

# A Measure of Compassion in Health Care (Nursing) Students

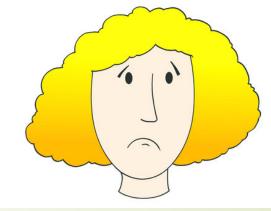
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#### Definition



- Compassion comes from the Latin root 'passio', to suffer and the Latin prefix 'com', together literally meaning to suffer together (Kundera, 1999).
- Noticing and responding to feelings of others (Kanov et al, 2006).
- Awareness of others and desire to help, using a non-judgmental approach.
- Deal with another person's distress without internalizing it (Wispe, 1991).

## **Background of Compassion**

- Associated with the great religious and spiritual traditions of the world (Armstrong, 2011).
- Historically- compassion was equated with personal suffering.
  - Thomas Aquinas, 'No one becomes compassionate unless he suffers' (cited in Barasch, 2005, p.13
- Dalai Lama (Lama & Jinpa, 1995) inner peace and well-being comes from the development of love, compassion and caring for others.
- Neff (2003), has developed the concept of self-compassion and has produced the Self-Compassion Scale (Neff, 2003a).



# Why we chose this area



- Seen as core attribute of healthcare (Bramley & Matiti, 2014)
- There need for improved support for compassionate and committed care in the workforce (Francis, 2013).
- Attracting and retaining people who show compassion to work in the health professions
- People who have compassionate attributes are found to have increased job satisfaction and retention (Way & Tracy, 2012)
- Health professionals need to be technically competent and able to demonstrate compassion and empathy in their practice (Department of Health, 2008).

#### **Measuring compassion**

- Measuring compassion is a difficult concept
- Patient's reported believing compassion in learners was partially innate and originated from the heart (Sinclair et al, 2016).
- Compassionate Love Scale measured prosocial behaviours, intimate relationships and relationship with people in general (Sprecher & Fehr, 2005)
- A shorter scale using this research, had a positive correlation with vocational identity, faith, and empathy (Hwang, Plante, & Lackey, 2008).
- The term 'love' in these studies was felt to be a constraining

#### Measuring compassion continued

- Using the term compassion would have a stronger association with social connectedness than compassionate love would (Pommier, 2011)
- A short self-report psychometric scale to measure compassion for others(Pommier, 2011) using the constructs established by Neff (2003a)
- The researchers believed this tool would be suitable to measure compassion in entry-level students enrolled

in healthcare

#### **Purpose of Research**

To ascertain how health care students entering tertiary studies at the Waikato Institute of Technology (Wintec) score on a psychometric scale designed to measure compassion to others.

To follow up the cohort of nurses one year later using the same scale to determine any change in the scores.

#### **Hypothesis**

Nursing students beginning health care studies at Winter have compassionate attributes.

Nursing students one year later have no change in their compassionate attributes.

#### **Compassion to Others Scale**

The tool used in the study was developed in The University of Texas by Pommier (2011) as part of her PhD dissertation

A Likert-type scale (1-5) was used for scoring

The tool contains 24 statements grouped into 6 constructs

## Six Identified Constructs in the Tool

# **Positive constructs**

#### **Negative constructs**

#### Kindness

being warm and considerate to other people

#### Indifference

 individual's attention is focused on safety of self over considering distress of others

# Common humanity

 recognition of the mutual experience of being human and the need to connect with people

#### Separation

being remote and detached from others

#### Mindfulness

identifying the present moment

#### Disengagement

 consciously blocking out the suffering of others

## Methodology

- Winter ethics approval was obtained prior to undertaking this research.
- A pilot study for this research tested the tool for validity and reliability in 2015. There were 112 respondents. The tool was found to be reliable Cronbach alpha score was 0.84.
- Participants for the first part of this research project self–selected from year one (semester 1) nursing students in 2016 and the same process was used for the second part of the research with students now in their 4<sup>th</sup> semester (year 2 in 2017).
- A Qualtrics survey tool was used to collect data anonymously.
- The articipants were directed to complete the online 'Compassion for Others Scale' (Pommier, 2011).
- Data collection took place during a week in May 2016 and a week in July 2017 from the same student cohort.

#### Analysis of data

- The Cronbach alpha scores for the 2 studies in were 0.91 in 2016 and 0.92 in 2017.
- The instrument was deemed reliable in this context.
- Student's t-test was used for the analysis.
- The main focus of the data analysis was to compare the scores of the 6 constructs for the same cohort in 2016 and 2017.

#### **Student Cohort**

Semester 1 - 2016

76 out of 150 students responded,a response rate = 51%

Semester 4 – 2017

→ 34 out of 109 students responded, a response rate = 32%

# **Table 1.0** Ethnicity of respondents

Ethnicity	Total 2016		Total 2017	
	Number	%	Number	%
NZ Pakeha	49	64%	22	64%
Maori + Pasifika	8	11%	8	24%
Other	19	25%	4	12%
Total	76	100%	34	100%

# Table 2.0 Age distribution of nursing students

Age group	Semester 1 2016	%	Semester 4 2017	%
	Number N = 76)	%	Number (N = 34)	%
18-25 years	53	70%	26	76%
26-35	12	16%	6	18%
35-45	11	14%	2	6%
46+	-	-	-	-

#### Results

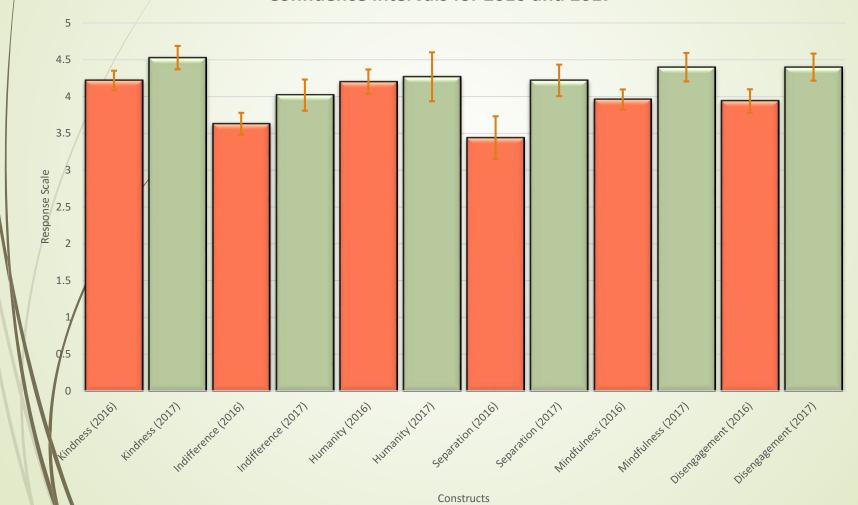
- Kindness, Common humanity, Indifference
- There is no statistical difference between the scores from 2016 and 2017 for the cohort.

This means the students had the same score for kindness, common humanity and indifference at the beginning of the programme as they did after 18 months of the study.

# Results

	Mindfulness	2016	2017			
	Mean responses	3.97	4.40			
	SD deviation	±0.63	±0.56			
	Confidence interval – low - high	3.82 4.10	4.21 4.59	p = 0.02		
\	Separation					
	Mean responses	3.44	4.22			
	SD deviation	±1.33	±0.62	p < 0.001		
	Confidence interval – low - high	3.15 3.73	4.01 4.43	p < 0.001		
	Disengagement					
	Mean responses	3.94	4.40			
	SD deviation	±0.73	±0.53	p = 0.03		
	Confidence interval – low - high	3.78 4.10	4.22 4.58			





#### **Discussion**

- The hypothesis, that participants involved in studying healthcare at beginner level have compassionate attributes, was supported by the data obtained.
- Students remained compassionate after a year of study however the positive attributes did not increase except in the area of mindfulness – which is/a topic taught in semester 3
- Possible reasons for higher scores in separation and disengagement after a year of study may due to the impact of the study programme or educational practices

#### Conclusion

- The results indicate that the suitability of the methodology used for obtaining information about compassion was sound.
- The limited number participants possibly had an impact on the reliability of the findings
- The results show that students at Wintec enter study programmes to become health care professional with compassionate attributes.
- This information could be used by educators to strengthen and maintain compassion attributes by maintaining and reinforcing the values, hopes and aspirations that brought the students into the profession.
- compassion should be monitored in all healthcare related professions as a critical factor in maintaining and preserving this vital aspect of healthcare delivery.

#### **Limitations**

- The researchers are aware that, with any self-report questionnaire, the accuracy of the responses hinges on the participants responding to the questions honestly and not from second person observation e.g. patients
- There is a tendency to respond in a socially acceptable manner rather than according to how one truly feels or behaves. (Passer & Smith, 2009)
- The construct of mindfulness(which increased over the year) might not have been understood in beginning students.

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