*.  
<https://doi.org/10.1016/j.nedt.2014.04.003>
- Van der Cingel, M. (2012). PhD-study *Compassion in daily nursing practice, a guiding principle for quality of care*. Boom Lemma. (In Dutch, English summary available)
- Van der Cingel, M. (2011). Compassion in care: A qualitative study of older people with a chronic disease and nurses. *Nursing Ethics*.  
<https://doi.org/10.1177/0969733011403556>
- Van der Cingel, M. (2009). Compassion and professional care: Exploring the domain. *Nursing Philosophy*.  
<https://doi.org/10.1111/j.1466-769X.2009.00397.x>

### **How to use this book**

Every chapter in this book starts with an introduction to the content and rationale of the chapter. All chapters discuss and explain the theory and



results of the research studies of compassion upon which the book is based in several paragraphs. Each paragraph is followed by a series of questions that will either enhance reflection or inspire to study what knowledge can be found. This way readers are stimulated to integrate theory of compassion into their own practice or during their internship, and to relate to it. Paragraphs are sometimes illustrated by fragments and quotations of care users or nurses that were recorded during the research studies upon which the book is based.

# CHAPTER 1

## COMPASSION THROUGHOUT THE AGES

### **Introduction**

This chapter offers a frame in which compassion can be interpreted within healthcare today. In order to see the full perspective, we need to go back in time. The first paragraph of this chapter, therefore, describes what compassion actually is and from what contexts the concept originated and how it evolved in earlier centuries. We find, for example, that there are several stances on compassion and different positions from which compassion can be looked upon and of which we still see traces in notions of compassion today. The significance attributed to compassion depends, more or less, on philosophies or views on human nature, and a developing knowledge of this human nature and mankind, it appears. The more we know about human emotions from a psychological, sociological and philosophical perspective as well as from a biomedical point of view, the better we learn to understand the phenomenon of compassion.

The second paragraph looks into the development of compassion as a phenomenon that presents itself originally within the history of nursing and healthcare. Traditionally, compassion has been important in care for the sick practised in cloisters by people of religion. During the Middle Ages, for example, compassion was the motivation and religious obligation for taking care of the sick in hospices, infirmaries and the early hospitals. When, due to Florence Nightingale and other pioneers of nursing, nursing care became a profession for which an education was necessary, compassion was seen in another light. Compassion became synonymous to servitude and labours of love, as being the opposite of professional practice. Even today, we still see that nurses believe compassion to be an old fashioned and outdated concept. Several historical and societal events, such as the feminist movement, will help to explain these notions. However, at the beginning of the 21<sup>st</sup> century compassion is again seen as a strong and explicit value that is of importance to professional nursing care. Gradually, compassion nowadays is acquiring its place in formal theory on nursing care and, in a broader perspective, care ethics.

## **Chapter's rationales**

Knowledge on the origins of compassion throughout the ages will help nurses and student nurses to put into perspective all sorts of associations and emotions that come with the concept. The significance of compassion for professionals individually will be enhanced if the evolvement of the concept in time and the implications of a specific given notion are known. It will, so to speak, help to get to know the concept from the inside out and in that way help to form one's own opinion about the place of compassion in specific times and today.

### **1.1 Compassion, past and present**

Compassion has existed, of course, since the beginning of human times. It's always been a value for those who take care of the sick and needy. Ancient philosophers such as Aristotle, already speak of compassion as a human phenomenon. In all world religions and beliefs compassion has its place. A place that, one way or the other, always expresses a response to the misery or fate that strikes someone else. Nevertheless, compassion has had more than just one connotation throughout the ages. In previous centuries negative associations formed the idea that compassion is to be translated into pity, while a positive point of view on the phenomenon translates compassion into showing empathy with another person from a position of equality. Scientists today also think about the origin, signification and meaning of compassion; in which in some visions compassion is the symbol of the benevolent nature of mankind. Other scientists have explanations that stem from a physical or biological view on human characteristics and again others have specific analyses of and arguments for what people need in order to feel, know or show compassion. Despite all kinds of differences in views, opinions and descriptions of compassion throughout the centuries, compassion evidently proves to be a phenomenon deeply connected to and intertwined with sympathetic interaction with fellow human beings and the acknowledgement of suffering. Compassion offers consolation and unites when hard times need to be endured.

**Reflection**

- What is the significance of compassion for you personally? What associations and situations come to mind? You could make a mind map of those associations and discuss it with colleagues. Which associations have a negative and which have a positive connotation; and can you figure out why that is the case? Where do those connotations come from?
- Which personal and professional events evoked compassion in you? Describe one of those events in detail. Which feelings did you have? What aspects of the event had the most impact? For what reasons did those aspects have the most impact?

**The nature and significance of compassion**

The exact nature of compassion and its implications for and significance in people's lives has been intriguing thinkers and scientist for ages and still is. Questions about what compassion is or isn't immediately touches on the major question of whether or not mankind is egoistic or altruistic in nature, which is a recurring theme in classic and contemporary philosophy and humanities. Are people inclined to do good for the benefit of others or do they mainly opt for their own good? Apparently, compassion evokes such questions about human behaviour. When we try to uncover the nature of compassion by its specific characteristics and necessary conditions, we will see why this is the case.

***Abiding loss and suffering***

Literally and semantically compassion means to suffer with. The word *com* means *with*, and *passion* is to be explained as *to feel strongly* or *to suffer*. Other often used words or synonyms are *sympathy*, *mercy* or *benevolence*. Compassion is always triggered by the suffering of other people, although some believe compassion to be relevant also in situations of joy and happiness which people want to share. The ancient Greek philosophers associated compassion primarily with human suffering and sharing those feelings of suffering. Aristotle already mentioned all sorts of suffering for which compassion was the appropriate virtue and which could evoke compassion, such as illnesses and death, but also loneliness. When someone else is in pain or sorrow, when fate strikes or misery falls upon a person, it mostly calls for compassion and most people also do feel compassion for fellow human beings. However, this is under the condition that this concerns the kind of suffering or grief that comes from irreversible loss. There should

be a certain degree of suffering, however odd this may sound. Compassion is called for whenever serious suffering is the case, such as chronic diseases that won't heal or go away or the loss of loved ones. This is the kind of loss that leads to suffering that needs to be endured and that will stay with you. In such cases one can say there is abiding loss and suffering. Of course, it can be terrible to break a leg, have a wound or an infection or to have to endure other trouble. But when this is trouble that passes, it's different. The mere fact that one has a perspective in which such troubles are over, that there will be a time when you are healed and you can go back to your normal life, makes it so much easier to endure. It is much harder to deal with a situation in which you experience loss that won't go away when there's this perspective that a loss will stay with you as long as you live. One can frankly say that this is substantially grave. That is not to say that one kind of loss or suffering is worse than the other. One cannot compare or "measure" the suffering of people because it's such a personal matter what perceptions one has of loss and suffering and what is of importance for someone. To see your partner changing because of Alzheimer's or to be told the diagnosis of cancer that won't be cured, both are very difficult and sad situations. The significance of such grief and loss cannot be compared between individuals. The fact that compassion is evoked by suffering as a result of those abiding losses also implicates that compassion is intertwined with grief indissolubly. Therefore, one could also say compassion is the adequate human response and answer to grief.

### *Empathy*

The fact that compassion is evoked by the suffering of others has to do with the ability to empathise or to be able to take someone else's perspective. People have this ability, but several other mammals such as dolphins, apes and elephants have that ability as well, as far as we know. Mammals possess mirror neurons with which we can distinguish others from ourselves. Because of this ability to make this distinction and the recognition of emotions such as pain and grief from our own experience at the same time, we are able to see these same emotions and behaviour of distress in others. Frans de Waal, the famous and well-known primatologist, has written many books based on his lifelong research on this subject. He describes many situations in his oeuvre that show us how empathy and taking perspective are seen throughout the evolution of animals, mankind being one of them. From empathy to compassion seems to be a small step. A lot of times you will see these concepts used interchangeably, in daily life as well as in scientific literature. Strictly speaking, empathy means the ability of imagination or identification. Simply taking someone else's perspective, to

stand in someone else's shoes so to speak, can be done in several ways. You could think of or imagine in what way you yourself would respond to some situation, what emotions or feelings or thoughts you would have. This has the disadvantage that, even though a lot of people would react in the same way to specific situations, this is not a golden rule because individual perceptions can differ. Another way to imagine what is of importance to someone is for example to see the other person as if in a movie. You could then so to speak, follow the story and imagine what things would feel like from your own experience or events that you witnessed and think about what kind of responses, emotions or reactions could occur. In addition, you could try and see whether or not you recognise such responses. In a lot of descriptions or definitions of compassion, however, it is a concept that goes beyond empathy. Because surely, to empathise with another person is not to say that you will show the other person that you do so or that your behaviour is compassionate as well. It is only when others really notice that you're acknowledging their grief and suffering, that we can speak of compassion according to a lot of philosophers and ethicists. The ethicist Diana Fritz-Cates, for example, states that compassion includes a deliberate choice of letting the other person know you're touched by the other person's fate and what someone has to endure. Nevertheless, in order to be able to do so you always need to empathise and imagine what this would be like. Therefore, empathy is a condition for compassion.

### ***Reflection***

- In what kind of situations do you empathise with others? In what circumstances do you easily empathise and what makes it difficult for you to empathise with someone else? For what reasons is it difficult?
- Have you ever been ill or a care user yourself? What kind of emotions did you have? If there were nurses or carers (either formal or informal) involved, what do you remember of them? What are specific reasons that you remember them or their behaviour? If you try to imagine what it would be like to be a care user, what do you believe would be most important to you when it comes to carers' or nurses' behaviour? Why would that be of such importance?

### ***Emotion***

Martha Nussbaum, one of our most influential contemporary philosophers, says compassion is an emotion. Emotion now, is a cumbersome concept. Most of the time in daily life we equalize emotions with feelings, or even strong feelings. If someone cries for example, we say that a person is

emotional. Convention prescribes that we believe that being “emotional”, that is to say: to show your emotions, is appropriate in some rather than in other situations. It is perfectly acceptable to cry at a funeral but to cry in a work situation isn’t self-evident at all. It is not expected or considered suitable to show too many feelings. As a rule, we often believe it is better to hide, master or control our feelings. Subsequently, we define an emotion as being a strong feeling because strong feelings are more or less uncontrollable. Also, feelings are often perceived as the opposite of thinking and rationality, which is supposed to help control your feelings. However, the concept of emotion is completely different from feelings, in fact it is a much more neutral concept when you analyse it. An emotion, according to Nussbaum, is a certain mood or state of mind that is influenced by rationality or thoughts. In this way, an emotion is not positioned opposite to feelings but it intertwines feelings with thoughts, both of them coincide. In this view, feelings are much more physical events or a physical state that cannot be influenced or altered by thoughts. Pain, for example or nausea are straightforward feelings. But in anger, fear or grief we do need influencing thought or rationality. There is a story to it, so to speak. We only feel grief when we actually realize that a loved one has passed away, for example. This is, what we call the narrative structure of emotions. The following illustration will show you how this works:

***Illustration***

Imagine you’re afraid of taking an exam. It could be this happens because you’ve failed an exam at some earlier time, in high school or some other circumstance. The thought of having failed before could make you much more afraid that this will happen again, even though there’s no reason whatsoever to feel this way because you’ve studied and know your lessons.

The fact that Nussbaum and other scientists believe compassion to be an emotion makes sense when you come to think of it. In order to have compassion, you need to have the actual thought that something awful or grave has happened to another person. This notion also to some extent explains why nurses and other health care professionals do not always have compassion for their care users or whenever they see suffering of a kind. Compassion only originates in those situations in which you actually have thoughts about the graveness or seriousness of the suffering you witness. This is why compassion is an emotion rather than a mere feeling.

**Reflection**

- Do you believe it is appropriate to show your feelings to others at work? To whom and in what situations do you believe this to be appropriate?
- Do you have an illustration from your own experience, or could you think of an example in which the narrative structure of emotions can be explained?

**Why should we have compassion?**

What makes having compassion for others in specific situations happen, one could ask? As we've seen previously, abiding suffering is one of the conditions that needs to be met for compassion. Also, one needs the ability to empathise with and have thoughts about the severity of suffering the other person perceives in order to have compassion for others (see 1.1). But what could be the underlying motivation of someone for having compassion? Which rationales can be found within philosophies on human behaviour that clarify why we as humans have compassion for our fellow human beings? During the time, around the 19<sup>th</sup> century, that psychology and other human sciences developed quite strongly, a debate on compassion took place. Today, we still see the remnants of that debate in opinions and beliefs about compassion. The quintessence of that debate concerns opposite views on what compassion as a concept entails. The classic philosopher Arthur Schopenhauer represents the idea that compassion is proof of the altruistic character of mankind. Compassion or sympathy is a virtue which urges people to do good and put the interests of others who suffer first and above one's own interests. Schopenhauer's opponent Friedrich Nietzsche, however, believes compassion to be a negative characteristic of mankind. Having compassion or pity originates from the idea of being a better person than someone else. Compassion victimizes people who suffer and flatters the ego of the compassionate person since it evokes "Look at me, I am such a good person". Compassion in Nietzsche's opinion is proof of the egoistic or egocentric nature of mankind. The contradiction also shows in the semantics used in the general debate. Both philosophers being German, they use the word "Mitleid" in their native language. In hindsight, they've probably been describing two dissimilar phenomena. When Schopenhauer speaks of "Mitleid" as in sympathy or commiseration of mercy, Nietzsche speaks of "Mitleid" as in pity or feeling sorry in a negative, gloating kind of way. Other scientists, such as contemporary psychoanalysts, explained the discrepancy between compassion and pity by referring to the degree of empathy involved in both phenomena. Empathy, as in the ability to conjure



up someone else's situation and feelings that go with it, develops during early childhood. When people have had a healthy psychosocial development in their early years of childhood, they are able to see the interests of others in need and act upon it. If people have had a disturbed psychosocial development however, empathy will be less present or even lacking which subsequently leads to the inclination for egoism and pity instead of compassion in one's behaviour. This distinction between pity and compassion is recognised still, even though we use both words and concepts alternately in our daily parlance.

### ***Reflection***

- What distinction do you see when you have pity or compassion for a person?
- Which philosophy or view on human behaviour do you have? Describe your view in your own words. In what way does your view influence your compassion for others?
- What do you think about the notion that human beings are either good or bad?

### **For whom do we have compassion?**

As a nurse or care worker you probably will not have compassion “at hand” during all your working hours, in all care situations, or at all times with all your care users. One of the reasons that you cannot have compassion all the time is that other emotions can be in the way. It can be hard to empathise with a care user who is talking to you when you're, for example, still a bit angry with a colleague with whom you've had an argument a moment ago. In another care situation you may have to take care of a very ugly wound and you will be needing all your self-control not to be disgusted. Also, you may be afraid to lose your grip on your own emotions in sad situations when a care user is very ill or is going to die. In these situations, you might not be able to take good care of your care users if your own emotions are in the way. Another reason for not having compassion in all situations is that we sometimes pass judgement on care users' behaviour. It is quite a challenge to take care of a care user with a chronic obstructive pulmonary disease (COPD) who keeps smoking, even though you are aware of the fact that smoking is a very addictive habit. Examples such as these seem to tell us we are only able to have compassion for others under the condition that compassion is for those who are not to blame for the situation or disease they suffer from. Nevertheless, the (international) code of ethics for nurses tells us to care and also have compassion for all care users unrestricted by

any considerations such as race, age, gender, disability or illness etc. Because of such reasons that can get in the way of our compassion, we need another perspective on the ways and workings of compassion. If we want to bypass them, it is helpful to regard compassion as behaviour that you can consciously choose and practice. Viewing compassion as part of a professional attitude is quite another matter than simply waiting to see whether you have compassion as an uncontrollable feeling that will occur or not. When you're aware of the suffering a care user needs to endure and see that suffering from his or her perspective, without any judgement, you're probably able to acknowledge the fact that suffering always is a bad thing. Such reasoning will help you to try to raise your compassion and show compassionate behaviour. Moreover, you will be able to focus on care user teaching and supporting care users in changing their behaviour from a professional attitude when you withhold any judgement. In such a professional task you will need to build a trusting relationship with care users and in doing so judgements are not helpful at all and will be in the way of your professionalism. Of course, it is not possible to force yourself to have compassion for someone. Compassion may be susceptible to training, but there still is also an emotional aspect to it, next to the rational, which you cannot evoke just like that. You will need to practise reflecting on your own feelings and emotions that occur during your professional life and work with care users. Reflection exercises can be done alone or with colleagues, but most importantly you will need to make time for it. In doing so, you will be able to evaluate your emotions and thoughts and learn to find out how you want to behave in specific circumstances with care users and make conscious choices. This way, you will be able to train your compassion and integrate compassion into your basic professional attitude, just like the code of ethics for nurses asks for.

### ***Reflection***

- For whom do you have or not have compassion? Which explanations do you find for yourself why you do or do not have compassion for someone else?
- Do you ever struggle with care users' behaviours and feel that you're not able to empathize because of that? Try to describe why you struggle and what sort of arguments you have in such cases. Discuss whether or not these arguments contain judgements or not and try to form a line of argumentation in which you withhold that judgement. Remember that it is not about how valid your arguments are, but what your professional attitude should be.

### **What does compassion do for us?**

Compassion is not something you simply evoke when you want to and cannot be part of your professionalism without any effort, as we've seen in this chapter. Therefore, we need to shine some light on the reasons why we should stretch ourselves in order to make compassion part of our professionalism. Which reasons are out there? Why is compassion such a core value in nursing care in which we find and show humanity for care users, as well as for nurses themselves? Compassion proves to give quite a lot to people in need. By showing our compassion and therefore actually emphasizing the fact that someone is in need and suffering, we offer, at least, comfort. In order to be able to show your compassion you need to acknowledge and recognize the specific significance loss has for a person. You need to see that someone is mourning, even though it might not be that obvious to you. The moment you do see it and you do explicitly show your compassion, you're acknowledging that feelings of grief, sorrow or sadness are justified. It may not be literally so that you share someone's sorrow, but it does come close to that. You do not let the other person stand alone in sorrow or emotions that go with loss. In that manner compassion gives comfort and helps to assist someone in showing emotions. That is an undeniable outcome of good nursing care.

#### ***Reflection***

- What would you consider outcomes of compassion? Is it possible to express such outcomes in money or payment? Would you believe it possible that compassion could save money in healthcare systems? Or would you say that compassion has got nothing to do with finance or material business. Why do you think that? Discuss which of your reasonings has valid arguments and why.
- Which responses do care users give you when you show them compassion? What kind of emotions do these responses provoke in you? What would you consider lessons learned from these encounters?

***What nurses say***

*“It’s a condition that makes you feel good. ‘Happy’ may be too big a word, but simply to feel good during your work, just like breathing or nutrition is a basic condition.”*

*“Well yes, I do believe care is not possible without compassion. Of course, you can give pills, take care of wounds, but without compassion people will be miserable. (...) well-being, for that, compassion is essential.”*

## **1.2 Compassion within the History of Nursing Care**

Compassion has several positive as well as negative connotations in modern nursing, as it has developed since the 1900’s. Famous and well-known nurses such as Nightingale, Seagull or Reynvaan, symbolise the rise of nursing as a genuine profession. During those days the development of the nursing profession became interwoven with phenomena and concepts like caritas, religion and values that were considered feminine, in which a specific view on compassion originates. This view entails the idea that self-sacrifice and servitude is synonymous to compassion. Yet, compassion is invariably found in theories and definitions of good nursing care, although it may be in another choice of words. Specific examples can be found especially in the humanistic nursing theories and, at the end of the past century, in care ethics. In the beginning of the 21<sup>st</sup> century we see a tendency and need for formal care and healthcare systems to become person-centred instead of economically and efficiency driven. Compassion therefore is back again in the centre of attention as *the* core value for healthcare professionals.

### **Compassion within the foundations of modern nursing**

Nursing, as we know it today, owes being a discipline based on scientific knowledge for a large part to Nightingale and other pioneers of nursing in her time. These were more or less self-educated scholarly women, for this was a time and age in which an academic education for women was far-fetched. Against all odds, they were the first to acknowledge that care for the sick needed knowledge and should seriously be considered a profession. Nightingale herself was born in 1820 and died in 1910, so she lived to her nineties. Her birthday, the 12<sup>th</sup> of May, was declared international nurses

day in 1963 and is celebrated each year in remembrance and honour of her achievements.

### ***Knowledge***

- What knowledge do you have about Florence Nightingale and other nurses of importance in the past? What kind of associations do you have when you think about these women?
- Find out whether or not these views and associations you have are correct; which are based on facts and which show to be false and based on merely an image or impressions?

### ***Social movement and scientific development***

The 19<sup>th</sup> and beginning of the 20<sup>th</sup> century were a period of huge social differences in the Western world. Illiteracy and poverty were standard amongst a large group of people, while a small, privileged elite had all the wealth and power. A lot of those poor people worked on the land or in the factories for meagre wages. They lived and worked under poor circumstances and were housed badly. There also was a lot of ignorance concerning hygiene which caused a lot of diseases. Young Nightingale saw all this and was distressed about it, her concern for social issues was born during these early years of her life. She would strive for social improvements for people all her life. It was, however, also a period in which science progressed and scientists made huge steps in gaining knowledge, specifically in bacteriology and epidemiology. Nightingale herself was a scientist “avant la lettre”. She did a lot of research, collected a lot of data as a statistician. During the Crimean war she discovered that an open sewer inside her hospital caused a lot of disease. From that moment on she became a fierce defender of good hygiene in order to prevent sickness and disease.

### ***Nightingale’s compassion***

Many stories are being told about Nightingale. Her name and legacy stand for more than one image about nursing and the nursing identity. Some people think of her as being the symbol of servitude and/or sacrifice, which proves an unjust assumption if you start reading her famous “Notes on Nursing, what it is and what it is not”. This manuscript on home nursing and also, for that matter, other manuscripts by Nightingale, describe quite specific opinions on what she believes to be good care. She’s, for example, strongly opposed to giving care users false hope. She believes it best to treat care users as emancipated adults, so to speak. Care users should not be kept

in ignorance on their condition and should not be given false information on their perspective and prognosis. She claims people should be told the truth about the seriousness of their situation, even when this means telling them they're going to die. This view holds an important aspect of compassion in it, which is the acknowledgement and naming of suffering. Nightingale expresses an idea in which she is way ahead of her time. Informing care users about their condition was not common practice at all. Most physicians thought it best to protect care users against the truth when this meant bad news. This would only be in the way of focussing on getting well, even when getting well was against all odds. These opinions have lasted a long time, even today they can sometimes still be heard, although care user emancipation has put an end to them being the dominant view. Nightingale has made other comments which show compassion, not servitude or self-sacrifice, is her standard for professional nursing. She claims the importance of being able to empathize with care users as in trying to find out what interests care users in order to distract them from their illness and help them to enhance their quality of life. She also expresses the importance of a care user's context, in a material way as well as socially. She strongly declares that supporting healthy living conditions is an important aspect of nursing. She had, like other nurses and pioneers of nursing in her time, a social antenna and was motivated to improve the living circumstances of lower social classes. She was moved by their poverty, bad hygiene and therefore unhealthy living conditions, and felt this to be a social injustice. This was, by no means, a plea for self-sacrifice of nurses, though she does plead for having compassion, seeing the fate of the have-nots. In her professional opinion on what you can do about that as a nurse, however, there's no room for self-sacrifice. On the contrary, throughout her whole life she advocated nursing as a profession for which one needs a proper education as well as sufficient payment.

### ***Reflection***

- What's your opinion about the idea that care users should be protected from bad news and should not in every case be informed about their diagnosis or prognosis? Did you yourself ever doubt about whether or not to give specific information to a care user in your care? Which arguments pleaded against and which in favour of giving that information?
- Exchange these arguments in a conversation with one of your colleagues or with your team. Do some desk-research on legislation and regulations of care user rights on care user information.