

Medication That Springs from Our Soul: “Compassion” Can it be Taught

Ruhumuzdan Kopan İlaç; “Merhamet” Öğretilebilir mi?

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ABSTRACT Compassion is a value that takes place in the foundation of all major religions, moral and philosophical traditions, doctrines, humanistic approaches, as well as frequently appearing in the healthcare sector and at the core of nursing care. Nevertheless, it has not been adequately understood, fully explained, and has intertwined with similar values in terms of meaning. The concepts of compassion and care are perceived as parts of a whole, the care given without compassion is stated to have no value by the patient, and it is claimed that the care given without meeting emotional needs can also be replaced mechanically. The care given with compassion has many positive effects on the patient as well as many positive effects on compassionate individuals. Therefore, compassion is, above all, a matter of education. Although nursing education is known to have effects on providing compassionate care, it is said that the content of existing curriculum programs does not meet this need. In our education system, it will be beneficial to move away from stereotyped teaching styles, to center on social-emotional education rather than theoretical and practical education, and to create environments in which instructors can establish compassionate relationships and students can take them as role models.

Keywords: Compassion; nursing education; compassion taught

Compassion is a concept that often appears in the healthcare sector and at the core of nursing care.^{1,2} The word mercy is stated to be derived from the words “pity, affection”.³ According to the definition of Turkish Language Institution (TDK), compassion is “the sadness and pity that one feels in the face of the unfavorable conditions that a person or another living thing experiences”.⁴ According to the Oxford English Dictionary, on the other hand, the word “compassion” originates from the Latin word “compati”, which means “suffering”.²

ÖZET Merhamet; tüm büyük dinlerin, ahlaki ve felsefi geleneklerin, öğreticilerin, hümanistik yaklaşımın temelinde yer almasının yanı sıra sağlık hizmetleri sektörünün ve hemşirelik bakımının özünde de sıkılıkla yer alan bir değerdir. Buna rağmen yeterince anlaşılamamış, tam anlamıyla açıklanamamış ve anlam açısından kendine yakın değerler ile iç içe girmış durumdadır. Merhamet ve bakım kavramları bir bütününe parçaları olarak algılanmakta, merhametsiz verilen bakımın hasta tarafından bir değeri olmadığı belirtilmekte, duygusal ihtiyaçlar giderilmenden yapılan bakımın mekanik olarak da karşılanabileceği savunulmaktadır. Merhamet ile birlikte verilen bakımın hasta üzerinde birçok olumlu etkilerinin bulunmasının yanı sıra merhamet gösteren bireyler üzerinde de birçok olumlu etkisi olduğu belirtilmektedir. Bu nedenle merhamet her şeyden önce bir eğitim konusudur. Hemşirelik eğitiminin merhametli bakım sağlama konusunda etkileri olduğu bilinse de var olan müfredat programlarının içeriğinin bu ihtiyacı karşılamadığı söylenmektedir. Eğitim sistemimizde kalıplasmış öğretme stillerinden uzaklaşmak, teorik ve pratik eğitime odaklanmayaarak sosyal-duygusal eğitime de bir o kadar yer vermek, öğreticilerin merhametli ilişkiler kurabildiği öğrencilerinde onları rol model alabileceği ortamlar oluşturmak merhamet kazandırma konusunda fayda sağlamaktadır.

Anahtar Kelimeler: Merhamet; hemşirelik eğitimi; merhamet öğretimi

The meaning and definition of compassion, how it can be measured, and whether it can be taught has been discussed by scientists since Aristotle, and it is still being discussed.⁵⁻⁷ This is not surprising because compassion exists at the core of all major religions and in the moral and philosophical traditions of the world, doctrines, and humanist approaches.^{7,8} Nietzsche states that compassion is a virtue that leads man to true morality, and a path that extends to both human love and justice.⁹

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Although compassion is considered as the basis and an important component of healthcare practices, it has not been adequately understood and comprehensively defined.^{1,10,11} It is therefore equally important to define what compassion is, as well as defining what it is not. Compassion is often confused with concepts such as empathy, sympathy, pity, love, charity, sacrifice, goodwill, and affection.¹² Particularly, affection is one of the concepts that is most frequently confused with compassion. Affection is defined in various ways by some theorists such as a separate feeling as an emotion felt for others as another form of love or sadness or as combination of feelings obvious and felt for someone else.¹³⁻¹⁵ In fact, affection is said to have “two main components”: The first is the feelings towards people suffering, and the second is the motivation to alleviate suffering.¹⁶ Kornfield defines affection as “the reaction of heart” to grief.¹⁷ In the literature, there seems to be a broad consensus that affection involves sensation for a person suffering and another person trying to attempt to help them.^{16,17}

The key point that separates pitying and compassion is that the feeling of pity is felt top-down, while compassion is a horizontal feeling. Compassion tells the other person that “you are with him, and you are on the same plane and that the person’s suffering is felt equally”. While most moral virtues put only humanity at its goal, compassion is a connection to all living things suffering, which is the most important feature that distinguishes moral virtues from compassion.¹⁸

Kanov et al. suggest that compassion consists of three elements: noticing, feeling, and responding.¹⁹ Noticing involves being aware of one’s suffering and experiencing this suffering either by cognitive recognition or unconscious, physical, or emotional response. Feeling is defined as an emotional response to this suffering by adopting the perspective of the person and feeling or imagining their condition and experiencing empathic anxiety. Finally, responding involves the desire to act to alleviate the suffering of the person.^{2,19} Indeed, compassion is not only emotional but also motivational. Therefore, it includes not only the capacity to be good and friendly towards others but also the desire to relieve the pain and suffer-

ing of these individuals. It is, therefore, an important catalyst for the recovery of patients and their families, and is the basis of patient care for professionals’ working in healthcare.¹¹

THE PLACE AND IMPORTANCE OF COMPASSION IN NURSING PROFESSION

One of the requirements of being virtuous in all societies and religions since the beginning of humanity, compassion is a sine qua non in nursing. The phenomenon of compassionate relationships in nursing has been a part of the nursing language since Florence Nightingale began to turn nursing into a profession.²⁰ The most privileged role of nurses, care requires being compassionate towards individuals who are given care as well as having technical knowledge and skills.²¹ Compassionate care is recognized as the building blocks of quality healthcare by patients, families, health professionals, and politicians.¹¹ According to recent studies, although it is difficult to define and measure the concepts of care and compassion, they are the driving forces in nursing and can improve the quality of patient experience.^{2,10,22} In this sense, there is a growing awareness of compassion and its effects on patient care. In the last 40 years, compassionate/caring/benevolent relationships have become the dominant issues that are widely discussed in professional nursing literature.²⁰

In 2012, following a consultation exercise with over 9000 nurses, midwives, care staff and patients, the Department of Health (DH) for England published *Compassion in Practice: Nursing, Midwifery and Care Staff: Our Vision and Strategy*. The document includes a framework called the ‘6Cs’ (care, compassion, courage, communication, competence and commitment), sometimes referring to them as ‘values and behaviours’ but elsewhere as ‘fundamental values’.²³

Compassion, one of the fundamental values, is the essence of care and therefore is the essence of nursing. Nevertheless, it has not always been the central focus of nursing practice.²⁴ Taking care of the basic needs of patients, being compassionate, giving sensitive and meticulous care is the highest priority of every nurse and must remain so.⁵ Giving the pre-

scribed medicine to the patient and meeting the physical needs of the patient is not the exact proof that the nurse is compassionate. All of these nursing practices performed without considering emotional needs can be met mechanically.²⁵ Therefore, care and compassion are two concepts that form the basis of nursing. Another source states that at the heart of nursing is the caregiver role of the nurse that is characterized by care and compassion.²⁶ Care ethics experts and nurse academics show compassion as the central focus of care and quality.²⁴⁻²⁷ When describing characters that nurses should have, Florence Nightingale used words associated with compassion such as “virtuous, loving, kind, non-selfish, naive heart”²⁰

Patients and their families, too, expect nurses to be good caregivers and compassionate individuals with high communication skills.² These qualities are often referred to as the art of the nursing profession and are deemed very valuable by patients. Because this is the key point in providing patient-centered and holistic care.²⁸⁻³⁰ Compassionate care has been reported to have a wide variety of benefits in treating patients, improving clinical outcomes, and increasing patient satisfaction and quality of information collected from patients.^{7,26,31,32} It also contributes to recognizing worries, sorrows, and suffering of patients and their families and taking action to relieve them.²⁶⁻³² Therefore, patients are treated not only medically but also on a humanitarian base.

In recent years, there has been an international discourse on compassion and compassionate care.^{33,34} In these discourses, doctors and nurses are defined as the main actors and vectors of compassion and compassionate care, while compassion is seen as the basic principle of nursing practices.³⁵ Styles described Florence Nightingale's letter of condolence to the family of a young soldier who died of typhoid in the Crimea as an example of compassion.³⁶ In nursing, the term “compassionate care” was first introduced in the 1970s.³⁷ In the 1980s, it was frequently used in writing when approaching patients with HIV/AIDS. For this reason, compassionate care has been associated with incurable and stigmatized patients. Although various definitions have been made, it has no clear and agreed meaning.^{1,35} The common themes in the definitions include determining what is important

to the patient, feeling the patient, and establishing a connection with the patient to relieve their pain and suffering.³⁸

Compassion, which has many positive effects on the patient, also has many positive effects on compassionate people. Research has shown that compassion provides an increase in people's self-esteem, positivity in their mental states, subjective well-being, and socially positive relationships.^{7,26,31,32}

CAN COMPASSION BE TAUGHT?

Concepts such as good communication with people, compassion, and empathy are social values. Values are not innate. They are phenomena that can be taught and learned. Values vary from society to society, and this shows that they are concepts learned later. For this reason, values are primarily a subject of education.^{1,6,7}

Education, with its broadest definition, is a process that helps train individuals for certain purposes, continues throughout life, and creates desired behavior changes in the individual. As individuals go through this process, their behaviors and personality change. This guiding effort of education refers to the fact that values that are desired to be imparted can be gained when handled as objectives.³⁹

Values education is a process that education systems all over the world emphasize. The UNESCO and Values Education Program, Child Development Project, Moral Curriculum for Children, Giraffe Program, and Living Values Education Programs are the main indicators of this given importance.⁴⁰

Compassion training is one of the topics covered most within the scope of values education. Today, formal, evidence-based, and non-religious compassion education programs are available for adults and the data obtained from these programs suggest that compassion can indeed be taught.^{41,42}

Jazaieri et al. divided 100 people into two groups randomly and administered a 9-week compassion cultivation training to the intervention group which included pedagogical teaching with active group discussion, guided group meditations, and reading poetry and story related with the topic. At the end of 9

weeks, the measurements between the intervention and control groups were reported to be significantly different, and the compassion levels of the group receiving training were observed to increase compared to the pre-training levels.⁴¹ Similarly, Germer and Neff (2013) designed an 8-week training program with 2.5 hour-long meetings each week to help participants to cultivate self-compassion. The training was based on meditation and contained various meditations such as loving-kindness, affectionate breathing, soothing touch, and self-compassionate letter writing. The participants were randomly assigned to experimental and control groups, and the experimental group was administered the training program. At the end of the training program, the trainees were found to show a significant increase in self-compassion, awareness, compassion for others, and life satisfaction and a decrease in depression, anxiety, stress, and emotional avoidance. All the gains of the study were determined to be preserved in the 6th month and at a one-year follow-up. In fact, life satisfaction was observed to increase significantly in a one-year follow-up, and the result indicated that constant self-compassion application improved a person's quality of life over time.⁴²

Studies on compassion tend to focus on the problematic nature of compassion (compassion fatigue, exhaustion, obstacles in providing compassionate care, etc.) rather than how compassion will be provided.^{31,43}

Recent evidence suggests that nursing education has effects on providing compassionate care. However, the professional nursing education curriculum has been claimed to fail to impart students the ability to give quality compassionate care.^{44,45} This may be attributed to the fact that there is enough emphasis on the medical management of a patient, such as vital signs and laboratory work, in the curriculum, but that the teaching of compassion is pushed into the background. In addition to theoretical components, promoting learning environments that will contribute to the growth and development of compassion is of significance.⁴⁵ Although the theoretical and clinical component is vital to the education of successful nurses, teaching compassionate care should not be overlooked. To maintain and sustain compassion, it

must be modeled throughout the nursing curriculum. Research suggests that no one can truly be compassionate to others without understanding compassion.^{46,47} In a study conducted by Van der Cingel, compassion was stated to be more than just a personal trait and suggested to be addressed in the nursing curriculum.⁷ In their study, Bray et al. emphasized that compassion that is among professional values was important in terms of forming the basis of nursing education.³¹ Also, nurses demonstrated the importance of role models for compassionate care in practices. For this reason, nursing educators can actively work with healthcare personnel at regular times each year, and in addition to improving healthcare workers, this can give instructors a chance to observe the reflection of their teaching of compassion on their students' actions apart from the words.⁵ Also, recent evidence from the social neuroscience field suggests that compassion education may have a buffering effect against burnout.⁴⁸ This remarkable evidence shows that teaching compassion to undergraduate nursing students is very important.⁴⁹ Drumm and Chase suggest that care attitudes should be modeled by faculty members and that this model should be the center of the educational process to improve students' ability to provide compassionate care.⁵⁰

In the study of Adamson and Dewar, teachers were asked to write down the negative experiences experienced by the students in the clinic with patients, patient relatives, and healthcare professionals giving care to the patients. Initially, the students in the group often blamed nurses, patient relatives, or conditions while trying to provide compassionate care. The students were then asked to identify the skills that they lacked. Students reported that they often felt deficient in offering compassionate care, especially they were unable to challenge the health workers who treated patients mercilessly, they felt deficiency in their communication skills in responding aggressive and anxious patient relatives calmly and professionally, they lacked assertive skills to appropriately respond to staff bullying, and that they did not have necessary affective strength to cope with emotional issues. Afterward, the students shared what they learned from the literature on this subject through class discussions and presentations. They rehearsed their new skills

with their friends, patient relatives, and employees at the next stage, and then they received constructive feedback. Through this training module, students realized that they gained the power to give a different (positive) reaction to these events in the future and that they developed themselves in providing compassionate care.⁴⁵

In a study conducted by Hofmeyer et al., a compulsory education module was put in the curriculum of fourth-grade undergraduate nursing students. This module consisted of 4/6-hour eight-section online compassion training. The participants were administered a pretest and posttest, and they were asked open-ended questions about compassion and compassionate care. As a result of the study, the students were reported to develop compassion and compassionate care skills.⁴⁹

Studies showed that compassion could be taught and that clinical simulation, reflective trials, role modeling, direct interaction with dying patients, and the use of history would contribute to developing compassion and improving knowledge, skills and trust that enable student nurses to provide compassion-centered care.⁵¹⁻⁵³

CONCLUSIONS AND RECOMMENDATIONS

In the light of all these information, it is possible to teach mercy; clinical simulation, reflective trials, role modeling, direct interaction with dying patients, and history use show that it will contribute to the development of compassion and the development of knowledge, skills, and trust that enable student nurses to offer compassion-centered care. It must be modeled through out the nursing curriculum to maintain and maintain compassion. Nurses should be role models for compassionate care in practice. It suggests

that modeling attitudes by faculty members and this model should be the center of the educational process in order to improve the ability of students to provide compassionate care. Faculty members should exhibit high communication skills among students and be empathic and compassionate towards students. Teaching styles should be stripped of stereotyped practices, and the lessons should be based on social-emotional learning styles. Student involvement in the lessons should be promoted, and creative drama, simulation models, reflective essays, story writing, and composition writing techniques should be employed to develop the already available compassion. Also, direct interaction with the patients should be ensured. Nurses who have already graduated should be given compassion and compassionate care training through online courses. Elective courses whose content involves compassion and compassionate care should be added to the curriculum, and the idea that compassion is another medicine that heals the patient should be instilled in students.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

All authors contributed equally while this study preparing.

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