Advances in Nursing Science
Vol. 39, No. 2, pp. E54–E66

Compassion Competence in Nurses

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The purpose of study was to identify the attributes of the concept of compassion competence for nurses. A hybrid model was used to develop the concept, which included fieldwork performed. The concept of compassion competence was found to possess 3 dimensions: (*a*) acquisition of a wealth of knowledge; (*b*) development of skills of emotional communication, sensitivity, insight, and self-regulation; and (*c*) development of attitudes of respect and empathy, and maintenance of occupational distance. Compassion competence could be useful for developing ways to enhance the knowledge, skills, and attitudes required for nurses to provide compassionate care in various nursing practices. **Key words:** *compassion*, *compassion competence*, *hybrid model*, *nurses*

COMPASSION can be defined as a deep awareness of and a strong willingness to relieve the suffering of subjects,[1] and it is a crucial criterion of nursing care from a patient's perspective.[2-4] Patients recognize that they receive high-quality nursing care when they feel that there is compassion in their relationships with nurses.[5-7] Furthermore, the characteristics of good nurses include consideration, respect, and rapport, which are all based on compassion.[8] Therefore, interest in the compassion competence of nurses has grown in clinical practice.

Worldwide, including in the United Kingdom and the United States, interest in the importance of compassionate care in a nursing context has increased in recent times.[2,9,10] Nurses must not only empathize with patients' struggles but also actively respond in a behavioral sense to their needs, by understanding their physical, emotional, and spiritual difficulties.[11-13] On the contrary, the concepts of empathy and sympathy, which are similar to compassion, refer to nonbehavioral aspects of nursing interventions.[14] Empathy involves cognitive and emotional aspects of the interactions between patients and nurses[15]; therefore, patient-centered care means that nurses' actions are based on their thoughtful understanding of patients and their willingness to reduce patient difficulties in clinical practice. Nurses are required to show compassion during professional care[2,16] and to learn and perform their duties with compassion and competence directed toward both others and the self.[17]

However, health care professionals have not clearly established which particular behaviors are involved in showing compassion to patients.[14] Moreover, few scholars have reported which abilities are required for competency—that is, successfully performing socially demanding roles—among nurses who provide compassionate care.[11,18] Professional competence is habitual and involves the judicious use of theoretical knowledge, practical skills, communication, clinical reasoning, emotions, values, and reflection in daily practice.[19] Nurses are required to have competencies in terms of possessing the knowledge, skills, and attitudes to provide

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This study was supported by a Korea University grant. The authors thank the participants and team of nurses who helped collect data for this study.

The authors declare that they have no conflict of interests.

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DOI: 10.1097/ANS.0000000000000111

Statements of Significance

What is known or assumed to be true about this topic:

The concept of power has been studied extensively in the context of intimate relationships. In fact, relationship power has been associated with numerous adverse outcomes (eg, intimate partner violence, increased sexual risks, depression, anxiety). Although a significant concept, inconsistencies in the study of relationship power are apparent. For example, various theoretical frameworks have been utilized while examining the concept of relationship power. In addition, the conceptual definition and operational use of relationship power are inconsistent throughout literature. Furthermore, it has been shown that the concept is difficult to measure.

What this article adds:

By studying relationship power without a full understanding, or without a clear and consistent definition, research becomes convoluted. To prevent further confusion and misuse of the concept of relationship power, we conducted a concept analysis based on the guidelines provided by Walker and Avant. Taking this approach, we aim to assist in clearly conceptualizing relationship power, helping prevent further confusion and misuse of this concept. Furthermore, clarification of this concept is especially important for the field of nursing, as many consequences associated with relationship power have health care implications.

desirable nursing care based on patients' demands.[20] Of these, esthetic nursing competence, which is based on an understanding of and orientation toward patients, is associated with nurses displaying compassion through their behaviors or attitudes.[21] Therefore, there is a need to explore the knowledge, skills, and attitudes required for nurses to provide compassion and competent care to patients in clinical practice.

Concept analysis using a hybrid model not only allows for identification of theoretical phenomena, which are significant and highlighted in a nursing context based on an analysis of the literature, but also includes a phase to identify empirical data from clinical nursing practice.[22] Thus, this method of analysis is appropriate when eliciting a concept of interest from nursing practice. The major components of the hybrid model are composed of 3 phases: (i) the theoretical phase, which involves selecting a concept, searching the literature, dealing with meaning and measurement, and choosing a working definition; (ii) the fieldwork phase, which involves setting the stage, negotiating entry, selecting cases, and collecting and analyzing data; and (iii) the analytic phase, which involves weighing, working, and writing up the findings.[22] Therefore, the concept analysis of compassion competence for nurses was conducted in 3 phases, as suggested in the hybrid model of Schwartz-Barcott and Kim.[22]

This study used a hybrid model to define and identify the attributes of compassion competence in a nursing context.

METHODS

This study was approved by the institutional ethics review board of the researchers' university (KUIRB #2013-94-A-1). It was conducted in the 3 phases described earlier.

Data collection and analysis

Theoretical phase

For the theoretical phase, the researchers carried out a thorough review of the literature, focusing on the attributes, measurement methods, and relationship between relevant concepts of compassion competence for nurses. This study used subject terms such as "compassion," "compassion and competence," and "compassionate care" to source dictionaries, theses, journal articles, and books from scholarly databases including

the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ovid MEDLINE, PubMed, EMBASE, and Google Scholar. We mainly focused on nursing, but we also included various other disciplines such as medical science, business administration, sociology, and education. The period included in the literature review ranged from 1986, when the term "compassion competence" was first used by McCartney,[23] to October 2013. Of the retrieved studies, those for which the full text was available in English or Korean were selected. The titles and abstracts of the selected articles were reviewed independently by 2 authors to narrow the scope to those articles that included the term "compassion" in the definition of the concept. Disagreements were resolved by discussion until a consensus was reached. Of these studies, the 23 that reported a conceptual definition and attributes of "the compassion competence of nurses" were ultimately selected for analysis in this study.

Fieldwork phase

The researchers used the hybrid model to identify 3 dimensions of attributes of compassion competence that were derived from the theoretical field.[22] On the basis of previously reported results,[8,24,25] this study selected emergency, intensive care, and hematology-oncology units in 3 tertiary hospitals located in the metropolitan areas or local districts in Korea. The participants were selected for in-depth interviews with the permission of the clinical manager in charge of human resources at the hospitals. Furthermore, as interviews and analyses were conducted simultaneously, additional data to be collected in follow-up interviews were determined on the basis of the analytic results.[22]

To allow for analysis of individual units, 3 to 6 participants were selected for 7 to 8 subsequent interviews to identify the attributes of the concept of compassion competence and its characteristic meaning.[22] As compassion competence includes the individual competency of the nurse, this study selected for in-depth interviews those nurses who could clearly describe the attributes of this concept. As it was suggested by the developers of the hybrid model that in-depth interviews should take place over at least 2.5 to 3 months,[22] the 8 interviews (eg, 4 by phone, 2 by e-mail, and 2 in person) were conducted from July to October 2013.

The detailed interviewing procedure is as follows: First, we conducted a phone interview with the nursing manager at the medical institution to which the participants belonged to minimize potential issues concerning perceived legitimacy and gaining access to the selected population or setting. Through a second phone interview, we confirmed the agreement and explained the purpose and procedure of the study. In addition, 2 e-mail interviews were conducted. In the first interview by e-mail, the participants were told about the definitions of compassion and compassion competence. One week before the in-depth interview was conducted, a second e-mail interview was performed to provide participants with the questionnaire that was used in the 2 face-to-face in-depth interviews, which were digitally recorded and lasted 50 to 210 minutes for each participant. On the day following each face-to-face interview, a phone interview was carried out with each participant, during which a researcher assessed whether any additional information was needed. Moreover, while transcribing the interview transcripts, the researcher asked the participants for additional clarification regarding their previous answers. The participants confirmed that they were nurses who met the following inclusion criteria: (1) working at university hospitals or general hospitals with more than 300 beds in Seoul or Gyeonggi-do, Korea; (2) currently caring for patients; and (3) willing to describe their experiences with caring for patients. The criterion for exclusion was nurses who were not currently caring for patients but were, instead, working on administrative tasks.

To maintain consistency in the interview content, the following questions were asked in each interview: "What kind of competency does a nurse need to provide compassionate

care to patients?" (Your case) "What kind of competency is required for a nurse to provide compassionate care?" (Benchmarking case) "Is there any exemplary case of a nurse having the compassion competence of which you are aware? Please describe the case in detail. Is there a nurse you can recommend as an exemplary case?" (Contrasting case) "Is there any exemplary case of a nurse lacking the compassion competence of which you are aware? Please describe the case in detail." "What do you think is the nurse's competence related to the awareness and attitude needed to provide compassionate care to patients?" "What do you think is the needed competence related to nursing practice?" "What do you think is the needed competence relating to communication and personal relationships of nurses?"

All interview data were labeled with the participant's class number and a study ID. No names were recorded. After analyzing the data, the audio files were deleted to maintain confidentiality.

Data analysis was based on the thematic technique of Attride-Stirling,[26] using a constant comparative method. First, data reduction was achieved by coding meaningful text with the use of a code book. The concepts and experiences reported by the nurses during the interviews were defined and classified. Second, we determined the relationships among the categories and subcategories of these codes. Finally, the main attributes of experiences were selected and their relationships were delineated.

Final analytic phase

The final analytic phase was conceptual clarification through integrating the literature results and fieldwork findings. For the final phase, the researchers examined the attributes of the concept as identified in the theoretical and fieldwork phases. Specifically, we compared how well matched these were to reestablish the definition and attributes of compassion competence for nurses in clinical practice. The qualitative data obtained from the in-depth interviews were used for developing our perception and intuition toward the nature of the concept.[27,28] The final analytic phase involved conceptual delineation through integration of the literature findings and the fieldwork data.

RESULTS

Theoretical phase

"Compassion competence" is a compound word that combines compassion, which means "to suffer or be in pain together,"[29] and competence, which is defined as "a standardized ability needed for an individual to do a particular job."[30] In summary, the literal definition of compassion competence is "an individual's skill or ability with regard to understanding and reducing another's suffering."

There are few existing studies on compassion competence in the context of nursing practice. The concept was initially explored by asking those who had experienced hospitalization, "What does it mean to be a good nurse?" to which a common response was "nurses with compassion competence."[31] Furthermore, Halldorsdottir[32] developed a synthesized theory of professional nursing as regard to compassionate competence based on the client's perspective reported in 9 studies. On the basis of this theory[32] and related literature analyzed in this study, 10 critical attributes (ie, professional knowledge, constant learning, communication, sensitivity, insight, self-awareness, self-management, respect, empathy, and maintenance of professional distance) were identified during the theoretical phase (Table).

First, 2 attributes of the knowledge dimension were identified in this phase: professional knowledge and constant learning. Nurses with compassion competence can correctly assess the needs and responses of the client across varying conditions and cultural backgrounds and make accurate clinical decisions based on integrated professional knowledge.[5,24,32] In addition, they remain up to date with the latest nursing information at all times through the continuing education and lifelong learning.[32]

Table. Dimensions and Attributes of Compassion Competence in the Theoretical, Fieldwork, and Final Analytic Phases

	Theoretical Phase		Fieldwork Phase		Final Analytic Phase
Dimension	**Conceptualization**	**Attributes (10)**	**Conceptualization**	**Attributes (8)**	**Attributes (8)**
Knowledge	Integrated professional knowledge, updated with the latest information based on evidence, participation in continuing education	Professional knowledge Continuous learning	Learning of professional knowledge, attention to the latest medical information, a variety of education and experiences	Acquires a wealth of knowledge through the intertwining of learning and experience	Acquires a wealth of knowledge
Skills	Actively listens, encourages expression of feelings of patients, provides appropriate information that the patient understands, takes the initiative in communication, connects with patients based on intimacy and trust	Communication	Listen carefully, to encourage a patient to express himself or herself freely, a warm conversation, express interest in a patient	Emotional communication	Emotional communication
	Attention to patients, undivided attention, reacts to the pain of others sensitively	Sensitivity	Full attention, attentive observation, catching, sensitive observation of patient responses, provide an immediate response	Sensitivity	Sensitivity
	Gains wisdom based on knowledge and experience, intuition acquired through a variety of clinical experiences	Insight	Learn the wisdom of experience, ability to decide priorities	Insight	Insight

(*continues*)

Table. Dimensions and Attributes of Compassion Competence in the Theoretical, Fieldwork, and Final Analytic Phases (*Continued*)

	Theoretical Phase		Fieldwork Phase		Final Analytic Phase
Dimension	**Conceptualization**	**Attributes (10)**	**Conceptualization**	**Attributes (8)**	**Attributes (8)**
	Knows own attitudes and feelings, knows own strengths, weaknesses, and abilities	Self-awareness	Identify himself or herself to control emotions	Self-regulation	Self-regulation
	Knows how to deal with stress and has developed own ways of preventing burn out	Self-management			
	Shows respect for human beings, consideration of human dignity, respect the needs of patients, participate in patient care	Respect	Attitudes based on respect for human dignity, respecting the needs of patients	Respect	Respect
Attitudes	Understands and has empathy for patients, has rapport with patients, act as a participant in the life of the patient	Empathy	Attitudes in terms of looking at patients, care for patients and patients' family	Empathy	Empathy
	Maintains an appropriate and comfort professional distance	Maintains professional distance	Comply with the principles of the task	Maintains occupational distance	Maintains occupational distance

Second, 5 critical attributes of the skills dimension, comprising communication, sensitivity, insight, self-awareness, and self-management, were found. Communication includes not only informational advice that nurses provide to patients but also mutual connections that provide emotional support and encouragement.[5,24] Moreover, the sensitivity of nurses is based on their deep interest in and concern for patients.[5,24,32] To improve their sensitivity skills, nurses must develop the ability to pay complete attention to patients and to observe them carefully.[32] It is also necessary to promptly meet their needs, actively listen to their voices, and be willing to make contingency plans to address possible future problems.[5] In particular, nurses should not only pay attention to patients and families but also be attentive in listening and reacting to them. Suggested behaviors in this regard include being accommodating of and attentive to the patients and families, spending time with patients, and being deeply concerned about patients. Insight can be described as wisdom that comes from knowledge and experience[32] and involves the ability to use intuition and creativity to solve problems and meet the needs of the client.[24] Moreover, insightful nurses know themselves both personally and professionally, nurture their own competence,[32] and know how to relieve own stress and prevent burnout.

Finally, the 3 attributes of the attitudes dimension were driven respect, empathy, and maintenance of professional distance, which were reported in previous research involving participants who survived severe burns.[24] Respect for human beings relates to the empathetic relationship between patients and nurses, whereby nurses provide individualized services according to the characteristics of each patient. One of the reasons that the empathetic relationship between nurses and patients differs from other relationships is that emotional and cognitive compassion is required to help patients and facilitate a willingness to provide care[5,32-34] while maintaining an appropriate distance within the professional domain.[32]

Fieldwork phase

As derived from the theoretical phase, the results of the fieldwork phase were used to categorize the 3 thematic areas of nurses' compassion competence attributes.

Knowledge

To provide patients with service based on compassion, nurses must have a foundation of professional knowledge that is gained through diverse experiences. This knowledge is not static but should be developed by keeping up to date with the latest medical information and through continual education.

Knowledge acquired through learning and experience

- Learning of professional knowledge

The patient's oxygen saturation level was 80%. Personally, I haven't experienced this, but we need nursing knowledge to realize "this patient might be out of breath" when we look at the level. (Nurse 5)

Even for the patients with a low level of consciousness who are in the ICU, we need to assess their pain by observing their behaviors . . . based on the knowledge we learned from job training and clinical experiences. I think that this kind of knowledge leads to caring for patients. (Nurse 2)

- Attention to the latest medical information

Patients and their caregivers usually get more information and get it faster from the Internet than nurses do. Nurses work in the same way as they have done for the last 10 or 20 years. The patients' needs for treatment or nursing have recently been getting faster and increasing in scope. (Nurse 1)

- Gaining varied education and experience

I think that training for interpersonal skills or communication in the context of treating patients can influence a nurse's compassion . . . . Actually, nurses are not born to be nurses. The compassion of nurses can be developed through education and experience, and then we can be grown to be better nurses. (Nurse 6)

Skills

Through gaining varied knowledge and clinical experiences, nurses develop the sensitivity to recognize in their patients minor changes, responses, and emotional conditions. In addition, they develop the insight to find desirable methods both to meet patient needs and to predict their potential needs in advance. Moreover, emotional communication skills are important to express compassion and encourage patients to share their emotions. Self-regulation, which is focused mainly on patients and the ability to identify and control one's emotions, is important to provide nursing care to patients.

Emotional communication

- Listening carefully

The patients told me that nurses are friendlier with them. Basically, listening to others carefully, and responding to them well seems to result in patients' satisfaction. (Nurse 4)

When nurses listen to their needs carefully, the feeling of trust between patients and nurse can develop. Even when I just listen to them, they seem to feel that I am being compassionate. (Nurse 3)

- Encouraging patients' emotion expression

After getting surgery, patients were usually lying on the bed absentmindedly, alone and conscious in the ICU. As they looked depressed at that time, I encouraged them to express their emotions about their depression and concerns about the future. (Nurse 5)

- Warm conversation

When we treat the patients kindly, they realize whether it is occupational kindness or truly sincere if they stay with us for a long time. It's like treating them like daughters or sisters wholeheartedly. (Nurse 4)

- Expressing interest

We can tell how nurses are feeling by seeing how long they stay with patients. Those who are interested in patients spend more time around the patients. When we see this kind of nurse, we think that they are interested in and nice to the patients, and that they genuinely care about the patients . . . . It is like they feel a deep affection for the patients. (Nurse 2)

Sensitivity

- Full attention

When evaluating the patients, we are supposed to look all around their body carefully . . . nurses should understand the patients by using all five of their senses. This requires the nurses' full attention on the patients . . . . If they have any interest in the patients, they will pay more attention to observing them sensitively and try to take care of them during this process. (Nurse 1)

- Attentive observation

The nurses with high compassion competence understand and can provide diverse information about patients. They might even observe the patients eating meals more attentively. After the patients finish eating, the nurses look at each bowl on the food tray left in the hallway in order to check how much they consumed. Because they do this, they have many things to say to the patients. Such behaviors are not asked for or requested of nurses by anyone, but are done by nurses themselves. (Nurse 6)

- Catching

The patient didn't say anything about how much pain he was in, but I could see that he was depressed from his face as he was lying on the bed in ICU after getting surgery. Of course, he felt pain after the surgery, but unlike the usual reactions to having pain, he was reticent and was just lying on the bed absentmindedly with an expression of mixed feelings. So, I tried talking to him while treating him. Then, he began to express his feelings and he looked a bit brighter. I could understand his feelings from his facial expressions. (Nurse 2)

- Sensitive observation of patients' responses

Experienced nurses are sensitive to the patients' reactions. When they think that their emotional approach through sensitive observation can lead to patients' positive response, the nurses keep asking questions and try to have a conversation with the patients . . . . For forming an emotional relationship between nurses and patients, the most important thing to consider is what patients want. Also, it

is easy to get positive results through forming an emotional relationship. (Nurse 2)

- Providing an immediate response

We need to address and recognize the patient's needs promptly. I think the patient feels that they are being cared for satisfactorily with compassion when their needs are met and solved immediately. (Nurse 1)

Insight

- Wisdom learned through experience

Some patients diagnosed with cancer have negative and quick-tempered attitudes toward other people. When approaching them and looking at their situations, we find that many of them have no family to support systems or have financial difficulties. This is not something we can learn from others, but we can learn it by ourselves through our nursing experiences. (Nurse 6)

- Ability to decide care priorities

Nurses should complete tasks quickly. Also, we have to prioritize the tasks. However, all patients think that their needs are the most urgent. In this situation, nurses should show insights to decide what to prioritize based on their experiences. This ability is required to be compassionate. (Nurse 3)

Self-regulation

- Identifying oneself

It is really important for nurses to know how patients feel. We cannot expect the patients to understand themselves, right? Self-management can be achieved by first knowing ourselves. (Nurse 6)

- Controlling one's emotions

When we give patients an explanation for addressing the tasks, many patients get angry with us. Even so, we should control our emotions and give them explanations because we are nurses, but in practice it is really difficult to do so and keep smiling. The most difficult thing is to control my mind and maintain a pleasant facial expression even in this situation. (Nurse 4)

Attitudes

The results showed that compassion in nursing practice involves treating patients with respect, considering their human dignity, privacy, and personal needs, and understanding and empathizing with patients' feelings. However, empathy is not simply about understanding and being kind to patients; rather, it requires a distinct attitude to maintain principles and distance as a professional.

Respect

- Attitudes based on respect for human dignity

When I saw a patient with late-stage lung cancer struggling to breathe and dripping with sweat, with an 80% oxygen saturation level, I realized that the patient is still alive. After having this experience, I viewed every patient as a human being and treated them all with more respect. (Nurse 5)

- Respecting the needs of the patient

The patient was a male in his sixties who was suffering from lung cancer. In spite of his condition worsening, he did not want to let himself loose. As a nurse, I thought "he would like to meet his death honorably without losing his willpower at the end." However, he inevitably lost control unexpectedly and had to relieve himself on the bed . . . . I tried to give treatment or nursing or whatever the patient requested while considering his needs. (Nurse 6)

Empathy

- Looking at patients

I think the most important thing in nursing is the attitude of being empathetic toward the patients. Thus, we can be compassionate toward them. The first thing to do is consider "what if I were the patient?" or imagine that the patient lying on the bed is part of my family. (Nurse 1)

- Caring for patients

We should bring our explanations down to the patients' level. Even though they may have no physical difficulties, the given situations could be the most serious and cause the most anxiety for the patients themselves . . . . They said, "I am not in pain but I am very anxious and struggling with my situation because I haven't received an explanation

about how I am going to be treated and how long it will take. Because of this, I feel upset." (Nurse 3)

- Caring for the patient's family

I pray that the child's treatments will go well and that he/she will be released from hospital after recovery. Nurses cannot help feeling parental when giving nursing care to child patients because of a sense of compassion. (Nurse 5)

Maintaining occupational distance

- Complying with the principles of a task

We become compassionate toward patients for the purpose of nursing, not simply to be kind to them. Nurses' attitudes comply with professional principles, like clearly setting the dos and don'ts, to make the relationships with patients or caregivers more reliable. It is not like a relationship with neighbors or kind person in everyday situations. The compassion should be created within the range of professional tasks for nurses. (Nurse 5)

Final analytic phase

We compared the attributes of the concept that were identified in the theoretical (10 attributes) and fieldwork (8 attributes) phases. We synthesized 2 attributes that did not match through integrating the literature results and fieldwork findings. Specifically, in the knowledge area, professional knowledge and continuous learning in the theoretical phase, and a wealth of knowledge acquired through the intertwining of learning and experience in the fieldwork phase, were incorporated to form the label "acquired a wealth of knowledge." In addition, in the skills area, self-awareness and self-management in the theoretical phase and self-regulation in the fieldwork phase were merged to form the label "self-regulation."

Overall, to describe the compassion competence of nurses, this process identified 8 attributes (ie, acquired wealth of knowledge, emotional communication skills, sensitivity, insight, self-regulation, respectful attitude, empathy, and maintaining occupational distance) in the 3 dimensions (Table) of knowledge, skills, and attitudes.

DISCUSSION

This study used Schwartz-Barcott and Kim's hybrid model to examine the attributes and definitions of compassion competence for nurses (Figure). Results reported by previous research are similar in terms of patients' perspectives. In particular, patients perceived that they were receiving compassionate care when nurses expressed interest, kindness, and sensitivity.[4] In other words, nursing behaviors that were differentiated and individualized for individual patients' characteristics led to a perception of a good quality of nursing care. On the contrary, when they felt that the care provided was perfunctory, standardized, and not individualized, patients stated that nurses lack compassion and that the quality of nursing should be improved. According to previous research in Korea, the most important characteristic of a good nurse—as rated by patients with a diagnosis of cancer—is having compassion, including respect, consideration, and friendliness.[8] Thus, the quality of nursing as perceived by patients and their families depends on the level of the nurse's compassion competence for understanding the patient and being patient-oriented. Ultimately, nursing care affects the patients' emotional health and affective satisfaction.[21] Finally, with regard to the relationship between the patient and the nurse, compassion competence can be interpreted as an important quality that communicates to patients that they are receiving good nursing care and are understood and acknowledged.[35]

In research[33] involving the concept analysis of compassionate caring, it has been reported that nurses are sensitive to others' pain. Moreover, nurses need to be able to make a spiritual connection with patients and to have the skills to reduce or relieve their pain.[33] In addition, such behaviors provide patients with opportunities and options to participate in nursing and decision-making processes and ensure that patients receive kind, warm, and sincere nursing service.[36]

The attributes in the knowledge dimension of compassion competence involved

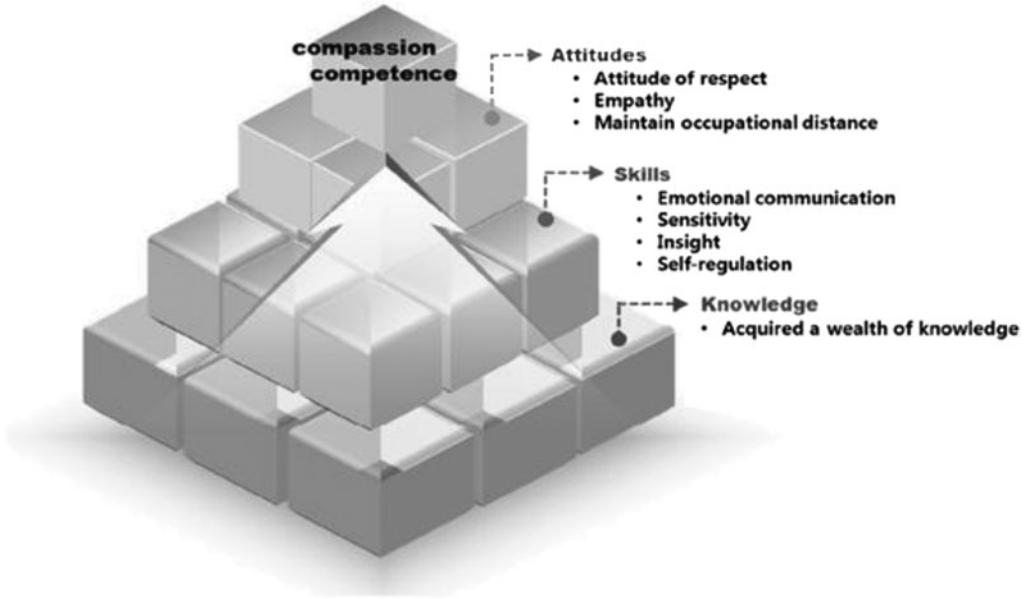

Figure. Attributes of compassion competence in nurses. The compassion competence of nurses identified 8 attributes (ie, acquired a wealth of knowledge, skills of emotional communication, sensitivity, insight, self-regulation, attitudes of respect, empathy, maintaining occupational distance) in 3 dimensions.

professional knowledge and continuous learning in the theoretical phase and the wealth of knowledge acquired through education and experience in the fieldwork phase. As it is common for nurses' compassion to take a different form from that in other industries, these attributes indicate that nurses' professional knowledge serves as the foundation for providing care to patients. This knowledge attribute comprises the ability to not only acquire the latest information but also convey this to patients to facilitate their recovery. Competence should include continuous learning of professional knowledge, which serves as the foundation of task performance in practical areas.[25] In a previous study, nurses' compassionate competence was reported to mean that they possess the wisdom, competence, and necessary knowledge for assessing clients' condition, needs, and responses; have the judgment abilities to determine whether patients are well or ill; and have the practical ability to recognize and make use of various patient-based evidence.[32] In this context, the compassion competence of nurses encompasses an interest in professional knowledge and current information regarding treatment and nursing, and the development of professional knowledge through continuous participation in education.

Attributes in the skill dimension of compassion competence include emotional communication skills, sensitivity, insight, and self-regulation. Nurses' compassion is measured by their communication skills, based on an awareness of the patients' difficulties. The most important step in developing compassion is being sympathetic to patients' needs by recognizing and empathizing with the difficulties that they are experiencing.[37] The skills nurses required in this process are sensitivity and insight, the former of which is based on paying attention to patients as well as carefully observing and recognizing minor responses in the patients. In addition, nurses must be able to anticipate patients' difficulties through being exposed to diverse clinical experiences. Nurses must be able to take care of themselves, as well as patients and their caregivers[32]; thus, self-regulation, integrated with the self-awareness and self-management

attributes that were identified in the theoretical phase, is an important skill for achieving compassion competence in nursing practice. Clinical nurses highlighted in particular the ability to work without being influenced by their personal circumstances and to put their own emotions aside when they are in a situation necessitating particular mood changes or events. This has been described as having the capacity to train oneself to control one's own emotions and has been associated with compassion fatigue among clinical nurses.[10] Nurses need to know how to deal with stress caused by work and to develop their own ways of preventing burnout.[32]

Attributes in the attitudes dimension of compassion competence include a respect, empathy, and maintaining occupational distance. Patients in a previous study who received treatment of severe burns reported feeling that they were treated with respect when the nurses greeted them and looked them in the eye during conversation.[24] In contrast, patients felt themselves to be "a burn injury or disease rather than a human being" when the nurse just looked at their burned legs and only conversed with medical staff.[24] On the basis of this result, this study suggests that nurses should be required to adopt an attitude of respect for their patients in order to provide them with compassionate care. We also identified respect for patients as human beings and addressing the needs of the patient as attributes of compassion competence. Moreover, nurses should look directly at patients and be understanding of and empathetic toward them. The participants who completed in-depth interviews in this study reported that having experienced being a part-time caregiver, as well as a nurse, helped them feel empathy for the patients in nursing practice. Empathy was, however, reported to be meaningful when nurses maintained a professional distance from patients. In other words, the compassion of nurses should be demonstrated within the scope of nursing principles and tasks. Unless a balance is maintained, patients may lose trust in their nurses.

Most previous research on the compassion of health care providers focused on empathy for patients' difficulties, which can be influenced by the human and professional characteristics of health care providers. In addition, empathy has multidimensional attributes that can be interpreted as a process of communication with, forming special relationships with, or caring for others.[15] In addition, the current study approached the concept of compassion competence by focusing on behavioral aspects and applying a framework composed of the knowledge, skills, and attitudes that are needed in nursing practice.

CONCLUSION

The results of our concept analysis of nurses' compassion competence suggest that this should be explored as a new nursing competence both to improve patient satisfaction and to develop nursing quality. Defined as the ability to understand and recognize and reduce patients' difficulties, compassion competence should be regarded as a critical component of the emotional labors involved in nursing practice. Therefore, a consistent effort should be made to develop compassion competence for nurses in order to provide patients with not only scientific but also emotional nursing services. The findings of this study contribute to identifying the attributes and definition of compassion competence in nursing practice. However, further research is needed to develop and apply nursing interventions and training programs for strengthening compassion competence in nurses.

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