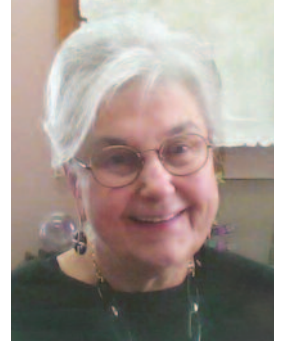


# Compassion: A nurse's primary virtue

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Strengthening compassion may help you avoid burnout.

**NURSES**, we're told, are fundamentally compassionate people. In fact, nurse burnout could be defined as the loss of compassion. So, it behooves us as nurses to explore what compassion is, how it differs from empathy and sympathy, and how to enhance it.

## Compassion, empathy, and sympathy

The etymology of compassion is Latin, and it means "co-suffering." It involves feeling for another, and it's considered a precursor to empathy, which is feeling what another feels. When you empathize, you share the suffering of another—an emotion that's not especially helpful for nurses.

In nursing, compassion is active; our education and experience have provided us with the ability to relieve another's suffering. It often confers the capacity for person-centered acts that relieve suffering. The difference between sympathy and compassion is that sympathy responds to suffering with sorrow and concern while compassion responds with warmth and care.

Compassion is more than a desire to alleviate another's suffering, it involves the ability and the will to do so. Compassion can be broken down into four interrelated stages:

- recognizing that there is suffering (cognitive)
- being emotionally moved by that suffering (affective)
- wanting to relieve that suffering (intentional)
- having the ability and willingness to take action to relieve that suffering (motivational).

In short, compassion isn't defined by what you feel for another but what you do about what you feel. Moreover, an act of compassion is defined by its helpfulness. That is, the efficacy of compassion can be defined by whether the action taken is of service or assistance to the one who's suffering. Being of service or assistance doesn't necessarily involve making things easier for the sufferer or even necessarily relieving his or her pain. It depends on the cause of the suffering, the person's response to the suffering, and the personality of the sufferer. That's why a compassionate nursing response is always person-centric.



## Strengthen your compassion

Contrary to what many may believe, compassion is more like a muscle than an emotion; thus, as with any muscle, it can be strengthened with relevant exercises—or can deteriorate and atrophy. In other words, your capacity for compassion can expand, if you choose. Preliminary research from a variety of randomized controlled trials suggests that compassion can be enhanced through systematic training programs. For example:

- Meditate daily, even if only for a few minutes.
- Notice when compassion comes easily or spontaneously for you throughout the day.
- Start noticing suffering (your own and that of others) and allow yourself to be emotionally touched or moved by the suffering. Awareness of the presence or absence of compassion can provide you with some valuable information.
- To foster resilience, think about a hurtful event in a different way.
- Be compassionate toward yourself. No empirical evidence exists to suggest that beating ourselves up changes our behavior.

Compassion, which is ranked as a great virtue in numerous philosophies and almost all major religious traditions, certainly is a virtue for all nurses—ranking in importance right next to knowledge and experience!

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## Selected references

- Jimenez S. Compassion. *The Encyclopedia of Positive Psychology*, Vol. I. Lopez SJ, ed. Hoboken, NJ: Wiley-Blackwell; 2009.
- Reddy NK, Ajmera S. *Ethics, Integrity and Aptitude: For Civil Services Main Examination*. McGraw-Hill Education. p. 146.