REVIEWS AND DISCUSSION PAPERS

Preventing care factor zero: improving patient outcomes and nursing satisfaction and retention through facilitation of compassionate person-centred care

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ABSTRACT

Aim: A discussion of empathy and compassion including patient and nursing perspectives, barriers and enablers, and the potential for development, teachability, and sustainability of empathy and compassion in nursing.

Background: Whilst compassion and empathy have long been recognised as prerequisites for the provision of effective nursing care, there are many interpretations of their meanings and the two are often transposed. The presence or absence of compassionate and empathetic nursing care has multiple positive and negative effects on nursing satisfaction and retention and on patients' experiences and health outcomes.

Design: Discussion paper.

Data Sources: Embase, Emcare, Medline, ProQuest, and PubMed were searched from 1 January 2015 to 16 January 2023 for scholarly journals with full text articles in the English language.

Conclusion: Compassion and empathy are sine qua non in the provision of nursing care. Empathy is a core component of compassion. Compassion and empathy may be innate characteristics, but they can also be taught and fostered through education both pre- and post-graduation, which is based on experiential rather than didactic methods of teaching. Organisations have a pivotal role in supporting a compassionate environment through their leadership by developing policies and practices to ensure appropriate staffing levels, having consideration for skill mix and workload which will facilitate the provision of compassionate and empathetic nursing care leading to improved patient outcomes and satisfaction, and also increase nursing job satisfaction and retention.

Implications for research, policy, and practice: Pre- and post-graduate nurses in particular, should have access to targeted education and support from peers, senior nurses, and educators, especially positive role modelling. For all nurses to be able to provide compassionate care, it is important that organisations' leadership and management recognises the time required to do so without pressure to complete clinical tasks. Indisputably, the prevailing clinical implication is that reducing staffing shortfalls and excessive workloads is essential to foster a compassionate environment.

What is already known about the topic?
- Compassion is a prerequisite for the provision of effective, person-centred patient care.
- Empathy and compassion are often used interchangeably and there is some confusion between the two.
- Absence of compassion has a detrimental effect on patient experiences and outcomes together with nursing job satisfaction and retention rates.

What this paper adds
- Whilst empathy is considered a separate concept from compassion, it has also been identified as a core component of compassion creating some perplexity.
- It is possible to effectively teach empathy and compassion using non-didactic, experiential strategies both pre- and post-graduation.
- Organisations play a pivotal role in supporting a compassionate environment which positively impacts on nursing satisfaction and retention rates thereby improving patients' experiences and health outcomes.

Keywords: Compassion, empathy, nursing practice, nursing retention, nursing satisfaction, patient outcomes

INTRODUCTION

VIGNETTE – CARE FACTOR ZERO

The night RN was responsible for over 100 residents in the aged care facility with the assistance of two AINs. One resident (Mrs A) was palliated and on two-hourly subcutaneous morphine injections. At midnight, the RN commenced rounding on all her residents, firstly attending to Mrs A to give the injection on time. Mrs A had soiled her incontinence pad and the RN requested one of the AINs to wash and change her because she had to continue her rounds. By the time the RN had completed her rounds, it was time to prepare and administer the next morphine injection. On attending Mrs A, the RN found she had not been washed or changed. She administered the injection and then tended to washing and changing her. Afterwards, she found the AIN and asked why she had not washed and changed Mrs A as directed more than two hours previously. The AIN replied, 'What matter? He *[sic]* die anyway'.

Worldwide, especially during recent years, nurses have faced many difficulties in healthcare situations including increasing professional demands on their workloads and the provision of person-centred patient care. These demands have negatively impacted not only on them, but also on the healthcare facilities, and on their patients who have noted a lack of attention and compassion from nurses. This discussion paper considers what factors might contribute to the perceived lack of empathy and compassion in nursing care, and the increased levels of stress, burnout and attrition of nurses, and decreased positive patient outcomes.

AIMS

The aims of this paper are to present and discuss (1) an examination the similarities and differences between empathy and compassion, especially as they relate to nursing; (2) understanding of empathy and compassion from both patient and nursing perspectives using the research findings; (3) examples of enablers and barriers which may influence nursing behaviours relating to empathy and compassion in the provision of patient care; and (4) consideration of the potential for development, teachability, and sustainability of empathy and compassion both pre- and post-graduation.

DATA SOURCES

The databases of Embase, Emcare, Medline, ProQuest, and PubMed were searched from January 2015 to January 2023 for scholarly journals with full text articles in the English language. Keywords used were 'empathy' and 'compassion' jointly and severally which yielded in excess of 275,000 results, necessitating the following inclusion criteria: Articles in which the primary focus was on empathy and compassion from nursing, patient and organisational perspectives and included the word/s 'empathy' and 'compassion' in the title. Articles excluded were those which focused only on compassion fatigue, self-compassion and burnout, and those in which physicians/doctors, and/or allied health were the intended audience. Any results that were opinion papers, editorials, letters, personal views, conference papers, study protocols, or commentaries were also excluded. This reduced the final results to 91 articles that were subsequently categorised thematically into definitions; perspectives, perceptions and concepts; enablers and barriers; and education.

BACKGROUND

Compassion in nursing practice is not a new concept; in the 19th century, Florence Nightingale included compassion when describing the virtues of a good nurse.[1] Worldwide, the demonstration of compassion in practice by nurses is a requirement and documented in multiple ethical guidelines and policies.[2-5] It is unanimously considered an integral aspect in delivery of nursing care and its absence is known to adversely affect patient outcomes because care is substandard and potentially harmful,[2-6,10-15] leading to major inquiries, as evidenced by the English report which attained international notice in 2013.[16] Over the past three decades, more research has been conducted on the construct of compassion and there are many definitions and concepts for compassion and empathy in the literature, however, their use is often transposed.[17-20]

When compassionate care is practiced, nurses, patients and their families/carers derive positive effects which improve their health outcomes,[6,11] enhance their therapeutic relationships, and increase their satisfaction with the healthcare service.[3] Furthermore, nurses benefit from the improved sense of wellbeing in their workplace and increased job satisfaction which leads to lower turnover.[7,12,21] Whilst the importance of the provision of compassionate care is well recognised, support at an organisational level is necessary to create a compassionate workplace setting.[12,22]

VIGNETTE – HISTORICAL FIGURES KNOWN FOR COMPASSION

From the inception of the nursing profession, compassion is evident in its narrative. Historically, compassionate nursing care was recognised with Florence Nightingale's ministering during the Crimean War, and five years later, during the American Civil War, Clara Barton is known for her compassionate care of wounded soldiers. Helen Boylson, a nurse from the First World War, embodied compassionate care as she empathised with her patients during painful procedures and dressings.[23]

Empathy is identified as a crucial aspect of compassion, and its presence in the workplace has been shown to increase employees' efficiency, innovation and engagement[24] together with job satisfaction;[25] and the patient's self-esteem, which, in turn, improves nursing and patient wellbeing on an emotional level.[26] Like compassion, it too has been a subject of interest since the 19th century and is included in professional nursing standards and competencies.[27,28] Empathy is also well recognised as an essential facet of nursing care which facilitates therapeutic communication,[20,28-33] improves patient outcomes and satisfaction,[28,29,33-36] and is a key element of person-centred care.[32,37,38]

Although nursing education frequently refers to compassion and empathy, there is much speculation on whether compassion is an inherent trait, and its teachability.[4,5,10] From the patients' points of view, expressions of empathy have been shown to be low and/or declining leading to sub-standard patient outcomes.[34,36,38,39] As compassion arises from empathy, it is essential that nursing educators and nurses (students and practicing) be able to clearly distinguish between both concepts and education programs should include examples of each,[4] especially since empathy impacts positively on both patients, as mentioned earlier, and nurses, leading to a reduction in stress levels and burnout.[32,36]

DISCUSSION

As noted in the data sources previously, findings from the research for this discussion paper were categorised thematically under the four main areas identified as definitions; perspectives, perceptions and concept; enablers and barriers; and education.

DEFINITIONS

Compassion and empathy are frequently used synonymously.[2,19,20] Feeling or identifying with the suffering of a person is recognised as empathy and the antecedent to compassion.[40] Indeed empathy has been identified as a vital component of compassion.[13,41] Nonetheless, the interchangeability of terminology has made the difference between empathy and compassion less clear.[20] Jeffrey posits that compassion is a *reactive response* whilst empathy is a *skilled response*.[9(p.449)] Further distinction between the two is made by Nijboer and Van der Cingel who note that empathy is being able to put oneself in another's position, whilst compassion also involves alleviating actions.[42]

The general consensus of the meaning of compassion is not only feeling for another's suffering (i.e. empathy) but also the desire to alleviate it. These authors further identify five components of compassion

> *Recognition of suffering; understanding its universality; feeling sympathy, empathy, or concern for those who are suffering; tolerating the distress associated with the witnessing of suffering; and motivation to act or acting to alleviate the suffering.*[41(p.25)]

whilst Aagard et al., identified *listening, developing a relationship, alleviating suffering, touching, and going beyond the role of the nurse* as features of compassion and caring.[43(p.6)] Interestingly, these authors note that the terms compassion and caring are used synonymously in United States research, with the majority of literature citing caring in lieu of compassion. Conversely, compassion and caring are noted as two separate qualities,[44] and a distinction has been made between compassion and caring in that caring has a broader range than compassion, which is centred on the alleviation of suffering; therefore

 https://doi.org/10.37464/2023.404.1073

compassion is most likely an element of caring.[3] A systematic review in 2018 documented 11 traits found in compassionate nurses, being *character, connecting to and knowing the patient, awareness of needs/suffering, empathy, communication, body language, involving patients, having time for patients, small acts, emotional strength, and professional competence*.[5(pp.51-52,54-55)] Strauss et al., Booth, and Aagard et al., all refer to the desire or motivation to act, with only Strauss et al. referring to 'acting'.[9,41,43] Whilst compassion infers a desire to assist, this may not always result in the finite act of assisting.[19]

The concept of suffering may differ due to the caregiver's values and cultural background and, to facilitate effective compassion, cultural understanding is important.[45] Thus an addition to the meaning of compassion could incorporate: and being culturally appropriate by considering the patient's background.[46]

Empathy is recognised as the ability to understand an individual's emotions and to share them.[25,30,47-49] This instinctive reaction,[50] conventionally considered to be a personality trait, has had a gradual recognition that it is a skill, moulded by individual experiences and academic input.[31,39]

PERSPECTIVES, PERCEPTIONS AND CONCEPTS

The merits of compassion have been chronicled over time and more recently investigated from a neurophysio- and psychological viewpoint,[17] and attention to compassion as a necessary element of care which benefits not only patients, but also healthcare staff and organisations, has also increased,[9,51] especially as it is recognised as a foundational element of person-centred care.[52,53]

The concept of compassion is a known nursing trait as well as an ethical standard required for nursing care.[54] It is accepted that compassionate nursing care is essential to promote more positive outcomes for patients and facilitate a therapeutic relationship.[13] Moreover, it is a requirement of nurses and other healthcare workers, as a fundamental ability, that compassionate care be provided,[8,13] and patients and healthcare facilities expect the staff to deliver compassionate care.[18] When the provision of compassionate care is lacking, patient outcomes are negatively impacted.[13]

There is also the element of cultural competence in compassion which includes self-awareness of beliefs and values, interaction with others from culturally diverse backgrounds, and sensitivity to the way the patient is perceived.[45]

Compassionate care encompasses not only words, but also actions, such as kindness, a gentle manner and touch.[1] Touch is crucial for human development throughout the life cycle and especially when providing nursing care.[55] Nurses typically touch patients during the provision of usual care, however touching with compassion is distinct from touch in that it is employed by nurses to give comfort rather than providing usual care.[43] This comforting touch not only eases the patient's distress, but also provides reassurance, creates a rapport, and facilitates trust which has a favourable effect for both.[55] However, differing ethnicities may interpret touch as inappropriate, for example, if the nurse and patient are not the same gender.[53] Cultural awareness, referred to earlier, should be considered an important element of compassionate care; indeed, customs relating to end of life care, values and beliefs, spiritual requirements, and traditions differ across ethnicities and must be recognised and understood in order to provide culturally appropriate compassionate care.[46,53]

Nurses not only appreciate the importance of compassion in practice, but also believe that it can be taught, although they note there are inadequate levels of compassion teaching being provided.[46] They recognise multiple traits associated with the provision of compassionate care which include respect, understanding, treating the patient as an individual, easing their suffering, advocating, kindness, and empathetic communication.[3]

Patients have observed that empathetic and compassionate provision of care by nurses validated them and enhanced their experiences.[22] Elements of compassion identified by patients as attributes of quality care include the provision of care which is person-centred, mutually communicative, and responsive.[1,22] Time and again, both patients and their families have evaluated traits of compassion, such as effective interaction, kindness, gentleness, and providing reassurance, in their most important needs when receiving healthcare.[3,56,57] Indeed, patients recognised the receipt of compassion from nurses when they felt that the nurse had spent time with them in order to get to know them as a person, and nurses who were kind, respectful and honest when caring for their patients were perceived as more compassionate.[3,58]

The introduction of the word empathy into the English language occurred in 1909 when an English psychologist, Edward Titchener, translated it from a German doctoral thesis.[59] Whilst its concept has been hard to describe, typically it is recognised as an environment which provides patients with recognition using benevolence and cordiality.[47] Empathy has also been described as a feeling or state of mind that is circumstantial and relies on the clinician's capability to be moved by the patient's suffering.[60] It is both cognitive and affective;[26,35,61] Strauss et al. and others recognise cognitive empathy,[41,61] which is intelligently comprehending the emotions and views of others, and affective empathy, which means feeling affected by others' emotions and sharing same; whilst Jeffrey identifies two further aspects of empathy, being behavioural, which refers to skill, and moral, which refers to the desire to alleviate suffering, although this could be more correctly classified as the defining feature of compassion.[19] The presence of empathy is necessary to enable compassionate behaviours and plays an essential role in effective communication between the nurse and patient.[4,47,62]

The nurse's ability to empathise with patients facilitates positive outcomes for them, supports their treatment adherence and promotes patients' satisfaction.[38] This lets them feel known, valued and validated, and alleviates levels of anxiety and stress associated with hospitalisation,[49,63] especially when they are seen not as a disease or illness, but rather as an individual.[13]

Patients describe empathy positively, noting that empathetic nurses were engaged and adapted to their (the patients') emotions when they reacted to the patients' suffering, which enabled a person-centred therapeutic relationship to develop. Whilst empathy was valued, patients recognised that it was not associated with actions, unlike compassion.[22] From the patients' points of view, compassion is a moral, honourable response which attends to their suffering both emotionally and through actions, especially when their needs are prioritised. When nurses responded to the patients with supererogatory demonstrations of kindness, the patients reacted positively, noting an amelioration of their suffering, improved comfort and increased satisfaction with the calibre of care provided.[22] For the nurse, empathy acts protectively against stress and fatigue, and a decline in empathy has been linked to increased levels of stress and fatigue.[64]

VIGNETTE – EMPATHY OR SYMPATHY

Empathy is not to be confused with sympathy which is an emotional response of pity. Whilst sympathy has been known to be used interchangeably with empathy, patients have referred to the construct of sympathy in a negative manner, describing it as an emotion that was superficial, and thus an unwelcome and mistaken response based on pity which showed a dearth of understanding because it was more focused on the giver's self-preservation. This engendered feelings of depression, dejection and self-pity.[22] *I hate sympathy, it feels shallow … and it doesn't feel genuine to me. Sympathy is very easy, it's an emotion, probably one of the easiest emotions to fake. I hate sympathy! Sympathy is like flattery, it sounds pretty but it goes nowhere and it does nothing. I don't want somebody to feel sorry for me, I want you to help me.*[22(p.443)]

ENABLERS AND BARRIERS

Enablers

Nurses have identified that personal attributes have a positive effect on the ability to provide compassionate care,[65] especially selflessness; and patients have also identified elements of selflessness, such as humility and kindness, as influencers of compassion.[66]

Having emotional strength enables nurses to manage situations which can be emotionally taxing and this strength develops resilience which facilitates ongoing compassion for their patients.[58] Indeed, these authors propose that traits of compassion should rather be deemed strengths and outline the indicators for *character, connection, empathy, communication, interpersonal skills, engagement, self-care, and competence* as the eight strengths they consider necessary to practice the art of compassionate care.[58(p.2919)]

Organisations have a major part in the provision of a supportive environment.[67] Environments which are supportive and encourage professional education to recognise and cultivate nurses' capacity for compassion have been shown by a plethora of research to facilitate person-centred care, thereby increasing both patient and nursing satisfaction.[11,12,47,62,66,68] The provision of Schwartz Rounds, which enable open and safe discussion of emotional, psychological, and social issues, have been shown to contribute to employees' perception of a compassionate workplace.[12,69] Healthcare organisations have recognised that facilitating compassion leads to improved wellbeing, increased job satisfaction, and higher retention rates.[7]

It is recommended that if nursing leaders undertook compassion focused education, this would equip them with the necessary skills and knowledge to cultivate a workplace culture which supported the provision of compassionate care, especially when combined with adequate staffing levels and support.[57,70] Indeed, nurses who felt they were supported were more capable of expressing compassion in their practice.[58,71] This is especially so when positive role modelling by more experienced nurses displayed the provision of compassionate care for both students and newly registered nurses.[71] Providing effective leadership has been recognised as essential for the provision of safe healthcare that is not only superior, but also compassionate.[72] Nursing leaders who have participated in a program which focuses on the delivery of compassionate leadership have overwhelmingly advised that their learnings were applied to their practice and had increased their motivation to facilitate the delivery of compassionate nursing care.[73]

Barriers

Barriers which negatively affect compassionate care include both personal and workplace stressors.[74] By labelling compassion as inherent to nursing, the contribution of all healthcare staff, particularly at management level, to facilitate the provision of compassionate care is side-lined, and cultural or structural aspects are therefore overlooked.[16]

Beginning with education and training, the focus is on attaining competency in knowledge and skills which take precedence over nurturing compassion, and this is confirmed by newly registered nurses who believed they were ill prepared in the provision of compassionate care.[56,58]

Other areas frequently identified as barriers to empathy and compassion were lack of time, insufficient staffing levels, and inadequate support and resources. A surfeit of evidence supports that these barriers may be further

 https://doi.org/10.37464/2023.404.1073

compounded by burnout, stress, exhaustion (both physical and emotional) and a heavy workload,[6,13,30 47,48,57,69,75] not to mention confronting behaviours exhibited by some patients, for example, those with dementia and those identified as difficult, citing resistiveness, aggression, and boundary transgressions.[18,47] These factors compound demands on nurses and often lead to compassion fatigue, job dissatisfaction, emotional exhaustion, and subsequent failure to consider patients as kindred humans.[19,69] Nurses having the intent to act and following through on this intent are often impeded by these barriers, and this includes nursing students whose levels of compassion have been found to lessen over the course of their practical training.[13] It has been noted that when students and newer nurses observe negative role modelling by their senior co-workers, this adversely affects their ability to practice with compassion and highlights the necessity for positive role models, especially in leadership roles, who then motivate others to display compassion.[52] Furthermore, empathetic care has been identified as a cause of emotional vulnerability.[47]

Patients recognise that nursing not only involves the provision of care, but also increased documentation and technical skills which, when combined with insufficient staffing levels, often led to lack of time for those ministrations which involved displaying compassion through person-centred care.[70] Most patients shared the perception that nurses who displayed compassion had inherent personality attributes which enhanced their nursing skills, however, the demonstration of compassion was often negatively influenced by heavy workloads and understaffing.[52,70] The demonstration of empathetic responses towards patients can be negatively impacted by circumstances such as lengthy shift work and lack of sleep, especially with demanding workloads.[59] Time constraints which demand task oriented care more than person-centred care negatively impact upon the nurse's ability to spend meaningful time interacting with patients, especially when understaffed.[42,57,70] Unintentional reactions, such as fear or disgust, have also been shown to adversely affect the provision of compassionate care.[76]

Compassion can be modified to resentment and even anger when nurses perceive that the patient is culpable for their injury or suffering.[40,76] Further, the nurses' aptitude for compassion is influenced by their underlying qualities, which can be fostered or worn down as their education and subsequent clinical practice continues.[18,60]

Cultural diversity and values may also be a barrier, for example, a patient may consider a nurse from a different ethnic background will not be able to relate to them and, as a result, this will impede the development of a therapeutic relationship and meaningful connection.[32,53] Likewise, nurses may have an unspoken or unconscious predisposition to less empathy due to societal influence regarding race and ethnicity.[77] These social prejudices relating to ethnic backgrounds and other differences, such as political or religious views, can inhibit activation of empathetic responses.[50]

Organisational barriers include the ever present financial limits, for example investor profits in the private sector and government reductions in funding for the public sector, staff shortages,[44,78] lack of resources, increased technological reliance, disobliging administration and the prioritisation of efficiency and cost effectiveness over sufficient time for nurses to have meaningful interactions with their patients.[47,69] It is evident that there is a need to address the lack of funding and allocation of resources. Nurses have reported organisational barriers, especially high workload and little control over staffing levels and shifts as barriers to the provision of compassionate care.[2]

Currently, there is the added complication of providing care during the COVID-19 pandemic which increases stress and worry about personal health,[36] together with burnout and the wearing of masks makes it harder for nurses to display empathy.[32] With the limitations on the presence of family support for hospitalised patients,[36] there are added tasks for nurses to complete within the same timeframes and often with reduced staff.

EDUCATION

It should be noted that passive or didactic education alone has little or no impact upon behaviours. In fact, it has been rated as the least effective approach and seldom brings about sustained changes.[79] However, combining modalities of various educational approaches has been shown to increase the likelihood of sustained changes, especially when the education is ongoing and not a stand-alone intervention.[64] Nursing curricula require the incorporation of sound methods to foster empathetic and compassionate communication skills which will enable the development of therapeutic relationships between nurses and patients.[80] For some years, there has been an expectation that educators should cultivate compassion in nursing students.[3] Whilst there are a number of educational strategies available to facilitate the provision of compassionate care, most have been developed with a focus on medical and nursing students and often concentrated on singular aspects of compassion rather than a multimodal approach which covered attitudes and behaviours, knowledge and skills, and ongoing evaluation.[7] Effective communication as an element of the provision of compassionate care is acknowledged as an educable skill.[56] Indeed, caring and attentive listening are prerequisites of empathy.[20]

Although empathy is well recognised and valued as important for effective interaction with patients, it has been noted that this is often inadequate, especially in nursing students, which may be due to their limited clinical placements that focus on clinical skills and knowledge

building, rather than social skills.[28,80] Experiential learning has frequently been found to be an effective strategy for fostering empathetic reactions, as well as role-playing, story-telling and simulation.[28,29,32,39,49,64,80-82] Heidke et al., also found that exposure to consumers' stories, especially from minority groups, is an empowering learning experience.[28]

Nurturing the development of compassion together with clinical and theoretical learning is important to the provision of nursing care which should begin at university as nursing students' aptitude for compassion and empathy will strongly influence their professional career.[9,83] Further fostering the skilled response of empathy should be a pragmatic aim in education,[19] and more academic time needs to be dedicated to the advancement of interpersonal proficiency.[27] Whilst we recognise compassion and empathy, together with good communication skills are social values, they are not always instinctive. As values differ between societies, it is reasonable to assume that these are learned behaviours and can, therefore, be taught.[25,27,61]

The cultivation of compassion during student education depends upon the presence of an innate ability to feel compassion,[84] and some believe that if this is lacking, teaching it is not possible.[58] However, the more common viewpoint is that inspiring lecturers, together with varied teaching approaches, for example, active learning including simulation, scenarios, role modelling, and reflective tasks, would enable nursing students not only to learn compassion, but also advance their aptitude for problem solving.[54,58] It is interesting to note that patients believe compassion can be taught contingent upon the learners' attributes and an experiential learning method which included person-centred communication skills, reflective practice and compassionate role modelling, as opposed to didactic methods.[60]

Over the past decade, several reports have identified the need for nursing students to receive compassion tuition; evidence suggests that traits of compassion can be fostered and that compassionate actions are teachable, with experiential learning being the preferred format.[8] Younas and Maddigan identified four characteristics common to all educational methods, being *active engagement of students and teachers; student centred learning environments; a focus on building students' reflective skills; and an emphasis on affective learning* and proposed policy directions which included targeting affective learning, promoting reflective thinking, and assessing understanding and expression of compassion.[3(p.1631)] This should also include intercultural education which fosters understanding of the diversities in different cultures and enable culturally appropriate and respectful care to be delivered.[85]

Whilst it is recognised that compassion is primarily a result of innate qualities, it is believed that education can foster compassion, particularly through professional socialisation, for example, role modelling by experienced nurses.[11,70]

Conversely, should the experienced nurse not practice compassionate care, this will negatively impact upon a less experienced nurse's ongoing development and ability to display compassion on a day to day basis.[57,70]

Nursing students' empathy can be enhanced with appropriate training, such as simulations,[49,81] but should not end at graduation. Education should be ongoing in employment as empathy levels have been shown to decline in post-graduate nurses. This enhances patient care,[29,32] improves job satisfaction and, subsequently, nursing retention rates. Ongoing education also enables nurses to feel accomplished, appreciated, and supported by their peers, managers, and organisations.[47] Learning and reflective activities included as part of this education are essential for the preservation of empathetic feelings.[29,64]

LIMITATIONS

Searching only results with empathy and/or compassion contained in the title to make screening more manageable may have excluded high level evidence of relevance. Further, limiting the search parameters to full text English language only, also recognises that high level evidence may have been excepted, consequently introducing language bias. To moderate this, Embase and Medline were included, as both databases include translations from journals in other languages.

FUTURE RESEARCH

It is clear that further investigation into and development of non-didactic teaching methods pre- and post-graduation, such as experiential learning and simulation, together with the development of strategies to facilitate positive and proactive changes in nursing, managerial, and organisational perspectives will facilitate empathetic and compassionate provision of person-centred care. Exploration of innovative approaches at an organisational level, for example, interdisciplinary collaboration and technology integration may alleviate resource limitations.

IMPLICATIONS FOR NURSING

Pre- and post-graduate nurses, in particular, should have access to targeted education and support from peers, senior nurses, and educators, especially positive role modelling. For all nurses to be able to provide compassionate care, it is important that organisations' management recognises the time required to do so without pressure to complete clinical tasks. Indisputably, the prevailing clinical implication is that reducing staffing shortfalls and excessive workloads is essential to foster a compassionate environment.

CONCLUSION

Compassion and empathy are sine qua non in the provision of nursing care. Empathy is a core component of compassion. There is general consensus around the meaning of compassion, although the addition of culturally appropriate care should be added. To facilitate and preserve the provision of empathetic and compassionate care, together with job satisfaction and retention, it is imperative that healthcare employers and management develop organisational policies which provide nurses with appropriate levels of staffing, having consideration for both skill mix and workload, and educational resources. The provision of education covering compassion and empathy, and strategies for developing and sustaining these skills are a priority. Rather than traditional didactic education, experiential education, along with role playing, simulation, and exposure to lived experiences, is more effective for nurturing, improving and inculcating compassion and empathy. Role modelling by experienced nurses who practice compassionate care cultivates an ongoing ambience of kindness and person-centred care. However, education on its own is inadequate and ongoing support from senior staff and management, who have undertaken compassionate leadership training, to provide a compassionate environment, together with the appropriately developed policies, procedures and guidelines, are necessary to facilitate the provision of empathetic and compassionate person-centred nursing care for patients.

Conflict of interest: None

Funding sources: No external funding

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