

Compassion in Nursing: A concept Analysis Study Using Walker and Avant's Framework

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Abstract

Background: Compassion is a core aspect of nursing practice that affects nurse-patient relationships as well as outcomes of care. Although it is central to the practice, the term is often used interchangeably with other conceptually similar terms like empathy or caring.

Aim: This article critiques the concept of compassion in nursing Applying Walker and Avant's framework to make its defining characteristics, antecedents, and consequences clear and to investigate its theoretical and practical implications.

Methods: Systematic concept analysis was carried out based on nursing and interdisciplinary literature using Walker and Avant's eight-step process. Jean Watson's Theory of Human Caring was employed to contextualize the theoretical implications of compassion.

Results: Five defining characteristics were found: empathy, relational understanding, intentionality, presence, and action-oriented care. The identification of suffering was a main antecedent, while improved therapeutic relationships and patient satisfaction were core consequences. Constructed cases demonstrated the real-world application and lack of compassion.

Conclusion: Compassion in nursing goes beyond an affective response; it is a deliberate, relational, and executable commitment to easing suffering. It is essential to holistic and ethical nursing practice and is highly consonant with Watson's theory.

Keyword: Empathy, sympathy, compassion, concept Analysis, Patient centered care

Introduction

Compassion is a core nursing concept that has a central influence on the quality of patient care, ethical nursing practice, and interpersonal relationships. In contemporary nursing practice, especially under conditions of stress and high technology, maintaining and knowing compassion is an issue. This paper seeks to define the concept using a systematic concept analysis so that a more in-depth understanding will be provided that will facilitate evidence-based care and theory integration.

Background

Compassion is a feeling and purposeful reaction to the distress of another, accompanied by the wish to ease it. In the Oxford English Dictionary (2024), it is "sympathetic pity and concern for the sufferings or misfortunes of others." In the literature of nursing, compassion goes beyond emotion—companionable empathetic pity is a behavior grounded in ethical and professional obligation. It has been contended by researchers like Sinclair et al. (2023) and

Perry et al. (2011) that compassion blends empathy, understanding relationally, and concrete doing and differs from its neighboring ideas of sympathy and caring.

The theoretical basis for this analysis is Jean Watson's Theory of Human Caring, which infuses compassion as a fundamental aspect of her Caritas Processes. These processes promote presence, genuine connection, and the reduction of suffering, reaffirming the ethical imperative of compassion in nursing.

Methods

The eight-step process of Walker and Avant (2019), a standard process for developing nursing theory concepts, was used in this concept analysis. The following steps were used in the analysis.

1. Select a Concept

Pick a concept that is relevant and important and needs to be clarified.

2. Determine the Aim or Purpose of the Analysis

Establish why the concept is being analyzed and how the results will be utilized.

3. Identify All Uses of the Concept

Research dictionary, literature, and contextual definitions of the concept.

4. Determine the Defining Attributes

Establish important characteristics that always show up in descriptions of the concept.

5. Construct a Model Case

Develop a real or fictional example that explicitly contains all the defining characteristics.

6. Build Additional Cases

Build borderline, related, contrary, fictional, and illegitimate cases to demonstrate what the concept is and is not.

7. Find Antecedents and Consequences

Identify what needs to happen before (antecedents) and after (consequences) the concept arises.

8. Establish Empirical Referents

Find measurable or observable signs which indicate the presence of the concept.

Results

Literature Definitions of Compassion

Compassion is frequently defined in nursing literature as an emotional and ethical response that combines awareness of suffering with a desire and action to alleviate it. According to Sinclair et al. (2023), compassion in healthcare is "a virtuous response that seeks to address the suffering and needs of a person through relational understanding and action." This definition highlights compassion as both a moral virtue and an interpersonal process.

The Oxford English Dictionary (2024) defines compassion as "sympathetic pity and concern for the sufferings or misfortunes of others." While this captures the emotional aspect, nursing scholars emphasize that compassion also entails practical application. Perry et al. (2011) describe compassion in nursing as a process involving "a commitment to understanding patients' experiences and responding with sensitivity and care."

Malenfant et al. (2022) and Zieba et al. (2025) also regard compassion as both a feeling and a healthcare practice, suggesting it is not only innate but can also be cultivated through reflection and professional training.

Defining Attributes:

Empathy: The ability to emotionally understand a patient's suffering.

Relational Understanding: Developing a human connection beyond clinical roles.

Intentionality: Deliberate desire to reduce suffering.

Presence: Mental and emotional availability.

Action-Oriented Care: Translating compassion into practice.

Antecedents of Compassion in Nursing

Antecedents are the events, situations, or circumstances that need to exist before the expression of compassion. Compassion does not occur automatically in nursing—there are several internal and external triggers and facilitators. The most important antecedents of compassion are:

1. Perception of Suffering

The first and most important antecedent of compassion is the nurse's capacity to discern that a patient is suffering pain, distress, fear, or vulnerability.

No compassionate response can be started without suffering being identified.

Supported by: Perry et al. (2011); and Sinclair et al. (2016)

2. Emotional Awareness and Empathy

The nurse has to be emotionally aware of others, with the ability to sense distress and respond empathetically.

Emotional intelligence and the ability to differentiate compassion from sympathy or pity are included.

Supported by: Heffernan et al. (2020)

3. Moral and Professional Values

Nurses require a robust ethical base and a personal or professional commitment to reducing suffering.

Compassion tends to emerge from values like altruism, human dignity, and caring.

Supported by: Bradshaw (2011); Gallagher (2006)

4. Reflective Capacity and Self-Awareness

The ability to reflect on one's thoughts and feelings allows nurses to remain grounded and present in high-stress settings.

Mindful practice allows nurses to remain present and intentional.

Supported by: Gustin & Wagner (2013)

5. Supportive Environment

- Organizational elements like time availability, manageable workloads, and supportive leadership also serve as antecedents by facilitating nurses to convey compassion.

Supported by: Hofmeyer et al. (2016)

Consequences of Compassion

Consequences are results that demonstrate compassion in nursing. Major consequences are:

1. Improved Therapeutic Relationships

Compassion strengthens trust between patients and nurses, providing a basis for healing interactions.

Bramley & Matiti (2014) established that patients are more secure and respected when care is compassionate.

2. Enhanced Patient Satisfaction and Emotional Well-being

Patients are more satisfied and less anxious when suffering is responded to with compassion.

Sinclair et al. (2016) saw decreased distress and increased comfort as direct results of compassionate care.

3. Increased Professional Satisfaction for Nurses

Compassionate practice is linked to nurse satisfaction, resilience, and moral integrity.

Heffernan et al. (2020) associated compassion with emotional intelligence and decreased burnout.

4. Improved Clinical Outcomes

Compassion enhances treatment plan adherence and improves recovery through emotional connection.

Gallagher (2006) and Papadopoulos et al. (2014) emphasize how compassionate care enhances decision-making and communication.

Constructed Cases

Model Case

Definition: A case that includes all defining attributes of compassion.

Scenario: Nurse Emily is looking at an older patient, Mrs. Johnson, who is in end-of-life care. Emily sees that Mrs. Johnson is uncomfortable and spends some time sitting with her, holding her hand. She listens intently as Mrs. Johnson talks about her fears, reassures her gently, and modifies her pain medication and room environment to make her comfortable.

Attributes present: Empathy, relational understanding, intentionality, presence, action-oriented care.

Antecedent: Recognition of suffering.

Consequence: The patient expresses emotional relief and trust in the nurse.

Borderline Case

Definition: A case in which one or two attributes are missing.

Scenario: Nurse Alex efficiently manages his patient's medication and wound care but avoids personal interaction due to workload. Though he ensures the patient's physical needs are met, he does not engage in emotional or relational support.

Attributes present: Action-oriented care, intentionality.

Missing: Presence, empathy, relational understanding.

Antecedent: Recognition of suffering.

Consequence: The patient feels cared for physically but emotionally neglected.

Contrary Case

Definition: A case in which all attributes of compassion are absent.

Scenario: Nurse Lisa enters the non-verbal patient's room after a stroke hurriedly, administers a wound dressing without detailing the process, and leaves without recognizing the pain of the patient. She also fails to appreciate the patient's tears and stress body language.

Attributes: missing all.

Antecedent: Absent No recognition of suffering.

Consequence: The patient experiences distress, fear, and emotional isolation.

Defining Empirical Referents of Compassion

Empirical referents are tangible indicators that show the presence of a concept in actual practice. For nursing compassion, empirical referents are the measurable or tangible behaviors and equipment that show the presence of caring compassion. These indicators are used to check if compassion is being effectively conveyed and felt in the clinical environment.

1. Observable Behaviors

These consist of observable actions that embody the defining characteristics of compassion:

Actively and empathetically listening to patient concerns.

Applying therapeutic touch appropriately to communicate comfort.

Sustaining eye contact and calm, supportive body posture.

Remaining emotionally present during painful discussions or procedures.

Individualizing care to address specific emotional and spiritual needs.

These behaviors are linked to the qualities of presence, empathy, relational understanding, and intentionality.

2. Patient and Peer Feedback Tools

Some empirically supported instruments and feedback tools can act as empirical referents:

The Compassion Competence Scale (CCS) – Measures nurses' capacity to know and behave with compassion.

The Schwartz Center Compassionate Care Scale – Evaluates patients' perceptions of compassion in their care encounters.

Patient Satisfaction Surveys – Frequently contain items about emotional support, attentiveness, and personal attention.

Reflective Journals or Self-Assessment Tools – Invite nurses to evaluate their compassionate behaviors and attitudes (Gustin & Wagner, 2013).

3. Clinical Documentation and Outcomes

Although compassion is a matter of personal perception, certain elements can be surmised from:

Care records specifying patient-focused interventions (e.g., modifying pain medication following patient indication of distress).

Low levels of complaints and high patient satisfaction ratings.

Enhanced patient compliance and follow-up—commonly associated with perceived compassionate communication.

Purpose of Concept Analysis of Theory

Concept analysis helps greatly in the building of nursing theory by making abstract concepts that are understandable more precise and distinct so they may be utilized consistently within practice and research. Concept analysis helps to convert broad, vague words into systematic, measurable, and understandable components that may be constructed into theoretical frameworks. According to Walker and Avant (2019), concept analysis is the foundation of theoretical exactness, which allows for the development of evidence-based interventions and informs evidence-based practice. In this case, an analysis of the concept of compassion allows nurses to learn its constituent elements, differentiate it from related concepts like empathy or caring, and apply it to clinical decision-making as well as theoretical modeling.

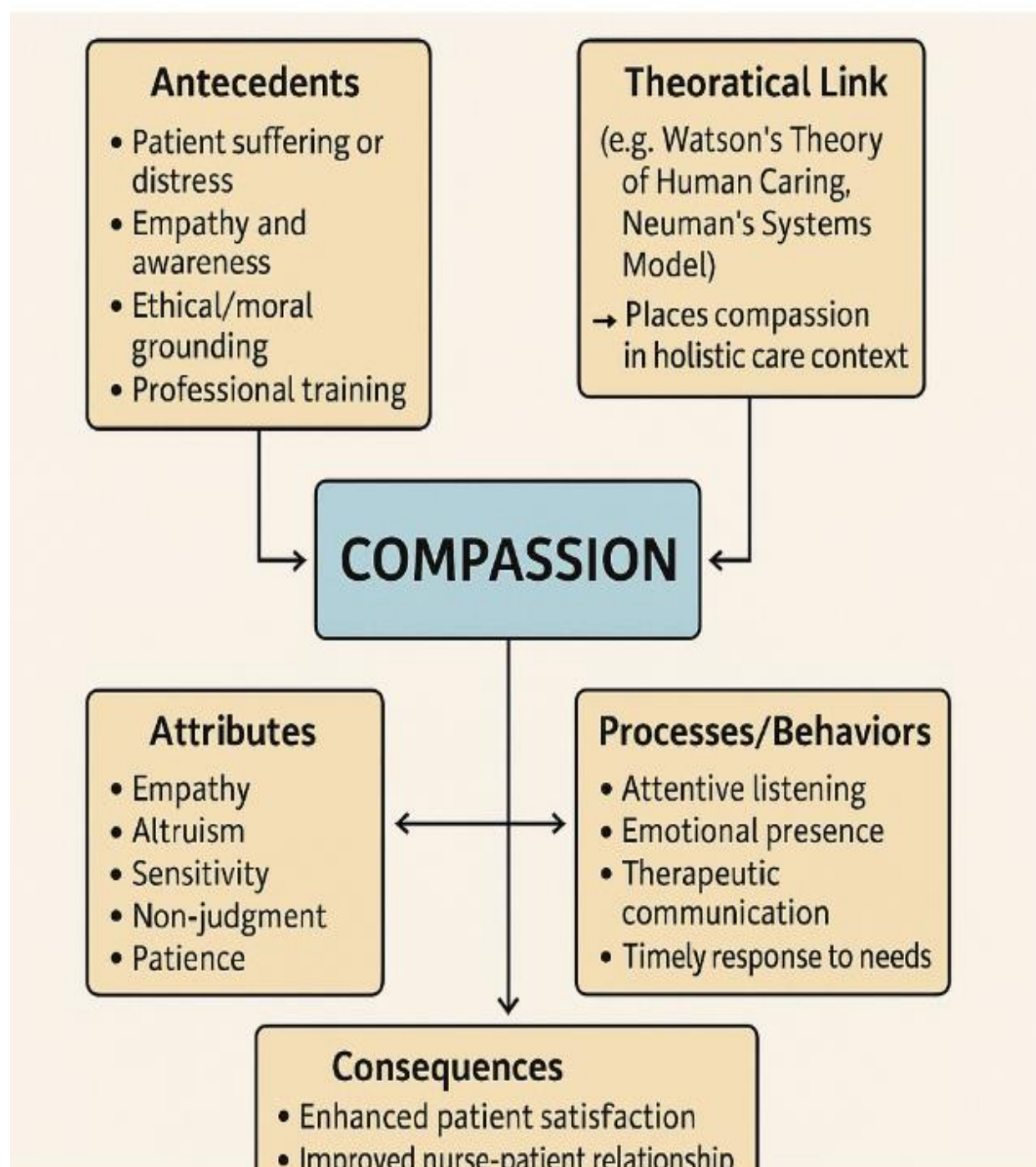
Application of Compassion to Jean Watson's Theory of Human Caring

Jean Watson's Theory of Human Caring is arguably the best-known of the nursing theories that inherently include compassion. Watson considers caring to be the ethical and moral ideal of nursing, which requires holistic and transpersonal practice in caring for patients. Compassion is not only intrinsic to her theory but also operationalized by explicitly several Caritas Processes, i.e.:

- Caritas Process #1: "Embrace altruistic values and practice loving-kindness with self and others," which is concerned directly with a caring attitude towards patients and colleagues.
- Caritas Process #4: "Developing and sustaining a helping-trusting, caring relationship," based on compassionate presence and awareness.
- Caritas Process #5: "Being present to, and supportive of, the expression of positive and negative feelings," focusing on emotional presence and compassionateness—core characteristics of compassion.

Watson (2008) asserts that healing is only possible in a nurturing environment where the nurse is effectively available and responsive to suffering patients. Compassion serves as a conduit for authentic relating, where nurses can connect with patients both in their bodily needs and in their emotional, spiritual, and existential processes. This is especially relevant in complex care situations such as palliative care, long-term illness management, and psychiatric nursing, where the emotional atmosphere significantly contributes to outcomes.

Academic evidence also highlights that compassion enhances nurse-patient relationships, reduces anxiety in patients, and improves overall satisfaction and confidence (Sinclair et al., 2016; Bramley & Matiti, 2014). According to Watson's theory, compassion is a measurable, tangible, and learnable element of nursing practice.



Discussion

This discussion confirms that compassion in nursing is both a practical and effective construct. Its defining features highlight that compassion is not a passive feeling but a deliberate action based on empathy and relational presence. Jean Watson's Theory of Human

Caring offers an excellent theoretical base, especially through Caritas Processes that operationalize compassion in everyday nursing interactions.

Nurse practitioners and other advanced practice nurses can utilize these findings to expand their professional roles in diagnosis, management of chronic care, and counseling. Compassion improves patient communication, trust, and compliance in such situations.

Compassion is valuable in these settings in addition to bedside care. Barriers like burnout, institutional stress, and time pressures, as Hofmeyer et al. (2016) have identified, interfere with the manifestation of compassion. But formal training and reflective practice are useful in developing this crucial competency within educational and clinical environments.

Conclusion

This analysis of the concept illuminates compassion as a critical and multi-faceted aspect of nursing. Grounded in empathy and expressed through deliberate care, compassion is critical to both ethical and effective practice. When integrated into theoretical frameworks like Watson's, compassion becomes more than an elusive ideal but a quantifiable and tangible aspect of professional care. Education, organizational support, and reflective practice are essential to developing this invaluable trait in future nurses.

Application to Advanced Practice Nursing

For advanced practice nurses—such as Family Nurse Practitioners (FNPs)—compassionate practice extends from bedside care to include diagnostic communication, chronic disease management, prevention of illness and injury, and family counseling. Advanced practice nurses typically see patients over their life course, and thus it is necessary to establish long-term, trusting relationships centered on compassion. Compassion enhances shared decision-making, increases compliance, reduces complaints, and contributes to a healing environment, even in high-velocity or technologically dense settings.

Self-Reflection

Performing this concept analysis has made me appreciate compassion not just as an individual virtue but as a vital professional skill. I've come to realize that authentic compassion in nursing is not just about caring for others but is about intentional, presence-based action grounded in theory and evidence. This realization will inform my practice going forward, particularly in high-stress settings where compassion is most needed and most likely to be neglected.

References:

- Sinclair, S., Beamer, K., Hack, T. F., McClement, S., Raffin-Bouchal, S., & Chochinov, H. M. (2023). Compassion in health care: An empirical model. *Journal of Advanced Nursing*, 79(1), 112–121. <https://doi.org/10.1111/jan.15201>
- Heffernan, M., Quinn Griffin, M. T., McNulty, S. R., & Fitzpatrick, J. J. (2020). Self-compassion and emotional intelligence in nurses. *International Journal of Nursing Practice*, 26(1), e12726. <https://doi.org/10.1111/ijn.12726>
- Jing, Y., He, H., & Ma, J. (2024). Developing and evaluating compassion training in nursing education: A systematic review. *Nurse Education Today*, 126, 105762. <https://doi.org/10.1016/j.nedt.2024.105762>
- Malenfant, J., Sinclair, S., & Gillis, M. (2022). Compassion fatigue and moral distress among nurses during COVID-19: A qualitative study. *Journal of Clinical Nursing*, 31(15-16), 2154–2166. <https://doi.org/10.1111/jocn.16136>
- Zieba, M., Jurek, K., & Słomka-Golebiowska, A. (2025). Compassion in clinical practice: Conceptual foundations and practical applications. *Nursing Ethics*, Advance online publication. <https://doi.org/10.1177/0969733024123456>

- Durkin, M., Gurbutt, D., & Carson, J. (2021). Cultivating compassion in healthcare: A grounded theory study. *BMC Nursing*, 20(1), 151. <https://doi.org/10.1186/s12912-021-00697-3>
- Seppälä, E., Simon-Thomas, E., Brown, S. L., Worline, M. C., Cameron, C. D., & Doty, J. R. (2021). *The Oxford Handbook of Compassion Science*. Oxford University Press.
- Wiklund Gustin, L., & Wagner, L. (2020). Compassionate care: A concept analysis. *Scandinavian Journal of Caring Sciences*, 34(1), 139–146. <https://doi.org/10.1111/scs.12717>
- Hofmeyer, A., Kennedy, K., & Taylor, R. (2020). Teaching compassionate care to nursing students in a digital age: A narrative review. *Nurse Education in Practice*, 48, 102859. <https://doi.org/10.1016/j.nepr.2020.102859>
- Papadopoulos, I., Taylor, G., Ali, S., Aagard, M., & Struthers, J. (2021). Exploring nurses' meaning of compassion through online focus groups in five countries. *Journal of Transcultural Nursing*, 32(2), 157–165. <https://doi.org/10.1177/1043659620938447>
- Sinclair, S., Norris, J. M., McConnell, S. J., Chochinov, H. M., Hack, T. F., Hagen, N. A., McClement, S., & Bouchal, S. R. (2016). Compassion in health care: An empirical model. *Journal of Pain and Symptom Management*, 51(2), 193–203.
- Papadopoulos, I., Taylor, G., Ali, S., Aagard, M., Akman, O., Alpers, L. M., ... & Zorba, A. (2016). Developing tools to promote culturally competent compassion, courage, and intercultural communication in healthcare. *Journal of Compassionate Health Care*, 3(1), 1-10.
- Bradshaw, A. (2011). Compassion: What history teaches us. *Nursing Times*, 107(19-20), 12-14.
- van der Cingel, M. (2014). Compassion: The missing link in quality of care. *Nurse Education Today*, 34(9), 1253–1257.
- Bramley, L., & Matiti, M. (2014). How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses. *Journal of Clinical Nursing*, 23(19-20), 2790–2799.
- Dewar, B., & Nolan, M. (2013). Caring about caring: Developing a model to implement compassionate relationship-centred care in an older people care setting. *International Journal of Nursing Studies*, 50(9), 1247–1258.
- Hofmeyer, A., Taylor, R., & Kennedy, K. (2016). Fostering compassion and reducing burnout: How can health system leaders respond in the COVID-19 pandemic and beyond? *Nurse Education Today*, 94, 104502.
- Perry, B., Macfarlane, A., & Clarke, D. (2011). Sympathy, empathy and compassion: A grounded theory study of palliative care patients' understandings, experiences and preferences. *International Journal of Palliative Nursing*, 17(12), 598–604.
- Gustin, L. W., & Wagner, L. (2013). The butterfly effect of caring—Clinical nursing teachers' understanding of self-compassion as a source to compassionate care. *Scandinavian Journal of Caring Sciences*, 27(1), 175–183.
- Gallagher, A. (2006). The teaching of nursing ethics: Content and method. *Promoting Professionalism in Nursing*, 360–371.