Compassion in Healthcare: Theoretical Perspectives and Attributes

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ABSTRACT

Patients, families, physicians, and policymakers have lauded compassion as the cornerstone of excellence, and research on the concept of compassion in healthcare has attracted widespread interest as healthcare systems throughout the world undergo transformation. Compassion is a crucial value for patients, families, and caregivers to consider as an intrinsic aspect of high-quality healthcare because of its "human dimension." However, there are a number of theoretical viewpoints on compassion and compassion traits in healthcare in the literature. As a result, the purpose of this study is to comprehend the various theoretical perspectives on compassion and attributes of compassion in healthcare.

Keywords: Compassion, healthcare, quality, theoretical perspectives, attributes

1. INTRODUCTION

As compassion is extolled as the cornerstone of quality healthcare by patients, families, clinicians, and policymakers (1,2), research on the concept of compassion in healthcare has gained worldwide attention because of reforming the healthcare systems around the globe. Because of its 'human dimension,' compassion is a fundamental value for patients, families, and caregivers to consider as an integral part of high-quality healthcare (2,4,7-13). However, the literature contains a variety of theoretical perspectives on compassion and attributes of compassion in healthcare. As a result, the purpose of this study is to comprehend the various theoretical perspectives on compassion and attributes of compassion in healthcare.

2. Theoretical Perspectives of Compassion

2.1. Compassion as a combination of qualities

In his compassionate mind theory, Gilbert (2009) defined compassion as a deep awareness of the suffering coupled with the wish to relieve it. According to him, the core idea of compassionate mind theory is that compassion is not merely an emotion or motivation, but rather a complex combination of attributes and qualities like motivation, sensitivity, sympathy, distress tolerance, empathy, and being non-

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judgmental (14). These qualities should help caregivers develop their capacity for compassion by involving two different psychologies. One is the stimulus dimension for awareness and engagement, and the second is skilled intervention in action or the behavioural to fulfil the aims of the motive (14). However, it's a brain pattern. The feelings and behaviour it supports and encourages can be lost when either the incentive/resource-seeking system or the threat/self-protection system becomes dominant and regulates feeling and thinking (15).

2.2. Compassion as a sequential process
According to Strauss et al. (2016), compassion is a sequential cognitive, affective, and behavioural process that includes the five characteristics, which pertain to both self and other-compassion: 1) Recognizing suffering; 2) Understanding the universality of suffering in human experience; 3) Feeling empathy for the person suffering and connecting with the distress (emotional resonance); 4) Tolerating unpleasant feelings aroused in response to the suffering person (e.g. distress, anger, fear) to remain open to and accepting of the person suffering, and 5) Motivation to act/acting to alleviate suffering (16).

2.3. Compassion as a response to suffering
Almost all compassion authors have confirmed that compassion is a response to suffering, being affected by others' suffering, extending one's awareness to others' anguish rather than avoiding or withdrawing from it (14,17–21). The majority of dictionaries provide the exact definition. Compassion sympathetic feeling for another person's pain, misfortune, or discomfort, frequently accompanied by a great desire to aid or soothe that person and relieve their suffering(1).

2.4. Compassion as a distinct emotion
According to Goetz et al. (2010), compassion is defined as a distinct emotion. Though it is linked to empathy, kindness, sympathy, pity, and altruism, it is defined as a distinct emotion that stimulates specific patterns of behaviour toward people in need and happens in a combination of emotions, altruistic values and motivation to help (18,27). Compassion is explicitly felt in response to suffering, and it encompasses the desire to act or act to alleviate pain. In contrast, empathy may apply to a broader range of situations(18,20). Empathy, the affective and cognitive capacity to connect and understand the other person's inner condition, is a crucial component of compassion (14,16,28,29). In contrast, empathy is the vicarious experience of another's emotions (18). Sympathy entails being emotionally drawn into another's pain, although empathic accuracy can be shaky (17,30,31). While compassion is viewing the other person through the lens of shared humanity, pity entails feeling sorry for someone who is thought to be weak and inferior (32).

2.5. Compassion as a human experience
Compassion is also defined as deeply rooted in the heart of what it means to be human (33). It is a complete immersion into the condition of being human, as well as a profound sense of connectedness with the experience of human suffering, which necessitates personal knowledge of the suffering of others, eliciting a moral response to the recognized suffering and resulting in caring that brings comfort to the sufferer (34). Several definitions also say that compassion recognizes a commonality with the afflicted, admitting that we can find ourselves in a similar situation(16,20).

2.6. Compassion as both state like and trait-like
Compassion is understood from the perspective that it is a state like' emotion because sensitivity to one's own or others'
pain, emotional reactivity, acceptance and nonjudgment in the face of suffering, and drive to help are all likely to fluctuate across time and situation. On the other hand, it might be viewed as a trait-like quality that lasts across time (16, 18, 35). An implicit assumption of compassion-focused interventions appears to be that repeated practice of skills that promote compassionate emotions, attitudes, or behaviours might develop a trait-like general disposition to be compassionate towards oneself or others (16).

3. Compassion in Healthcare

Compassion in healthcare is variously defined as an approach to healthcare that values and prioritizes compassion (36). Compassion in healthcare can be generally understood as an integrated, skilful, relational and interactive process.

3.1. Compassion in healthcare as an integrated approach

According to Schwartz Centre for Compassionate Healthcare, (2015), compassion in healthcare is a process that involves recognition, understanding, emotional resonance, and empathic concern for another's concerns, distress, pain or suffering, coupled with their acknowledgement, motivation and relational action to ameliorate these conditions. It involves relationships founded on empathy, emotional support, and efforts to understand and alleviate the patient's concerns and distress; effective communication within interactions, over time, and across settings; respect for and encouragement of participation in decision-making and care; and contextualized knowledge of the patient as an individual within a complex network of relationships and circumstances at home and in the community (37, 38).

3.2. Compassion in healthcare as competence

Halldorsdottir (2012) proposed the compassion competence theory, later embraced by Lee & Seomun (2016). Compassion competence theory was developed because of nursing care. The theory's central tenet is nursing is a mode of communicating and being with the patient. According to the patient, caring is the core of nursing (41). According to the theory, competent nurses are nurses who have respect for and can empathize with patients based on their professional nursing knowledge; nurses who can connect and communicate with patients emotionally and with sensitivity and insight, based on their experience and knowledge; nurses who put constant effort into self-development (41). Hence this theory could be used in nurses' endeavours to constantly increase the quality of nursing care received by patients and other nursing clients (39).

3.3. Compassion in healthcare involves an interactive process

Compassion in healthcare can be understood according to the psychologically minded theory by Seager (2014). The theory explains that care always involves a relationship and depends broadly upon an interaction between: a) caregiving qualities on the part of the care provider; b) the receptivity and accessibility of the service user; and c) environmental, cultural and systemic conditions that may support or undermine 'a' (43, 44). A patient's chances of getting an empathic or compassion experience depend not just on the skills and empathic capacities of the nurse. However, these are on the extent to which the organizational environment is empathic to the nurses' state of mind (42). Hence, compassionate care needs to be understood in a complex model of care. This system-wide process needs to acknowledge nurses' actions alongside the relationships and environment in which these occur (45).

3.4. Compassion in healthcare as virtuous and relational

Though many authors have conceptualized compassion in healthcare as a relational care construct, it was Sinclair et
al. (2016) who defined it as engendering and developing relationships to achieve relevant outcomes to address needs, specifically those related to suffering (47–49). Thus compassionate care can be understood as a relational response when suffering, distress or vulnerability is noticed, and this relationality is inherently reciprocal within and between people (50). It is delivered through relationships based on empathy, respect and dignity and is central to how people perceive their care (51). It becomes the moral way of treating a person as a relational activity because the person is more than just an individual. Compassion in healthcare thus becomes a virtuous response that seeks to address the suffering and conditions of a person through relational understanding and action (47,50). Thus, compassion is the basis for the therapeutic relationship, and its hallmark is its ability to create an other-oriented attitude (3,52).

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4. Attributes of Compassion in healthcare

According to the theoretical perspectives presented, the most comprehensive attributes of compassion in healthcare are presented by Schwartz Centre for compassionate care. They are bi-directional communication, trust, patient involvement, emotional support, responsiveness to pain, contextual understanding of the patient and family, whole-person knowledge, respect and time (53,54).

4.1. Two-way communication

Compassionate care is a bidirectional, other-oriented, relational response when noticing suffering, distress, or vulnerability (50). This bidirectional communication is essential to patient-centered (55). Empathic relationship (50); effective interactions, over time, and across settings (56); acknowledging the person behind illness (57); making staff, patients and families active participants in decision making (56); relating to the needs of others preserving integrity (58); and engaging in appreciative, caring conversations (50) are core components in this communication.

4.2. Reliability

The professional nurse is one who 'demonstrates professional values such as respectfulness, responsiveness, compassion, trustworthiness and integrity (59–62).

4.3. Participation of the patient

Patients and clinicians describe compassionate care as engaging the patient as a person with individualized needs (Sinclair, Norris, et al., 2016). Involving patients increases the likelihood of disclosing patients’ concerns, symptoms, and behaviours, preventing additional health problems and promoting faster recovery (64).

4.4. Active response to suffering

Compassionate care or compassion in healthcare primarily responds to suffering (65,66). It is suffering or vulnerability that invites nurses to identify and acknowledge compassion (21); the experienced nurses understand because they share the same humanity (67). Then it proceeds to an active, practical response to the need of the patient (68). An active response encompasses all kinds of actions that have to do with the patient: e.g., history taking,
diagnostics, therapy, information, consent, consoling, as well as all activities of nursing like listening, feeding, clothing, visiting, sheltering, educating, comforting, forgiving, to mention only a few. Yet, what makes this activity a caring activity is the answer to the patient's need, actions, attitude, and approach (68,69). Actions associated with compassion can be 'little things' (58,70) and 'small acts of kindness' (71–73).

4.5. Empathetic emotional support
Most patients want to be treated warmly, and they want there to be some sort of emotional component to it (74). Compassionate care addresses the patient's emotional and psychosocial needs, as well as the patient's natural desire for human connections and relationships through increased empathy, combined with effective interventions to alleviate that suffering (54,75).

4.6. Contextual knowledge of the patient and family, as well as ‘whole person’ knowledge
Compassion entails contextual knowledge of the patient and family, as well as ‘whole person’ knowledge, which takes into account the impact of illness on a family, the patient, and the people around them (53). The whole-person knowledge of the patient necessitates an intellectual and situational response, as well as a habitual willingness to understand, evaluate, and weigh the patient's difficult specific situation (5).

4.7. Respect and dignity
Compassionate care involves ‘relationships based on respect and dignity’ (51). In compassionate care, the patient is treated as a person and not as a disease (53). Compassionate nurses' establish special bonds with patients, think compassionately, respect patients and are sincere with them (13).

4.8. Time
Compassion occurs between two people at a specific time and location. It can be expressed in a variety of ways, such as a word, a smile, an act of kindness, or listening to another person (76).

5. Concept of Compassionate Care

6. CONCLUSION
Though compassion is an essential component of quality care because of its human dimension and fundamental value for patients, families, clinicians, and policymakers there are a wide range of theoretical perspectives on compassion and compassion-related attributes in healthcare in the literature. Hence, this study was an attempt to review the various theoretical perspectives on compassion and compassion attributes in healthcare.

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