



Determination of Compassion Levels of Nurses Working at a University Hospital

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Abstract

This study was conducted to determine the compassion levels of nurses working in a university hospital. The study sample consists of 227 nurses who were available and participated in the research voluntarily during the study. The study data were collected by using “Nurse Description Form” and “Compassion Scale (CS).” In the analysis of the study data, number, percentage, mean and independent *T* test and ANOVA test were used. The total mean score of CS of the nurses was found as 97.02 ± 10.67 . There was no statistically significant difference between gender, marital status and weekly work hours of the nurses and their total CS score means and total sub-scale score means. On the other hand, there was a statistically significant difference between the age variable of the nurses and the sub-scale of “separation,” between the education level of the nurses and their total CS score means. As a result, it was found that the level of compassion of the nurses was moderate and the level of education affected the compassion levels of the nurses.

Keywords Compassion · Nursing care · Nursing · Compassion fatigue

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Introduction

Compassion is an attitude that motivates the person to understand the inner world of the individual in need and to support him/her. It is a concept that finds its place in many religions and doctrines. It has been possible to investigate this concept thoroughly in the field of psychology in the last few years (İşgör 2017a, b).

Compassion is a profound awareness of self and others' troublesome situations; besides, it is also a form of benevolence and kindness that includes the desire and effort to remediate the troubles (Gilbert 2009). According to Gilbert (2005), the basic feature that distinguishes compassion from other similar concepts such as empathy, sympathy and altruism is that it has the desire to resolve the pain, the cognitive process of understanding the source of pain and the behavioral process related to performing compassionate actions (Gilbert 2005). At the same time, compassion is formed by a combination of motive, emotion, thought and behavior. In the studies of Sprecher and Fehr (2005), compassion is conceptualized as compassionate (sensitive) love. Compassionate (sensitive) love is defined as an attitude toward humanity that involves behavior, feeling and thinking that focuses on concern, caring and support for humanity, as well as a motivation to understand and help humanity when they are most in need (İşgör 2017b; Akdeniz and Deniz 2016).

Since compassion involves help, volunteerism and interaction, it is behaviorally similar to concepts such as empathy and sympathy. According to Neff (2003), in order for an individual to be compassionate toward others, he/she must first have compassionate and self-compassion toward himself/herself. Self-compassion is defined as the self-attentive and understanding of the individual instead of criticizing himself in pain and failure situations, the understanding that the negative factors experienced by the individual are part of the common experiences of all people and the search for logical solutions rather than overcoming negative feelings and thoughts.

In the health institutions, the ones who need the feeling of compassion the most are the patients. For this reason, providing health services by the entire healthcare professionals, especially nurses, is important in terms of the status of the diagnosis and treatment process. The feeling of compassion allows healthcare professionals to be affected by the bad events that patients have experienced while providing care and, as a result, to help patients (Polat 2016; Polat and Erdem 2017).

It is one of the expectations of all the nurses working in the health services to offer patient care in a compassionate way. Trust, honor, respect, effective communication skills, cooperation with patients and their families are concepts that are intertwined with the concept of compassion. These concepts are necessary for providing compassion, communication and high-quality care. For this reason, nurses should develop sufficient knowledge, technical skills, attitudes and interpersonal relationships for care and also have compassionate care (Uğurlu and Aslan 2017; Çingöl et al. 2018). Nurses, who have been together with the patients for the longest time and who build more face to face communication, are the first applied profession group on all kinds of questions of the patients and their

relatives. For this reason, it is important for nurses to show sensitive and compassionate behaviors toward patients and their relatives when they provide diagnosis and treatment services (Polat and Erdem 2017; Pommier 2011).

When the studies in the literature conducted on nursing students related to compassion were examined, the following results were revealed: In the study conducted by Çingöl et al. (2018) on 494 health college students, it was determined that the students' level of compassion was high, and it was determined that the students' compassion levels were affected by gender, class and income status (Çingöl et al. 2018). İsgör (2017a) found that the variables of the students such as safe and fearful, attachment and academic achievement average were a significant predictor of compassion. In the same year, Hacikeleşoğlu and Kartopu (2017) examined the compassion levels of students in five different faculties. According to the results of the research, the compassion levels of the students of the Faculty of Theology, Health Sciences and the Faculty of Economics and Administrative Sciences were found to be higher than the other faculties (Hacikeleşoğlu and Kartopu 2017).

On the other hand, when the studies on nurses are evaluated and obtained results are examined, Gök (2015) found that nurses experience compassion fatigue in a qualitative study of nurses' compassion fatigue and determined that they preferred the strategy of being isolated from the mentally and physically intensive care environment in and outside the workplace in order to overcome this trouble (Gök 2015). In the study conducted by Erdem and Polat on compassion fatigue on 346 health professionals in 2017, compassion fatigue was found to be more common in female nurses taking part in health professionals (Erdem and Polat 2017). Karadağ and Bakan (2018) found that the average score of the Compassion Scale for nurses working in surgical clinics was higher in those who were interested in intercultural nursing and for those who want to get information about this.

When all these studies are reviewed, it is noteworthy that the studies in Turkey that measure the compassion level of students and the compassion fatigue of nurses are in the majority; however, there are not enough number of studies examining compassion levels of nurses. Therefore, it is thought that examining the compassion levels of nurses working in medical and surgical clinics and intensive care units and determining the different variables that affect this level will make a significant contribution to the literature. The aim of this study was to investigate the compassion levels of nurses working in medical–surgical clinics and intensive care units.

Methods

This descriptive and cross-sectional research was conducted at a university hospital in Turkey's Marmara region between the dates of March 2018 and May 2018. The population of the study consisted of 400 nurses working during the dates of the research in the medical, surgical clinics and intensive care units of a university hospital. The sample of the study consisted of 227 nurses who could be reached at the time of the study and voluntarily participated in the research (participation level; 56.75%).

Data Collection Tools

Research data were collected by “Nurse Identity Form” and “Compassion Scale (CS).”

Nurse Identity Form

In this form created by the researchers, there were a total of eight questions about the nurses’ age, gender, marital status, educational status, the unit in which he/she works, the time he/she works in the profession, the weekly working hours and the empathy developing level with the patient.

Compassion Scale (CS)

This scale, which was developed by Pommier (2011) and of which Turkish validity and reliability test was conducted by Akdeniz and Deniz (2016), consists of 24 items and is a 5-point Likert-type scale (1 = Never, 2 = Rarely, 3 = Occasional, 4 = Frequent, 5 = Always). The scale consists of six sub-dimensions: compassion, negligence, sense of sharing purpose, disconnection, conscious awareness and disengagement. The negligence, disconnection and disengagement sub-dimensions of the scale are measured by reversion method. After this measurement, the average of total score is calculated. As the total score obtained from the scale increases, the compassion level also increases. The Cronbach’s alpha value of the scale was found as 0.85 (Akdeniz and Deniz 2016). In this study, Cronbach’s alpha value was calculated as 0.80.

Data Collection

After the purpose of the research was explained to the nurses by the researchers and the voluntary participation of the nurses was provided, the questionnaire forms were distributed and they were asked to respond to these forms. It was taken into consideration to ensure that the duration of the research did not affect the working hours of the nurses. The time to fill in each questionnaire was calculated as approximately 30 min.

The evaluation of the data was carried out by using SPSS (Statistical Package for Social Science) 22.0 package. In the analysis of the data, number, percentage, average, independent T test and ANOVA test were used. The statistical significance level was accepted as $p < .05$.

In order to carry out the study, firstly, written permission was received via e-mail from the author who conducted the Turkish validity and reliability study of the research. In addition, the approval was received from the ethics committee

of the university (Decision No: 2018-3/24) and the nurses voluntarily participated in the study.

The fact that conducting the study in a single center and in medical, surgical and intensive care units and the fact that the questions were based on the statements of the nurses constitute the limitations of the study.

Results

The age average of the nurses participating in the study was 34.54 ± 7.18 , and those following results were obtained: 94.3% of the nurses were female; 68.7% of them married; 85.9% of them have bachelor's degree; their term of employment was 12.13 ± 7.96 years; their weekly working hours 43.86 ± 3.72 h; 42.7% of them work in medical clinics; 81.1% of them showed empathy with the patient (Table 1).

The CS total score average of the nurses participated in the study was found to be 97.02 ± 10.67 . Sub-scale score averages of the scale were found as following: compassion 16.44 ± 2.47 , negligence 7.44 ± 2.40 , sense of sharing purpose 15.46 ± 2.80 , disconnection 7.76 ± 2.29 , conscious awareness 16.03 ± 2.47 , disengagement 7.70 ± 2.23 (Table 2).

Table 1 Defining characteristics of nurses ($n=227$)

Characteristics	<i>n</i>	%
Age (Av \pm SS) (34.54 ± 7.18 years)		
Term of employment (Av \pm SS) (12.13 ± 7.96 years)		
Weekly working hours Av \pm SS (43.86 ± 3.72 h)		
Gender		
Female	214	94.3
Male	13	5.7
Marital status		
Married	156	68.7
Single	71	31.3
Educational status		
High school	7	3.1
Associate degree	5	2.2
Graduate	195	85.9
Postgraduate	20	8.8
Working unit		
Medical clinic	97	42.7
Surgical clinic	76	33.5
Intensive care unit	54	23.8
Status of showing empathy to the care of the patient		
Agree	184	81.1
Partially	43	18.9
Total	227	100

Table 2 CS and sub-dimension average scores of the nurses ($n = 227$)

CS and sub-dimensions	Minimum–maximum	Average scores $Av \pm SS$
Compassion	6–20	16.44 \pm 2.47
Negligence ^a	4–15	7.44 \pm 2.40
Sense of purpose	6–20	15.46 \pm 2.80
Disconnection ^a	4–14	7.76 \pm 2.29
Conscious awareness	7–20	16.03 \pm 2.47
Disengagement ^a	4–15	7.70 \pm 2.23
Total CS	59–117	97.02 \pm 10.67

^aWhen calculating the total score average, it was graded reversely

The average scores of the CS sub-dimensions based on the introductory characteristics of nurses are given in Table 3. There was no statistically significant difference between the CS total score of the nurses and the sub-scale score averages and gender, marital status and weekly working time ($p > .05$). On the other hand, a statistically significant difference was found between the age variable of the nurses and the sub-dimension of “disconnection”; between the unit they work and the sub-dimension of compassion; between the term of employment, education and status of showing empathy to the patients and “conscious awareness” sub-dimension ($p < .05$). In addition, there was a statistically significant difference between the education level of the nurses and their status of showing empathy to the patients and the CS total score average ($p < .05$, Table 3).

Discussion

Compassion is a fundamental concept that unites people in difficult times and supports both physical and mental health in human relations (Akdeniz 2014; Lee and Seomun 2016). Compassion not only allows nurses to communicate therapeutically with the patient, but also provides a high-quality care (Dewar and Nolan 2013). Compassion is one of the characteristics of a good nurse. Therefore, it is a key criterion for ensuring satisfaction when giving care to the patient (Arli and Bakan 2018; Lee and Seomun 2016).

As a result of this study, the CS average score of the nurses was found to be 97.02 ± 10.67 . Sub-scale score averages of the scale were found as following: compassion 16.44 ± 2.47 , negligence 7.44 ± 2.40 , sense of sharing purpose 15.46 ± 2.80 , disconnection 7.76 ± 2.29 , conscious awareness 16.03 ± 2.47 , disengagement 7.70 ± 2.23 (Table 2). Considering the highest score that can be taken from the scale, it can be said that the nurses’ mercy levels are moderate. In a study conducted by Arlı and Bakan (2018) in order to determine the compassion level of the surgical nurses, the total average score of the nurses was 96.37 ± 14.35 . In a study conducted by İşgör (2017a) on university students, the CS total score average of the students was found to be 99.24 ± 11.70 . Similar results were found in the study of Çingöl et al. (2018) on nursing students. Our study results are similar to the literature.

Table 3 Distribution of score averages of some introductory characteristics of nurses and CS sub-dimensions (*n* = 227)

	Compassion	Negligence	Sense of purpose	Disconnection	Conscious awareness	Disengagement	Total CS
Age							
22–34 age	16.28 ± 2.50	7.48 ± 2.21	15.53 ± 2.65	7.80 ± 2.00	15.75 ± 2.32	7.62 ± 2.09	96.66 ± 9.70
35–45 age	16.54 ± 2.47	7.39 ± 2.61	15.28 ± 2.98	7.54 ± 2.52	16.24 ± 2.53	7.73 ± 2.41	97.40 ± 11.61
46–53 age	17.36 ± 2.15	7.63 ± 2.61	16.45 ± 2.73	9.36 ± 2.41	17.00 ± 3.19	8.36 ± 2.01	97.45 ± 12.32
	F*: 1.073 p = .344	F: 0.074 p = .929	F: 0.936 p = .394	F: 3.230 p = .041	F: 1.920 p = .149	F: 0.548 p = .579	F: 0.136 p = .873
Gender							
Female	16.45 ± 2.49	7.76 ± 2.42	15.47 ± 2.82	7.76 ± 2.30	16.07 ± 2.49	7.70 ± 2.25	97.07 ± 10.80
Male	16.30 ± 2.17	7.23 ± 2.12	15.38 ± 2.50	7.76 ± 2.27	15.30 ± 2.13	7.84 ± 2.03	96.15 ± 8.53
	t**: 0.212 p = .832	t: 0.336 p = .737	t: 0.109 p = .914	t: -0.011 p = .991	t: 1.086 p = .279	t: -0.227 p = .821	t: 0.303 p = .762
Marital status							
Married	16.60 ± 2.46	7.28 ± 2.50	15.41 ± 2.85	7.67 ± 2.39	16.19 ± 2.53	7.68 ± 2.27	97.57 ± 10.95
Single	16.09 ± 2.47	7.81 ± 2.16	15.57 ± 2.71	7.94 ± 2.06	15.66 ± 2.31	7.76 ± 2.16	95.81 ± 9.99
	t: 1.442 p = .151	t: -1.557 p = .121	t: -0.399 p = .690	t: -0.804 p = .398	t: 1.520 p = .130	t: -0.233 p = .816	t: 1.153 p = .250
Term of employment							
1–5 years	16.15 ± 2.60	7.61 ± 2.14	15.44 ± 2.45	7.89 ± 2.04	15.50 ± 2.24	7.69 ± 2.02	95.89 ± 9.85
6–10 years	16.06 ± 2.35	7.55 ± 2.15	15.57 ± 2.66	8.08 ± 2.19	15.65 ± 2.37	7.73 ± 2.36	95.91 ± 9.80
11–15 years	17.00 ± 2.34	7.50 ± 2.83	15.60 ± 3.01	7.15 ± 2.45	16.80 ± 2.00	7.55 ± 2.22	99.20 ± 10.67
16 years and over	16.63 ± 2.49	7.24 ± 2.53	15.35 ± 3.06	7.77 ± 2.42	16.26 ± 2.79	7.78 ± 2.34	97.02 ± 11.71
	F: 1.495 p = .217	F: 0.318 p = .812	F: 0.095 p = .962	F: 1.342 p = .261	F: 2.853 p = .038	F: 0.100 p = .960	F: .0991 p = .398
Weekly working hours							
30–40 h	16.33 ± 2.41	7.49 ± 2.41	15.49 ± 2.84	7.89 ± 2.28	15.74 ± 2.45	7.66 ± 2.16	96.51 ± 11.08

Table 3 (continued)

	Compassion	Negligence	Sense of purpose	Disconnection	Conscious awareness	Disengagement	Total CS
41 h and over	16.54 ± 2.53 t: -0.632 p = .514	7.40 ± 2.41 t: 0.266 p = .791	15.44 ± 2.78 t: 0.141 p = .888	7.64 ± 2.30 t: 0.811 p = .418	16.27 ± 2.47 t: -1.633 p = .104	7.74 ± 2.29 t: -0.266 p = .791	97.46 ± 10.32 t: -0.670 p = .504
Educational status							
High school	16.42 ± 3.15	7.00 ± 2.51	15.28 ± 3.03	8.28 ± 1.88	17.28 ± 2.21	8.00 ± 2.51	97.71 ± 11.71
Associate degree	17.60 ± 3.04	7.00 ± 2.34	17.20 ± 2.77	6.80 ± 2.28	19.20 ± 1.30	6.60 ± 2.40	97.71 ± 10.54
Graduate	16.33 ± 2.46	7.61 ± 2.41	15.36 ± 2.83	7.76 ± 2.34	15.78 ± 2.43	7.83 ± 2.21	96.28 ± 10.63
Postgraduate	17.30 ± 2.17	6.15 ± 2.00	16.10 ± 2.35	7.80 ± 1.96	17.15 ± 2.27	6.70 ± 2.10	101.90 ± 9.15
	F: 1.292 p = .278	F: 2.416 p = .067	F: 1.073 p = .362	F: 0.413 p = .744	F: 5.647 p = .001	F: 2.029 p = .111	F: 2.861 p = .038
Working unit							
Medical clinic	16.97 ± 2.38	7.31 ± 2.58	15.64 ± 2.98	7.68 ± 2.40	16.26 ± 2.57	7.32 ± 2.43	98.56 ± 11.39
Surgical clinic	15.94 ± 2.19	7.47 ± 2.30	15.47 ± 2.50	7.84 ± 2.30	16.09 ± 2.36	8.06 ± 2.09	96.13 ± 9.62
Intensive care unit	16.20 ± 2.85	7.64 ± 2.23	15.12 ± 2.90	7.79 ± 2.10	15.51 ± 2.40	7.88 ± 1.95	95.51 ± 10.55
	F: 4.155 p = .017	F: 0.327 p = .722	F: 0.593 p = .553	F: 0.113 p = .893	F: 1.637 p = .197	F: 2.574 p = .078	F: 1.830 p = .163
Status of showing empathy to the care of the patient							
Agree	16.64 ± 2.37	7.25 ± 2.34	15.59 ± 2.73	7.63 ± 2.30	16.23 ± 2.39	7.58 ± 2.24	98.00 ± 10.34
Partially	14.93 ± 3.08	8.27 ± 2.53	14.93 ± 3.08	8.32 ± 2.16	15.13 ± 2.64	8.25 ± 2.13	92.83 ± 11.16
	t: 2.440 p = .015	t: -2.540 p = .012	t: 1.396 p = .164	t: -1.798 p = .074	t: 2.659 p = .008	t: -1.790 p = .075	t: 2.906 p = .004

Bold values indicate statistical significance

As a result of the study, there was no statistically significant difference between the CS total score averages of the nurses and the average scores of the scale sub-dimension with gender, marital status and weekly working hours ($p > .05$). In the study of Arlı and Bakan (2018), it was also reported that the gender factor did not affect the level of compassion in nurses. On the other hand, in the studies conducted by Neff and Pommier (2013), Çingöl et al. (2018), Hacıkeleşoğlu and Kartopu (2017), Polat and Erdem (2017) and Salazar (2015), it was emphasized that gender has a significant impact on the level of compassion. It is thought that the difference between the findings of the other studies and the results of this study may be due to the difference in the number of male and female nurses in the sample group. On the other hand, although the difference is not significant, it is seen that female nurses' compassion levels are higher than male nurses. This finding can be said to be an expected result, and this result has been associated with the emotional structure of females and their maternal spirits.

A statistically significant difference was found between the age variable of the nurses included in the study and the average of the “disconnection” sub-dimension score. In the study conducted by Hacıkeleşoğlu and Kartopu (2017) on 490 university students, it was determined that as the age of the students increased, the level of compassion increased. Similarly, in the study evaluating compassion fatigue and conducted by Polat and Erdem (2017) on 346 health professionals, it was determined that as the age of nurses increased, compassion fatigue increased. In contrast, in the study conducted by Çingöl et al. (2018), it was determined that age variable did not affect the compassion levels of the students. It is thought that this difference is due to the difference of the sample group.

It was observed that the working units of the nurses participating in the study affected the sub-dimension of compassion (Table 3). Since no similar study has been conducted on the subject before, no finding or supportive finding of this finding has been achieved. In a compilation study, it was reported that nurses working in intensive care, oncology and surgery clinics have more compassion fatigue (Dikmen and Aydın 2016).

As a result of the study, it was found that nurses' term of employment in the profession, their level of education and empathy to the patient affect the “conscious awareness” sub-dimension; the level of education and the level of empathy to the caregiving patient affected the CS total score averages (Table 3). In a study by Kelly et al. (2015), it was reported that satisfaction with age and profession affects the level of compassion. In this study conducted by us, the compassion levels of nurses who are postgraduate and always showing empathy to the caregiving patient were found to be higher than other nurses. Therefore, it can be concluded that the level of education and empathy have a positive effect on the level of compassion. In the literature; it is reported that there is a close relationship between empathy and sense of compassion (Alan 2018; Dikmen and Aydın 2016; Figley 2002). Our results support the literature. On the other hand, the high level of compassion of postgraduate nurses compared to other nurses was interpreted as the fact that nurses may have taken courses in order to develop their skills such as empathy and care.

Conclusion

As a result, it was found that the compassion levels of nurses were moderate and the level of education and empathy had an effect on nurses' level of compassion. Compassion is an essential component of good nursing care. It is one of the expectations of all the nurses working in the health services to offer patient care in a compassionate way.

According to these results, the following points are suggested:

- Repeating the research on a larger sample in different hospitals,
- Sharing the findings of the studies with the hospital management,
- Giving in-service trainings to nurses on compassion,
- Including courses and subjects that will increase the compassion levels of student nurses in the curriculum during their university education.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval Ethical approval was received from the ethics committee of the university (Decision No: 2018-3/24).

Informed Consent Informed consent was obtained from all individual participants included in the study.

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