Compassion, use it or lose it?

Perceptions of novice nurses on compassion and the development of compassionate care: a qualitative approach

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SUMMARY

Background: Nurses and patients mention compassion as an explicit nursing value and indicator of quality care. Compassion is defined as a mirroring process in response to suffering. Although compassion is praised in nursing, there is a concern about the way compassion shows in practice. Therefore, there is a need for insight whether or not compassion in nursing practice flourishes or falters.

Aims: To explore how Dutch novice nurses perceive compassion within nursing care and gain insight in their strategies of sustaining and developing compassionate nursing care.

Methods: A generic qualitative design with an exploratory character was used. Semi-structured interviews were conducted with fourteen Dutch bachelor novice nurses with zero to five years of practical experience. Purposive sampling was used to recruit participants. Data analysis consisted of thematic analysis with an inductive approach.

Results: Analysis resulted in four themes. Participants mention compassion as a part of their professional identity. They balance between environmental influences that inhibit or facilitate the expression of compassion and their own perceptions. Various strategies as rebellion and conformity helped nurses to balance between these influences. If nurses succeeded in dealing positively with the influences, a professional development over time was experienced, that increased their awareness of compassion and professional identity. If not; insecurity, job dissatisfaction and a consideration to leave the profession was described.

Conclusion: Compassion is an essential part of developing a professional identity of novice nurses. Dealing with meaningful emotions and experiences broadened nurses' personal awareness, stimulated a growth in their professional identity and awareness of compassionate care.

Implications: Novice nurses need support within education that builds empowerment and resilience in sustaining compassion. Furthermore, there is a need for role models and a corporative team-spirit in order to coach novice nurses in compassionate behaviour.

MeSh Terms: compassion, professional identity, novice nurses

NEDERLANDSE SAMENVATTING

Achtergrond: Verpleegkundigen en patiënten benoemen compassie als een essentiële waarde in goede verpleegkundige zorg. Compassie is gedefinieerd als een reactie op leed. Alhoewel compassie wordt gewaardeerd in de verpleegkunde, is er twijfel of compassie tot uiting komt in de dagelijkse praktijk.

Doel: Inzicht verkrijgen in de ervaringen van Nederlandse startende verpleegkundigen met compassie en hun percepties op het behouden en ontwikkelen van compassievolle zorg.

Methode: Een generiek kwalitatief onderzoek met een exploratief design werd uitgevoerd. Semigestructureerd interviews werden gehouden bij veertien afgestudeerde hbo-verpleegkundigen met nul tot vijf jaar werkervaring. Doelgerichte sampling werd gebruikt om verpleegkundigen te includeren. De data-analyse werd uitgevoerd door middel van thematische analyse met een inductieve aanpak.

Resultaten: De analyse resulteerde in vier thema's. Participanten benoemden compassie als onderdeel van de professionele identiteit. Ze balanceerden tussen omgevingsinvloeden die de uiting van compassie zowel positief als negatief beïnvloedden en eigen percepties. Verschillende strategieën als voor zichzelf opkomen en toegeven hielpen verpleegkundigen om met de invloeden om te gaan. Als deze strategieën succesvol bleken, werd een professionele ontwikkeling in de tijd ervaren. Dit versterkte de bewustwording van compassie en de professionele identiteit. Als dit niet lukt, ervaren de participanten meer onzekerheid, een lagere werk-tevredenheid en overwegen ze het beroep te verlaten.

Conclusie: Startende verpleegkundigen vinden compassie een essentiële waarde in verpleegkundige zorg en in de ontwikkeling van een professionele identiteit. Het ervaren van betekenisvolle emoties en ervaringen versterkt de persoonlijke bewustwording, stimuleert een groei in professionele identiteit en bewustwording van het belang van compassie.

Aanbevelingen: Startende verpleegkundigen dienen tijdens de opleiding ondersteund te worden in het versterken van empowerment en veerkracht in het behouden van compassie. Eenmaal in de praktijk behoeven ze rolmodellen, een goede teamsfeer en collega's die ze coachen in compassievol gedrag.

Trefwoorden: compassie, professionele identiteit, startende verpleegkundigen

INTRODUCTION

Nurses mention compassion as an explicit nursing value and essential indicator of good quality care[1-5]. Patients consistently rank compassion among their greatest healthcare needs also[4]. Although compassion is internationally praised in nursing, there is a concern about the way compassion shows in practice[6]. Therefore, there is a need for more insight whether or not compassion in nursing practice flourishes or falters[4].

Compassion is defined as a mirroring process in response to suffering[7]. It is an aspect of care for others who are vulnerable[8,9]. Compassion is distinguished from empathy and sympathy because compassion requires more than an identification of suffering; it requires intelligent responses and actions to relieve it[10]. Van der Cingel identified seven recognizable and distinct dimensions for compassion: attentiveness, active listening, naming of suffering, involvement, helping, being present and understanding[11,12]. It is important to note that none of these behaviour is innately compassionate. Saliency within the caring relation is an aspect that constitutes compassion as well; nurses need to be aware of the verbal and non-verbal signals of patients[4,12]. Nurses experience positive aspects of providing compassionate care. For example, it enhances job satisfaction and engagement in the nurse-patient relationship[6]. Furthermore, compassion can be described as a value of person-centred-care (PCC)[8,9]. A phenomenological study with patient views on PCC shows that patients are in need of emotional bonding, compassionate care and connectedness[13]. Compassion empowers patients, increases coping abilities and helps them to experience positive attitudes such as hope towards recovery[6,12].

Although the philosophy and ideals of compassion are widely discussed within literature, sustaining compassion in practice is challenging for novice nurses[2,4,6,14,15]. The period when novices enter everyday nursing practice seems crucial[14,15]. They struggle to uphold the compassionate, holistic principles and knowledge learned in education against the rules that form ‘the real world of nursing’[2,14-16]. Novices sense that the reality of practice is different to their own ideals and values[2]. This misbalance is affected by multiple factors. First, nurses mention that cost-efficiency, external accountability and task completion with time-restrictions are prioritised over patients quality of life and person-centred care[4,6]. This “production-line” or “assembly line” mentality takes them away from the bedside; they spent less time with patients[6]. Furthermore, nurses mention a negative workplace culture, for example resistance to change and negative role modelling, as inhibiting factors[4,6]. This decreases their motivation to break routines and provide the compassionate care they desire to give[4].

If nurses are not able to express and sustain compassion, the risk for compassion fatigue increases[17,18]. Compassion fatigue occurs when a nurse cannot help or save a patient from harm[18]. Compassion fatigue appears to be a risk for the nursing profession and the quality of nursing care[17,18]. There are multiple negative outcomes when nurses cannot manage or prevent compassion fatigue. On the short term, it could lead to concerns as a lower self-confidence, job-dissatisfaction and strong feelings of guilt[18]. On the long-term, compassion fatigue could lead to withdrawal from patients and even withdrawal from the profession[6,19]. Multiple strategies are described to deal with compassion fatigue. For example, strategies such as changing the personal relationship with patients and arranging an appropriate work-life balance are defined[18,20]. However, these studies focus on expert nurses instead of novice nurses. In general, nurses' common coping strategies with stressors include active problem solving, seeking social support and avoidance [21,22]. These strategies are not particularly related to sustaining compassion or preventing compassion fatigue.

Looking at the positive aspects of compassion on quality of care, person-centred care and nurses' job satisfaction, it is necessary to enhance and sustain compassion in novice nurses[2,12,14,23]. Few literature is focussed on the perceptions of novice nurses on compassion and the significance it has for their continuing career. It is not known what novice nurses experience when compassion is their key-value and the strategies that novices use to sustain and develop compassion are not examined yet.

AIM

The aim of this study was to explore how Dutch novice nurses perceive compassion within nursing care and gain insight in their strategies of sustaining and developing compassionate nursing.

METHODS

Design

A generic qualitative design with an exploratory character[24,25] was used. An explorative design was suitable because this study consisted a newly emerging field that has not been clearly defined yet[26]. Using a qualitative approach enabled the researcher to question the experiences, perceptions and perspectives of participants.

Population and sample

The study population consisted of Dutch bachelor nurses with zero to five years of practical experience. The time-range of five years was used because this period is crucial in sustaining compassion and appears to be significant in their continuing lives[2,15]. Nurses with a work-schedule of less than eight hours per week and nurses who did not speak and/or read the Dutch language were excluded. Purposive sampling was used to recruit participants and to confer rigour[27]. Maximum variation was sought in age, setting, years of work experience and gender[10,28]. This increased the likelihood that the findings reflect different perspectives and that rich data would be obtained[27]. Fourteen participants were included in this study in order to reach data-saturation (table 1).

Data collection

Individual in-depth-interviews with nurses (n=14) were conducted between February 2017 and April 2017. Interviews enabled the participants to tune the perceptions of the concepts and supported the researcher in gaining in-depth information[27]. The interviews consisted of exploratory semi-structured questioning related to the following topics: perceptions of compassion, the barriers and facilitators nurses perceived and the strategies they used to sustain compassion (Table 2)[3-7,12,17-19]. The interviews were audio taped. Descriptive field-notes about the setting and non-verbal behaviour of participants were described to obtain information that could not be recorded on tape and to enhance reliability[26]. Methodological memos were made to reflect on the process of data-collection. Personal memos recorded the researchers reflections to prevent interviewer bias and to enhance conformability and reflexivity[29].

Data analysis

Thematic analysis was used to analyse the data[30]. Because of its theoretical freedom, thematic analysis is a flexible and useful approach, which provides a thick description of data[30]. In light of the explorative design, inductive analysis was used to code the data[30]. All audiotapes and transcripts were read and re-read, narrative memos were added and useful segments were highlighted. The first two interviews were analysed independently and discussed afterwards by two researchers to enhance neutrality of findings (AN, EvB). Useful segments were formed into small sentences to generate open codes. QRA Nvivo was used for further analysing the codes into categories. Through descriptions of meaning and characteristics of the codes, themes were formed[27]. The codes, categories and themes were verified for face validity by a senior researcher (MvdC) and member-checked to ensure the accuracy. After setting the thematic map, the analysis focused on the latent content of data to identify the underlying ideas and conceptualisations[30]. Transferability was achieved by thick description of themes[26].

Procedures

To identify potential participants who met the eligibility criteria, the researcher used the database of the Dutch Nurses' Association (V&VN). Emails and open invitations on social media were used for recruitment. Interested nurses received an information-letter with informed consent form. The interview-guide and topic list were tested in two pilot-interviews. No adjustments were made afterwards. One trained researcher conducted the interviews (AN). The participant signed the informed consent at the start of the interview. To prevent responder's bias[26], the participants were asked to narrate about a specific case where he or she felt compassion. Participants were stimulated to talk about their own perceptions of compassion. To examine selection bias, the overall-ratio of positive and negative compassionate days was asked. The interviews lasted between 50 and 70 minutes.

Ethical considerations

The Declaration of Helsinki was used to ensure all rights and privacy of participants (version October 2013). The handling of personal data complied with the Dutch Personal Data Protection Act. All data was handled anonymously. Transcripts, recordings and coded personal information were stored on a password-protected USB-stick and computer.

RESULTS

Substantive coding yielded in 93 open codes and twelve categories. Further analysis resulted in four themes: (1) compassion as a part of the professional identity, (2) Balancing between environmental influences, (3) strategies to deal with environmental influences and (4) increased awareness and development of compassionate behaviour over time. After analysing the themes, a conceptual model was created (figure 1).

Compassion as a part of the professional identity

Participants see compassion as the main condition for high quality care and a key-value in nursing. Nurses mentioned compassion being their motivation to enter the profession and some saw it as a personal characteristic. Therefore, compassion is seen as a part of their professional identity. One nurse stated, *"I am convinced that I have to be a nurse. Being compassionate and being a nurse is a part of who I am [P2]".*

Nurses experience that their personal values determines compassionate behaviour. For example, nurses described safety, humour, integrity, respect and trust as values in compassionate nursing. Some nurses had an active way of expressing compassion, for example being a patients advocate or going that extra mile. While others used more reserved behaviour as maintaining calmness, just listening and being present in emotional situations. One nurses described: *"I think compassion links with my own personality. For example, one of my patients drove into a ditch, so I asked; did you want to grab money? Ha-ha, we both laughed really hard. That's my way of showing compassion [P2]"*.

However, nurses also mentioned some doubts about the significance of compassion. They described having compassion as exhausting and immeasurable. They felt compassion shouldn't be exaggerated. One nurse explained, *"Personal opinions of grief and pain are difficult. Someone can be really upset if he stubs his toe. Well, I can't feel compassionate for that [P4]".* Some also stated that compassion needed to have a functional gain: *"If the patient knows he's sick, and I know he's sick.. What is the effect of naming it? Compassion needs to have an effect or result [P4]".*

Balancing between environmental challenges and own perceptions

When novices enter daily practice, they experience the need to balance between environmental challenges and own perceptions within their professional identity. For example, the working environment influenced nurses in expressing compassion. Nurses mentioned inhibiting factors such as staff-shortage, time pressure and a focus on registration for benchmarking. The culture in an organization or team, and team spirit amongst colleagues,

influenced compassionate behaviour as well. Role models stimulated novices positively to provide compassionate care and supported them in emotional situations. On the other hand, team culture could also have a negative influence. One nurse explained: *"Sometimes I have arguments with my colleagues. I try to switch off my frustrations. If that doesn't work, I become frustrated, less flexible and less compassionate to patients [P8]".*

Secondly, the nurse-patient relationship and the duration of this relationship influenced compassionate care. Having 'a connection' with a patient or the family was important to novices. This 'connection' depended on the ability to understand or identify with the patient. For example: *"That patient had the same age as me, he was also a nurse, and he liked to party. I could be him. With him I felt really compassionate.. [P11]*". Also cultural differences, a difference in norms and values and the extend in which a patient coorporates in a situation influenced compassionate behaviour. One nurse explained: *"I had a patient with a severe stadium of COPD who kept smoking. That went against my own norms and values. (…). I found it really hard to show compassion for him [P10]"*.

At last, participants mentioned to feel insecure as a novice, which influenced compassionate behaviour. They didn't always have the courage to express compassion or stand out for themselves if they felt inhibited in honouring their values. They were afraid of negative reactions from both patients and colleagues about their work and doubted if they did well as a nurse. One nurse explained: *"It is the idea that I fail in the eyes of my colleagues. What would they think if I didn't finish my work or activities? [P5]*".

Strategies for balancing between environmental challenges and own perceptions

Nurses use multiple strategies to deal with balancing between the negative environmental challenges and own perceptions. Some chose to be rebellious and having a strong opinion. They mentioned to focus on choosing their own path, without taking other opinions into account. These nurses took an active role in addressing the difficult situation or set compassion as their main priority. Some even chose to search for more knowledge and managerial influence to change things on the ward. One nurse said: *"I know what is important to a patient. And if I can't fix that in one way, I will choose another path. I don't care if colleagues don't like that [P2]".* In contrast, other nurses chose a more accepting and remote attitude. For example having a more planned expression of compassion by picking moments that they felt were suitable. One nurse explained: *"I could work 24/7 and always be compassionate. That's not realistic to pursue. (…) I don't want to upset anybody, so it's good the way it is [P12]'*.

Participants mentioned an emotional response when they failed to express compassion, for example powerlessness, failure, guilt and frustration. This made participants feel disillusioned and less adroit. Some even mentioned they felt the situation was too much to handle. In some cases, these situations resulted in job-dissatisfaction and the consideration to leave the profession *"If things don't change, I am finished with nursing [P1]*". While other nurses switched off their mind and own emotions in order to provide compassionate care *"If I see someone who needs me, I switch off my own emotions and will be there for that person [P5]"*.

Increased awareness and development of compassionate behaviour over time

Dealing with this balance, meaningful emotions and experiences over time increased the nurses' cognizance and awareness of compassionate behaviour. At first in education, participants had the perception that a good nurse is a technically skilled nurse. When entering practice, novices felt they could not live up to these expectations yet. Therefore, they consciously focused on the objective attributes of tasks. One nurse said; *"I had no time to be compassionate. I focussed on learning, fine-tuning basic skills and knowing all the basic rules [P4]"*. At the start of their career, nurses also struggled to find their role in an organization, in the team and in the contact with patients. For example, nurses felt themselves too personally involved with patients and found it difficult to adapt a professional role. This reflected in insecurity and a misbalance between professional nearness and distance.

As time progressed, the nurses' awareness and resilience increased. One nurse explained: *"I gained insight how it feels to be transported by an ambulance, to receive compassionate care, that people really care for your commitment […]. Then I realized the importance of compassionate care. (…) Sec technical competencies aren't that important anymore [P1]*". Nurses became more experienced to act in situations of grief and sorrow as well. They learned what behaviour helped patients in moments of suffering, how to adjust their behaviour to different patients and found a balance between professional nearness and distance. They also got more routines in technical skills, learned to combine particular tasks and gained insight in the ins and outs of a team and organisation. This gave participants more time and energy to provide compassionate care. They also gained more self-confidence and they felt more at ease to express compassion. One nurse concluded: *"I think compassion grew over time. In the beginning, I had a focus on theory, skills and definitions. Looking back, I had no understanding of what real compassion felt like. Gradually, by practical and personal experiences I became aware of what is important in life. Compassion became a second nature, without being conscious about it [P12]"*.

DISCUSSION

This study describes the perception of Dutch novice nurses on compassion and the strategies they use to sustain and/or develop it. Novices describe compassion as an essential part of nursing and their professional identity. Balancing between environmental influences and novices' own perceptions influenced how compassionate behaviour is sustained or enhanced. The results show two strategies to deal with this balance: rebellious behaviour and accepting behaviour. If nurses succeed to manage the negative environmental influences in a right way or nurses are positively stimulated by environmental influences, the awareness of compassion increases and compassionate behaviour enhances. If novices are not able to deal with negative influences, job-dissatisfaction is experienced and nurses consider to leave the profession.

The results of this study indicate that compassion is an essential value in forming a professional identity. Previous literature describes this as socialization. Socialization occurs when nurses learn skills, get knowledge to attain and internalize a professional role with norms, shared values and attributes of nursing[31-33]. Socialization proceeds in three stages[33]. In the first stage, nurses become familiar with the identity of nursing through descriptions and explanations of others and their first hands-on experiences with nursing. The second phase is moral development by direct practice experiences when nurses build a meaning of nursing. In the last phase, nurses fully internalize virtues like courage, humility, integrity and *compassion*[33]. In light of the results of this study, it can be discussed that novices perceive compassion as an implicit nursing value; they are not fully aware of the significance of compassion and have not formed a meaning of compassion yet. If the awareness and internalization of compassion within the development of professional identity succeeds, compassion becomes a more explicit nursing value. However, this hypothesis is not confirmed, nor disproved, by previous literature.

In this study, novices mention strategies as rebellion and acceptance that help them negotiate through negative environmental influences. These strategies are a result of nurses' experiencing a misbalance in honouring their values in practise reality. Sociologists describe this phenomenon as a discrepancy between personal aspirations and the opportunities to achieve them[19]. In general, rebellion and conformity are two common used strategies to deal with this discrepancy[19]. Due to frustration about leading standards; rebellion leads to the attempt to minimalize negative influences or strengthen positive influences[19]. Secondly, the more accepting and remote coping strategy described in this study might relate with the strategy of conformity[19]. Conformity is shown when people accept the organisational goals, and restricted means of achieving such goals, as legitimate[19]. In light of the results of this

study, it seems to be that nurses who use rebellious behaviour succeed more often in sustaining compassionate behaviour then nurses who do not dare to stand up for themselves. Parikh confirms the hypothesis[21]. He performed research within nursing practise and described that active problem solving and rebellious behaviour appear to be more functional than avoidant strategies[21].

In the current study, a dissonance and misbalance between novices' own perceptions and practice reality left novices feel insecure and uncertain. Balancing has emerged as the perception experienced by novices for dealing with this dissonance. From the perspectives of previous literature about socialization, it can be discussed *why* novices experience the first practical years as searching and balancing between ideals[33]. 'Balancing between the strain and stimulation' is an internationally recognized strategy in coping with the daily pressures in healthcare[2,34,35]. However, balancing as a strategy is characterized as fragile[2]. On the positive side, it helps nurses feel empowered to choose own ways of thinking. On the negative side, it makes nurses feel overtaken by events[2]. This division is also recognized in this study. The category of 'rebellious novices' felt empowered and secure to stand up for themselves, while the group of reserved nurses did not feel secure enough yet to consciously choose their own way of practicing. This finding is reflected in other studies as well. Valentin found that strategies such as avoidance to deal with conflicts, is associated with nurses who have reduced confidence and skills of assertion[36]. This highlights that empowerment and dare are essential aspects in sustaining compassionate care.

Some limitations and strengths of this study need to be reported. By using the method of open recruitment, selection bias may have occurred[26]. This could mean that only participants who were interested in compassion were recruited. Interviewing the participants in both positive and negative experiences with compassion decreased this bias. Both positive and negative experiences were found in this study and data saturation was found. Therefore, selection bias appears to be minimal. On the other hand, this limitation was also a strength of this study. The main focus was to examine the strategies of sustaining and/or developing compassion. Therefore, nurses who had a positive attitude towards compassion were needed to address the primary aim. A second limitation was that maximum variation might not be achieved. There were no differences found in beliefs and negative cases were not included. Thus, specific personal or setting-related aspects could have been missed. However, this study showed a broad variety of included nurses. This seemed to be a reflection of daily practice, which is seen as a strength of this study.

Certain implications can be made for practice. This study emphasises the importance of empowerment for sustaining compassionate care. However, the current study shows that some nurses need adequate support to strengthen their ability to stand up for themselves in environments of adversity. In education, this implicates to build resilience and empowerment in sustaining compassionate behaviour and strengthening compassion as explicit value. However, no literature was found regarding compassion as evolving from implicit to explicit value in the professional identity. Moreover, it is not known what methods are suitable to enhance empowerment in relation to sustaining compassion. Therefore, further research might focus on both aspects. At last, results show that the atmosphere in a team plays a role in sustaining compassion and enhancing empowerment of novices. Therefore, there is a need for nursing practice to stimulate a positive team spirit and role models to coach novices in compassionate behaviour.

Conclusion

This study examined the perceptions of novice nurses on compassion and the strategies they use to sustain and develop compassionate behaviour. Novice nurses describe compassion as a part of their professional identity. The awareness and development of compassionate behaviour is determined by both positive and negative environmental influences. Novice nurses use strategies as conformity and rebellion in balancing to cope with these influences. The level of empowerment and dare of novices is crucial for the success of these strategies. If strategies are fitting; compassion internalized in the professional identity and the awareness of compassion grows. If not, novices experience job-dissatisfaction and consider to leave the profession.

To sustain and develop compassionate care, those involved in student learning within both practice and education need to recognize the sense of vulnerability and uncertainty that novices feel when dissonance is experienced between environmental influences and own perceptions. Improving novice nurses' empowerment to use strategies such as rebellion enables compassionate practice to thrive. This is crucial for novices to develop a professional identity and to enhance person-centred care.

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TABLES AND FIGURES

Table 1. Baseline characteristics of included nurses (n=14)

Age, mean (range)	25 (21 – 30)
Experience, years (range)	1.77 (0.16 – 5)
Field of experience (n)	Community care (5) / Geriatrics (2) / Hospital (3) / Revalidation or neurology (3) / Intensive Care (1)
Female	10
Region of residence (n)	Southern region (3), Northern region (1), Western region (5), Eastern region (5)

Table 2: topic list of semi structured interviews

Aim	Main question	Sub question	Background literature
THEME 1: Beliefs	**Question**: What is the first thing that comes to mind when you think about compassion?	Can you narrate about a moment or situation where you felt compassionate? What is in your opinion the significance of compassion for nursing?	
	Question: What do you think of the definition of compassion?	Is this definition similar to your first thought about compassion?	Compassion is a mirroring process in response to suffering. It is an aspect of caring in response to other human beings who are vulnerable. There are seven recognizable and distinct dimensions for compassion: attentiveness, active listening, naming of suffering, involvement, helping, being present and understanding
	Question: When you started nursing education, how did you think about compassion?	What was the significance of compassion to you when you started nursing education? - What is it like now? - Why/how did this change?	
THEME 2: Behaviour	**Question**: Can you tell me how compassion plays a part in your behaviour as a nurse?	Can you tell me how you manage to express compassion? - How do you express compassion? Can you narrate about a moment that you didn't manage to express compassion? - What was the reason? - How did you feel at that moment? Can you say, on a scale from 1 to 10, how often you manage to express compassionate care?	Influencing factors: - Reality VS personal ideals and values - Role models - Work pressure/time restrictions - Autonomy - Materials - External responsibility - Team ethos
		Emotions: how does this feel to you?	Coping strategies: - Losing ambition and passion

THEME 3: Not being able to express compassion	**Question**: What happens when you can't express compassion or deliver compassionate care?	Strategies: how do you cope with this? Environmental factors?: - What is the role of your colleagues? - What is the role of your employer? Consequences profession: - What does this mean to you as a nurse? - In what extend do you think that you can be the nurse that you want to be? - In what extend does this influence your image of the profession?	- Taking distance of values - Rebellious behaviour - Dodging the rules - Accepting the situation as it is Consequences: - Seeing quality of care as presence of physical health - Misbalance between professional nearness and distance - Ignoring quality of care and patient contact - Risk for compassion fatigue - Decrease professional identity - Lose of motivate - Lose of person centred care - Lose of job satisfaction - Threat to self-image
THEME 4: Being able to express compassion	**Question**: Can you explain why you manage to deliver compassionate care or express compassion?	What helps you to sustain compassion? - What strategies do you have to sustain compassion? Environmental factors: - What is the role of your colleagues? - What is the role of your employer? Significance?: - What does this mean to you as a nurse? - What does this mean to you as a person?	
THEME 5: Implications	**Question**: When you look back at the previous years, including nursing education, what have you missed to sustain compassion?		
END	**Question:** Are there any things we didn't talk about and you would like to mention?		

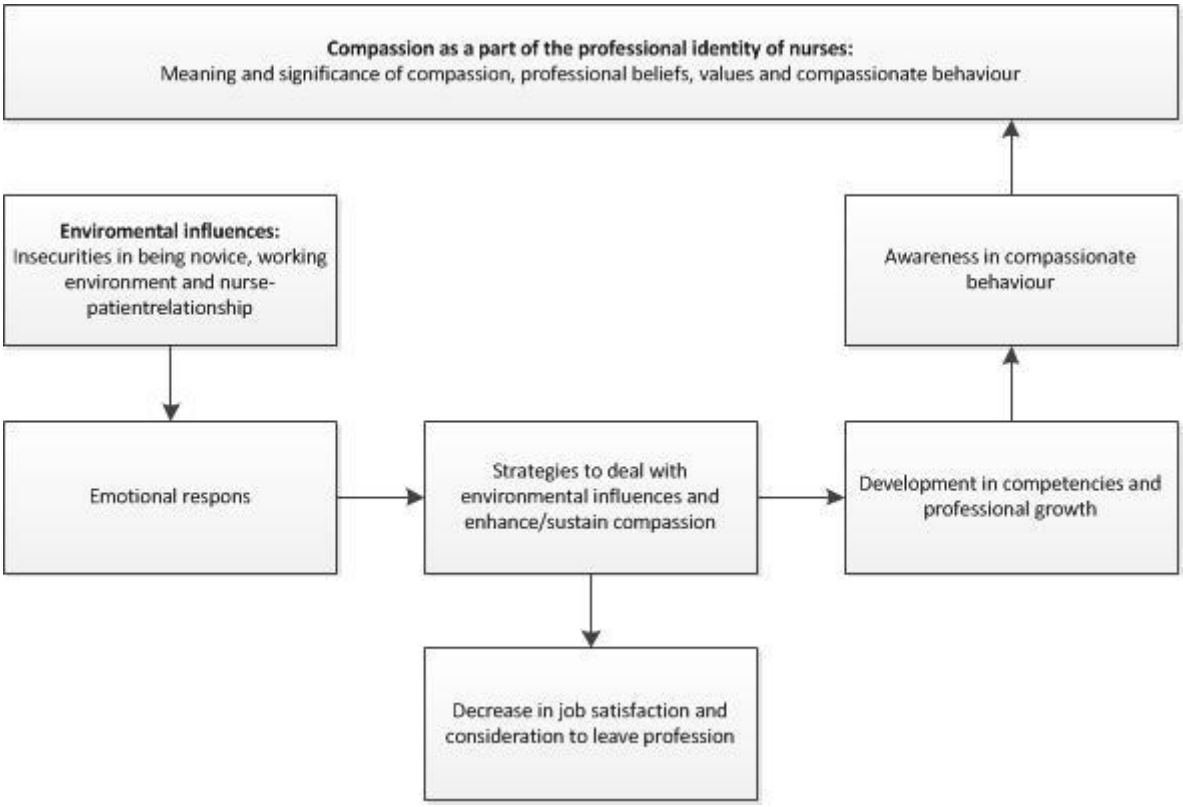

Figure 1: Relation of themes