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Compassion: Use it or lose it?☆
A study into the perceptions of novice nurses on compassion: A qualitative approach

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ABSTRACT

Background: Nurses and patients believe compassion to be one of the most important professional values. However, it is not known which factors influence compassionate behaviour in practice. There is a need for insight whether or not compassion in nursing practice flourishes or falters.
Objectives: This study aims to explore how Dutch novice nurses perceive compassion within nursing care and gain insight in their strategies of sustaining and developing compassionate care.
Design: This study used an exploratory design, employing a qualitative approach.
Data Sources: 14 in depth interviews with Dutch bachelor novice nurses with 0–5 years of practical experience took place.
Review Methods: Thematic analysis and inductive coding was used.
Results: Four themes emerged from the data. First, participants perceive compassion to be a part of their professional identity. Balancing between positive and negative environmental influences and their own perceptions was shown as a second theme. Thirdly, various strategies such as rebellion and conforming to the ideas on the workplace helped nurses to do so in daily practice. If nurses succeeded in dealing positively with various influences, a professional development was perceived over time. The fourth theme described the increased awareness of compassion and professional identity if strategies were successful. If not; insecurity, job dissatisfaction and ultimately consideration of job-retention was described.
Conclusion: Compassion is an essential value during the development of the professional identity of novice nurses. Dealing with meaningful emotions and experiences broadened nurses' personal awareness of compassionate care and stimulated a growth in their professional identity. Novices need support during their internships that builds empowerment and resilience in sustaining compassion. Furthermore, there is a need for role models and a corporative team spirit in order to coach novice nurses in compassionate behaviour.

1. Introduction

Compassion is foundational to the practice of nursing; nurses and patients view compassion to be an explicit nursing value and indicator of good care (Curtis et al., 2012; Dewar, 2013; Sinclair et al., 2016; Smith et al., 2016; M. van der Cingel, 2014). Compassion is a concept that gives meaning to what humane care is all about (M. van der Cingel, 2014). Although compassion is praised in nursing, there is a concern about how compassion shows in practice. For example only 53% of 800 hospitalized patients perceive care to be compassionate (Lown et al., 2011; Sharp et al., 2016). There clearly is a need to understand why compassion in nursing practice flourishes or falters (Sinclair et al., 2016).

Compassion is defined as a mirroring process in response to caring for people that are vulnerable or suffering (C. J. M. Van der Cingel, 2012; Van Lieshout et al., 2015). Compassionate care is given through a relationship based on empathy, respect and dignity. It can also be described as intelligent kindness (Papadopoulos et al., 2017). Compassion is being distinguished from empathy, empathy being the ability to project oneself into someone else's situation. In contrast, compassion requires intelligent responses and actions to relieve it (Nussbaum, 2003). Van der Cingel (2012) identified seven dimensions for

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compassion: attentiveness, active listening, naming of suffering, involvement, helping, being present and understanding. None of these are however, innately compassionate. Saliency within the caring relation also constitutes compassion as well. Nurses need to notice what is of importance for a patient and to know when to be there when it is needed (Sinclair et al., 2016; C. J. M. Van der Cingel and Jukema, 2014).

Nurses perceive positive aspects while providing compassionate care; it enhances job satisfaction and engagement in the nurse-patient relationship (Sharp et al., 2016). Furthermore, patients are in need of compassionate care because this empowers patients, increases coping abilities and helps them to experience positive attitudes such as hope towards recovery (Marshall et al., 2012; Sharp et al., 2016; C. J. M. Van der Cingel and Jukema, 2014).

Although the advantages of compassion are widely discussed within literature, sustaining compassion in practice is challenging for novice nurses (Bisholt, 2011; Curtis et al., 2012; Schantz, 2007; Sharp et al., 2016; Sinclair et al., 2016). Experiences of novices during internships or their first years as a professional, seem crucial (Bisholt, 2011; Schantz, 2007). Novice nurses struggle to uphold the compassionate principles they learned during nursing school and sense that the reality of practice is different to their own values (Bisholt, 2011; Curtis et al., 2012; Schantz, 2007). This misbalance is affected by multiple factors. First, nurses view that some work-settings compel them to focus solely on the deliverance and registration of care. There is an increased focus on cost-efficiency and task completion with time-restrictions, which is prioritised over person-centred care. Nurses perceive that these demands take them away from meaningful time with patients. Furthermore, nurses refer to a negative workplace culture, for example resistance to change and negative role modelling, as an inhibiting factor (Sharp et al., 2016; Sinclair et al., 2016). This decreases their motivation to break routines and provide the compassionate care they desire to give (Sinclair et al., 2016).

If nurses are not able to express and sustain compassion the risk for compassion fatigue increases (Coetzee and Klopper, 2010; McClelland et al., 2018; Yoder, 2010). Compassion fatigue is perceived as an emotional and physical decline on a personal level and commonly occurs when healthcare professionals cannot help or save a patient from harm or distress (Yoder, 2010). There are multiple negative outcomes when nurses cannot prevent compassion fatigue. On the short term, it could lead to concerns as having a low self-confidence, job-dissatisfaction and strong feelings of guilt (Yoder, 2010). On the long-term, compassion fatigue could lead to withdrawal from patients and even from the profession (Merton, 1938; Sharp et al., 2016; Ten Hoeve et al., 2017). Therefore, compassion fatigue is a risk for the nursing profession and the quality of nursing care (Coetzee and Klopper, 2010; Yoder, 2010). Strategies known in order to deal with compassion fatigue are for example, arranging an appropriate work-life balance (Najjar et al., 2009; Yoder, 2010). In general, nurses' coping strategies with stressors include active problem solving, seeking social support and avoidance (Folkman and Moskowitz, 2000; Parikh et al., 2004). These strategies are, however, mostly focussed on expert nurses and not particularly related to compassion.

The strategies that novices use to sustain and develop compassion are not examined yet. Looking at the effect of compassion on quality of care and nurses' job satisfaction, it is necessary for novice nurses to sustain compassion (Bisholt, 2011; Curtis et al., 2012; C. J. M. Van der Cingel and Jukema, 2014; West et al., 2015). Research focussing on these topics is important in order to prevent high retention rates (Ten Hoeve et al., 2017).

2. Aim

The aim of this study was to explore how Dutch novice nurses perceive compassion within nursing care and gain insight in their strategies to sustain and develop compassionate nursing.

3. Methods

3.1. Design and Participants

A qualitative exploratory design was chosen in order to question perceptions of participants (Boeije, 2009). Participants were Dutch bachelor nurses with zero to five years of experience. This time-range was used because this period is crucial in sustaining compassion (Curtis et al., 2012; Schantz, 2007). Nurses with a work-schedule of less than 8 h per week and nurses who did not speak and/or read the Dutch language were excluded. Purposive sampling was used to recruit participants and to confer rigour (Creswell, 2013). Maximum variation was sought in age, setting, years of work experience and gender (Nussbaum, 2003; Steffen and Masters, 2005). Fourteen participants, 10 female and 4 male, were included. The participants' age varied from 21 to 30 and the mean years of experience was approximately 2 years. Working settings varied from community care, geriatrics, hospital care, revalidation/neurology and Intensive Care.

3.2. Data Collection and Procedures

Individual in-depth-interviews with nurses were conducted between February and April 2017. The interviews consisted of exploratory semi-structured questioning of the following topics: perceptions of compassion, the barriers and facilitators of strategies nurses used to sustain compassion (Table 1) (Coetzee and Klopper, 2010; Dewar, 2013; Merton, 1938; Sharp et al., 2016; Sinclair et al., 2016; C. J. M. Van der Cingel, 2012; C. J. M. Van der Cingel and Jukema, 2014; Yoder, 2010). The database of the Dutch Nurses' Association (V&VN) was used to recruit nurses. To prevent responder's bias (Boeije, 2009), the participants were asked to narrate about a specific case where he or she felt compassion.

The interviews were audio taped and lasted between 50 and 70 min. Descriptive field-notes about the setting and non-verbal behaviour of participants were used to enhance reliability (Boeije, 2009). Personal memos recorded the researchers reflections to prevent interviewer bias and to enhance conformability and reflexivity (Boeije, 2009).

3.3. Data Analysis

Thematic analysis was used to provide a thick description of data. The first two interviews were coded independently and discussed afterwards by two researchers to enhance neutrality of findings. In total, 93 open codes were generated. Secondly, analysis focused on reorganizing codes and identifying codes that shared a common category. Twelve categories were derived from the codes. At last, the researcher looked for overarching themes to identify broader patterns in the data. This resulted in four themes. Through descriptions of the meaning of themes, the relationships between themes became clear and a conceptual model was created (Fig. 1). The codes, categories and themes were verified for face validity by a senior researcher and member-checked.

3.4. Ethical Considerations

Since this study did not concern biomedical or behavioural research involving humans, an Institutional Review Board (IRB) was not applicable under the Dutch National Law for Medical Research. However, specific actions were taken to ensure the rights of participants, such as informed consent and handling data cording to national legislation on privacy.

4. Results

Four themes emerged from the data: (1) compassion as a part of the professional identity, (2) Balancing between environmental influences,

Table 1
Topic list of semi-structured interviews.

Theme	Questions	Sub questions
Believes	What is the first thing that comes to mind when you think about compassion? What do you think of the definition of compassion? When you started nursing education, how did you think about compassion?	Can you narrate about a moment or situation where you felt compassionate? What is in your opinion the significance of compassion for nursing? Is the definition similar to your first thought about compassion? What was the significance of compassion to you when you started nursing education? Why/how did this change?
Behaviour	Can you tell me how compassion plays a part in your behaviour as a nurse?	Can you tell me how you manage to express compassion? Can you narrate about a moment that you didn't manage to express compassion? Can you say, on a scale from 1 to 10, how often you manage to express compassionate care?
Not being able to express compassion	What happens when you can't express compassion or deliver compassionate care?	Emotions: how does this feel to you? Strategies: how do you cope with this? Environmental factors: what is the role of your colleagues/ employer? Consequences profession: what does this mean to you as a nurse?
Being able to express compassion	Can you explain why you manage to deliver compassionate care or express compassion?	What helps you to sustain compassion/what strategies do you use? Significance: what does this mean to you as a nurse/person?
Implications	When you look back at the previous years, including nursing education, what have you missed to sustain compassion?	

(3) strategies to deal with environmental influences and (4) increased awareness and development of compassionate behaviour over time.

4.1. Compassion as a Part of the Professional Identity

Participants see compassion as the main condition for quality care and a key-value in nursing. Nurses mentioned compassion being their motivation to enter the profession and some saw compassion as a

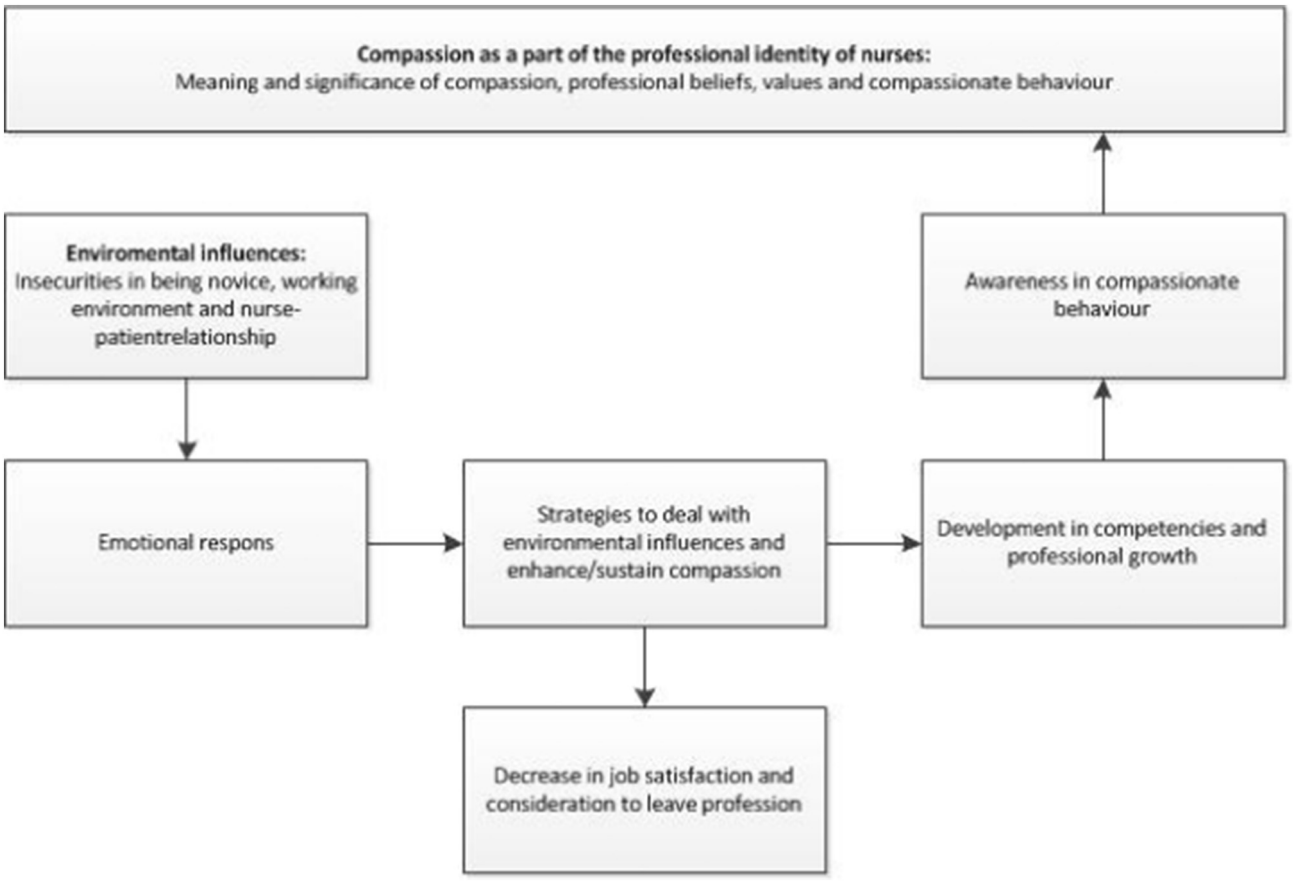

Fig. 1. Relation of themes.

personal characteristic.

"*I am convinced that I have to be a nurse. Being compassionate and being a nurse is a part of who I am [Homecare nurse]*".

Furthermore, nurses perceive that compassionate behaviour is also determined by their own personal values. For example, nurses described safety, humour, integrity, respect and trust as values in compassionate nursing. Some nurses had an active way of expressing compassion, for example being a patients advocate or going that extra mile. Others used more reserved behaviour as maintaining calmness, listening and being present. Expressing compassionate behaviour is determined by the nurses' character.

"*I think compassion links with my own personality and how I am as a person. For example, one of my patients drove into a ditch, so I asked; did you want to grab money? Ha-ha, we both laughed really hard. That's my way of showing compassion [Homecare nurse]*".

However, nurses also mentioned some doubts about the significance of compassion. They described having compassion as exhausting and immeasurable. They felt compassion shouldn't be exaggerated.

"*Personal opinions about grief and pain are difficult to interpret. Someone can be really upset if he stubs his toe. Well, I can't feel compassionate for that! [Nurse in hospital]*".

Some also felt that compassion needed to have a functional gain:

"*If the patient knows he's sick, and I know he's sick. What is the effect of naming it? Compassion needs to have an effect or result, otherwise it's useless [Nurse in hospital]*".

4.2. Balancing Between Environmental Challenges and Own Values

Novices perceive a struggle in balancing between environmental challenges and their own values. Nurses mentioned the effect of the working environment at first. Inhibiting factors such as staff-shortage, time pressure and a focus on registration were said to be influencing compassionate behaviour in a negative way. Organization or team culture, team spirit amongst colleagues, influenced compassionate behaviour as well. Role models stimulated novices to provide compassionate care and supported them in emotional situations. However, team culture could also have a negative influence.

"*Sometimes I have arguments with my colleagues. I try to switch off my frustrations. If that doesn't work, I become frustrated, less flexible and less compassionate to patients [Homecare nurse]*".

The nurse-patient relationship influenced compassionate care as well. The results show that having 'a connection' with a patient or the family was important to novices. This 'connection' depended on the ability to identify with the patient.

"*That patient had the same age as me, he was also a nurse, and he liked to party. I could be him… With him I felt really compassionate. [Nurse in hospital]*".

Also cultural differences and the extend in which the norms and values between the nurse and patient correlate were important.

"*I had a patient with a severe stadium of COPD who kept smoking. That went against my own norms and values, I wouldn't do that! (…). I found it really hard to show compassion for him [Nurse in hospital]*".

At last, participants mentioned to feel insecure as a novice. They didn't always have the courage to express compassion or stand out for themselves if they felt inhibited in honouring their values. They were afraid of negative reactions from both patients and colleagues about their work and doubted if they did well as a nurse.

"*It is the idea that I fail in the eyes of my colleagues. What would they think if I didn't finish my work or activities? […] I think it isn't appreciated when I talk a lot to patient, and therefore am slow in completing my tasks [Homecare nurse]*".

4.3. Strategies for Balancing Between Environmental Challenges and Own Perceptions

Nurses use multiple strategies to deal with balancing between negative environmental challenges and their own values. Some chose to be rebellious. They mentioned to focus on choosing their own path, without taking opinions of others into account. These nurses took an active role in addressing the difficult situation or set compassion as their main priority. Some even chose to search for more knowledge and managerial influence to change things on the ward.

"*I know what is important to a patient. And if I can't fix that in one way, I will choose another path. I don't care if colleagues don't like that [Homecare nurse]*".

In contrast, other nurses chose a more remote attitude to deal with their struggles. For example, nurses used a more planned expression of compassion by picking moments that they felt were suitable and where they weren't bothering colleagues. Others weren't actively using strategies to better their position, they accepted the situation as it is.

"*I could work 24/7 and always be compassionate. That's not realistic to pursue. (…) I don't want to upset anybody, so it's good the way it is [Nurse in hospital]*".

In almost half of the cases, nurses mentioned that they weren't able to express compassion in the way the wanted. This affected nurses in multiple ways. Participants mentioned emotional responses as powerlessness, failure, guilt and frustration. This made participants feel disillusioned and less adroit. Some mentioned they felt the situation was too much to handle. Sometimes these situations resulted in job-dissatisfaction and the consideration to leave the profession:

"*If things don't change around here, I am finished with nursing [Homecare nurse]*".

Others were more able to cope with these negative emotions. Some nurses switched off their mind in order to provide compassionate care:

"*If I see someone who needs me, I switch off my own emotions and will be there for that person [Homecare nurse]*".

4.4. Increased Awareness and Development of Compassionate Behaviour Over Time

At first in nursing school, participants had the perception that a good nurse is a technically skilled nurse. When entering practice, novices felt they could not yet live up to these expectations. Therefore, they consciously focused on the objective attributes of tasks.

"*I had no time to be compassionate. I focussed on learning, fine-tuning basic skills and knowing all the basic rules [Nurse in hospital]*".

At the start of their career, nurses also struggled to find their role in an organization, in a team and in contact with patients. Some nurses felt too personally involved with patients and found it difficult to adapt a professional role. This reflected in insecurity and a misbalance between professional nearness and distance. As time progressed, nurses' awareness and resilience increased.

"*I gained insight how it feels to be transported by an ambulance, to receive compassionate care, that people really care for your commitment […]. Then I realized the importance of compassionate care. (…) Sec technical competencies aren't that important anymore [Homecare nurse]*".

Nurses became more experienced to act in situations of grief and sorrow. They learned what behaviour helped patients in moments of suffering, how to adjust their behaviour to different patients and found a balance between professional nearness and distance. They also got more routines in technical skills, learned to combine particular tasks and gained insight in the ins and outs of a team and organization. This gave participants more time and energy to provide compassionate care. They also gained more self-confidence and they felt more at ease to express compassion.

One nurse concluded: "*Looking back, I had no understanding of what real compassion felt like. Gradually, by practical and personal experiences I became aware of what is important in life. Compassion became a second nature, without being conscious about it [Nurse in hospital]*".

5. Discussion

The results of this study indicate that compassionate behaviour is linked to a nurses' character and personality, thus the development of a professional identity. Previous literature describes this phenomenon as socialization. Socialization occurs when nurses internalize values and attributes of nursing in a professional role (Fagermoen, 1997; Mooney, 2007; Ranjbar et al., 2016). Socialization proceeds in three stages (Ranjbar et al., 2016). First, nurses become familiar with the identity of nursing through descriptions and explanations of others and their first experiences with nursing. The second phase is moral development when nurses build a meaning of nursing during practice. In the last phase, nurses fully internalize values like courage, humility, integrity and *compassion* (Ranjbar et al., 2016). In light of the results of this study, it can be discussed that if novices perceive compassion as an implicit nursing value; they are not fully aware of the significance of compassion and have not attributed specific significance to compassion yet. They are still in the first phase of socialization. If the internalization of compassion within the development of their professional identity succeeds over time, nurses gain more self-confidence. Then, nurses perceive an increased awareness and express compassion in a more outspoken way. Providing an opportunity for learners to reflect on experiences can foster awareness and encourage the cultivation of conscious framing of responses, such as showing compassion (Cruess et al., 2015).

In this study, nurses perceive a misbalance in honouring their compassionate values within the reality of daily practice. Sociologists describe situations of misbalance as a discrepancy between personal aspirations and the opportunities to achieve them. In general, sociologists describe rebellion and conformity as two commonly used strategies to deal with this discrepancy. Rebellion leads to the attempt to minimalize negative influences and strengthen positive influences (Merton, 1938). In this study, novices also used both strategies. First, rebellion of nurses is shown in activities such as discussing motives with colleagues and actively changing the workplace in a way that fits with their ideologies. As professionals, they do not turn their back to the organization, but remain a part of it. They seek opportunities to stretch the boundaries and conditions of the workplace culture. The accepting coping strategy described in this study relates to strategy of conformity. Secondly, conformity is shown when people perceive the restricted means of achieving organisational goals, as legitimate. These nurses abide by the rules and become cynical when they have to do things that they do not find meaningful. This study shows that nurses who use rebellious behaviour succeed more often in sustaining compassionate behaviour than nurses who use more conforming strategies. Active problem solving and rebellious behaviour appears to be more functional and effective than avoidant strategies (Parikh et al., 2004). Avoidant coping was strongly associated with negative work-effects at work, whereas problem appraisal and problem-solving strategies were related to a positive effect. Stress resistant nurses don't frequently use defensive or avoidant coping strategies in handling their emotional relation to stress (Boey, 1998; Bowman and Stern, 1995).

The results also show that misbalance between novices' own values and practice reality left novices feel insecure. Balancing is used in order to deal with this dissonance. However, balancing as a strategy is characterized as very fragile, because there is never a state of complete stability (Curtis et al., 2012). It is encountered as easily disrupted and therefore as a lack of control (Lipworth et al., 2011). People might perceive balancing as a personal weakness, because they were not able to maintain balance. On the positive side, it helps nurses feel empowered to choose own ways of thinking. On the negative side, it makes nurses feel overtaken by events (Curtis et al., 2012). This division is also recognized in this study. The category of 'rebellious novices' felt empowered and secure to stand up for themselves, while the other group did not feel secure enough to consciously choose their own way. This reflects findings in other studies. Valentin found that strategies such as avoidance to deal with conflicts, is associated with nurses who have reduced confidence and skills of assertion (Valentine, 1995). This highlights that empowerment and dare are essential aspects in sustaining compassionate care.

A limitation of this study was using the method of open recruitment, selection bias may have occurred (Boeije, 2009). This could mean that only participants who were positively interested in compassion were recruited. However, both positive and negative experiences were found in this study and data saturation was found. Therefore, selection bias appears to be minimal.

The following implications can be made for practice and further research. The results show that a positive workplace culture stimulates compassionate behaviour in novices. As also indicated by previous literature, a professional support system and role models are recommended to improve the culture for novices to thrive (Huang and Lynch, 2017; Jack et al., 2017). Furthermore, the most important outcome of this study is the necessity of dare in order to sustain compassionate care. However, the current study shows that some nurses need adequate support to strengthen their ability to stand up for themselves in environments of adversity. Therefore the main implication is to strengthen rebellious behaviour and resilience during nurse education. A recently published literature review recommends strategies such simulation, role-play, discussion and self-reflection to stimulate novices to advocate for themselves (Mellor et al., 2017). This helps strengthening compassion as explicit value of care (Durkin et al., 2018). There is not yet enough insight in how compassion can evolve from an implicit to an explicit value within the process of socialization. Moreover, it is not known what methods are suitable to enhance empowerment in relation to sustaining compassion. Therefore, further research might focus on both the development of compassionate care within the professional identity and the methods that stimulate empowerment in nursing students.

6. Conclusion

This study describes the perception of Dutch novice nurses on compassion and the strategies they use to sustain it. Novices closely link their own values to the significance of compassionate behaviour. This suggests that compassion is part of the nurses' professional identity. Balancing between environmental influences and novices' own values influenced how compassionate behaviour is sustained. Factors such as time pressure, a focus on registration, team culture and personal insecurities, as being novice are dominant factors that inhibit compassionate behaviour. The results show two strategies to cope with these influences: rebellious behaviour and accepting behaviour. If strategies are fitting; compassion internalizes in the professional identity, the awareness of compassion grows over time and becomes a more explicit nursing value. If not, novices perceive job-dissatisfaction and consider leaving the profession.

Those involved in student learning need to recognize the sense of vulnerability and uncertainty that novices feel when dissonance is experienced between environmental influences and nurses' own values.

Improving novices' empowerment to use strategies such as rebellion enables compassionate practice to thrive. This proves to be crucial for novices to develop a professional identity, decrease retention rates and ultimately enhance quality of care.

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