



Intercultural Education of Nurses in Europe

Output 1 of the IENE4: Report on integrative literature reviews on:

- Universal components of compassion.
- Measuring culturally competent compassion.
- Learning Culturally Competent Compassion in theory and practice.

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1. Integrative reviews around three aspects of compassion

1.1 Background

The reviews presented in this report encompass the first output (O1) of the IENE4 project. The deliverables of O1 (reviews) were:

1. Literature inclusion criteria
2. List of key search terms
3. List of relevant publications/full reference
4. Final list of publications to be reviewed
5. A set of extraction sheets populated with data
6. Write up the findings

The reviews are based on the overall research question: *“How do nurses and other health professionals learn to practice culturally competent compassionate care?”* (Project Application form, p. 40). The aim of the reviews was to provide a comprehensive picture of the published research and scholarly opinion on the topics: Universal components of compassion; Measuring culturally competent compassion; Learning culturally competent compassion in theory and practice (Project Application form, p. 40).

An integrative approach was applied in the reviews as this allows for inclusion of diverse methodologies and varied perspectives on the phenomena of concern. Hence, integrative reviews have wide ranging abilities: To define concepts, to review theories, to review evidence, to analyze methodological issues of a particular topic, etc. (Whittemore and Knaf, 2005).

The process of each review encompassed: a) formulation of a specific research question; b) identification of search terms; c) literature searches; c) data evaluation; d) data analysis; e) presentation in extraction sheet.

1.2 General literature inclusion criteria

Written in English

Written in the last 30 years

Peer-reviewed

Dealing with compassion and the healthcare professions (primarily nurses or other health professionals) not compassion in general.

1.3 General list of key search terms

Universal components of compassion
Model of compassion
Culturally competent compassion
Compassion in theory and practice
Cultural competence; culture and compassion
Compassion and theory; compassion in practice

Additional search terms are specified in each individual review section below.

1.4 Data evaluation and data analysis

All literature was assessed against the inclusion criteria, and the CASP (Critical Appraisal Skills Programme) checklist was applied for cohort studies as a quality assessment tool. However, quality appraisal guidelines were not available for all the varying types of literature. Consequently, literature that met the inclusion criteria was generally included. Within each review, all included literature was compiled in an extraction sheet presented in each respective section below.

References:

Whittemore, R., Knaf, K., 2005. The integrative review: updated methodology. *Journal of Advanced Nursing* 52, 546-553.

2. Review on Universal components of compassion

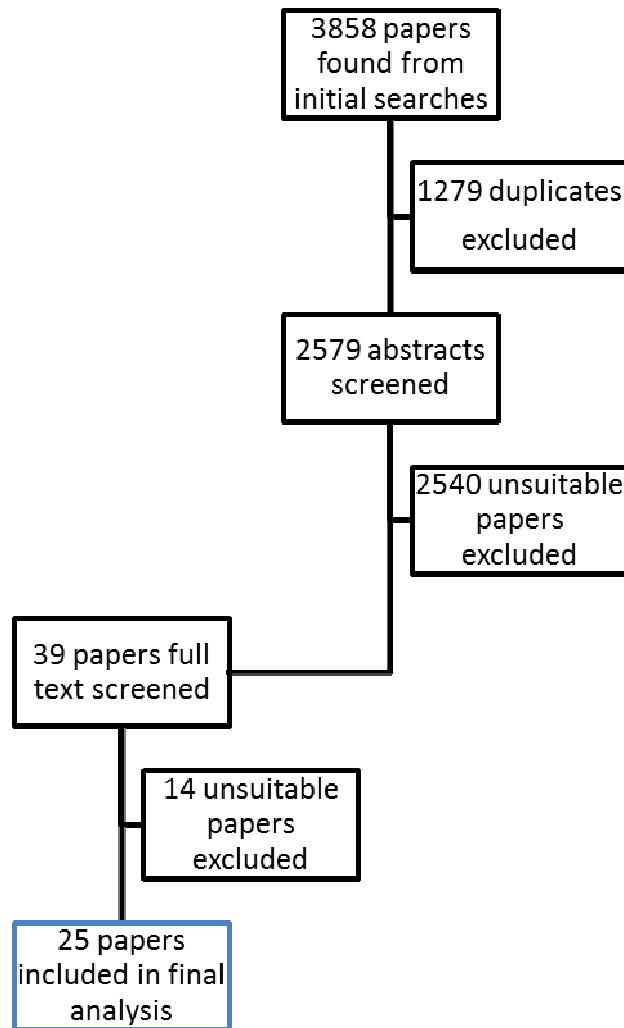
2.1. Research question on the aspect of Universal components of compassion

Which components of compassion in healthcare (primarily nursing but not excluding care given by other health professionals) are universal?

2.2. Specific search terms on the aspect of Universal components of compassion

Compassion
Nursing
Health professionals
Culture
Universal components of compassion
Concept analysis and compassion
Compassionate care and concept
Components of compassion and nursing
Dimensions of compassion and nursing
Elements of compassion and nursing
Culture and compassionate care
Value and compassion and nursing
Multicultural compassion

2.3. Search history on the aspect of Universal components of compassion



2.4. List of References on the aspect of Universal components of compassion

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2. Schantz ML. (2007) Compassion: A concept analysis. *Nurs Forum* 42: 48-55.
3. Straughair C. (2012) Exploring compassion: Implications for contemporary nursing. part 1. *Br J Nurs* 21: 160-164.
4. Straughair C. (2012) Exploring compassion: Implications for contemporary nursing. part 2. *Br J Nurs* 21: 239-40, 242-4.

5. Davison N, Williams K. (2009) Compassion in nursing. 1: Defining, identifying and measuring this essential quality. *Nurs Times* 105: 16-18.
6. Davison N, Williams K. (2009) Compassion in nursing. 2: Factors that influence compassionate care in clinical practice. *Nurs Times* 105: 18-19.
7. Hudacek SS. (2008) Dimensions of caring: A qualitative analysis of nurses' stories. *J Nurs Educ* 47: 124-129.
8. Horsburgh D, Ross J. (2013) Care and compassion: The experiences of newly qualified staff nurses. *J Clin Nurs* 22: 1124-1132.
9. Badger K, Royse D. (2012) Describing compassionate care: The burn survivor's perspective. *J Burn Care Res* 33: 772-780.
10. Gelhaus P. (2012) The desired moral attitude of the physician: (II) compassion. *Med Health Care Philos* 15: 397-410.
11. Pembroke N. (2010) Human dimension in medical care: Insights from buber and marcel. *South Med J* 103: 1210-1213.
12. 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. *J Clin Nurs* 23: 2790-2799.
13. van der Cingel M. (2011) Compassion in care: A qualitative study of older people with a chronic disease and nurses. *Nurs Ethics* 18: 672-685.
14. van der Cingel M. (2014) Compassion: The missing link in quality of care. *Nurse Educ Today* 34: 1253-1257.
15. Jormsri P, Kunaviktikul W, Ketefian S, Chaowalit A. (2005) Moral competence in nursing practice. *Nurs Ethics* 12: 582-594.
16. Frampton SB, Guastello S, Lepore M. (2013) Compassion as the foundation of patient-centered care: The importance of compassion in action. *J Comp Eff Res* 2: 443-455.
17. Dewar B, Adamson E, Smith S, Surfleet J, King L. (2014) Clarifying misconceptions about compassionate care. *J Adv Nurs* 70: 1738-1747.
18. Dewar B, Mackay R. (2010) Appreciating and developing compassionate care in an acute hospital setting caring for older people. *Int J Older People Nurs* 5: 299-308.
19. Crawford P, Brown B, Kvangarsnes M, Gilbert P. (2014) The design of compassionate care. *J Clin Nurs* 23: 3589-3599.
20. Perry B. (2009) Conveying compassion through attention to the essential ordinary. *Nurs Older People* 21: 14-21; quiz 22.

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21. von Dietze E, Orb A. (2000) Compassionate care: A moral dimension of nursing. NURS INQUIRY 7: 166-174.
 22. Pacquiao DF. (2008) Nursing care of vulnerable populations using a framework of cultural competence, social justice and human rights. Contemp Nurse 28: 189-197.
 23. Armstrong AE, Parsons S, Barker PJ. (2000) An inquiry into moral virtues, especially compassion, in psychiatric nurses: Findings from a delphi study. J Psychiatr Ment Health Nurs 7: 297-306.
 24. Forrest C. (2011) Nursing with kindness and compassion. INDEPENDENT NURSE : 38-39.
 25. Dewar B, Nolan M. (2013) Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting. Int J Nurs Stud 50: 1247-1258.

2.5. Extraction sheet on the aspect of Universal components of compassion

Author(s)	Year	Country	Setting/ population	Research aim	Design/method	Components of compassion	Comments
Van der Cingel, M	2009	The Netherlands		To explore questions and contradictions in the debate on compassion related to nursing care	The paper reviews classical philosophers as well as contemporary scientists' main arguments on compassion in order to explore the nature of compassion.	<ul style="list-style-type: none"> -In Aristotelian and justice theories, Christian-philosophical and Buddhist traditions, as well as Ethics of care theories, suffering (physical, psychological and social) is considered to be the trigger for compassion. -Compassion is also described as pain, sorrow or grief for someone else. -When a loss is permanent, compassion is a relevant response. -The aspect of "feeling with" the other person comprehends the affective component of compassion. -To feel compassion means to "read" the other person without imposing one's own interpretation/perspective. Imagination and reflection are the means to this (the affective aspect of compassion). In order to know the significance of the loss as the other person sees it. -Personal attachment helps in identifying precisely when 	

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						<p>compassion is needed. On the other hand maintaining a certain professional “distance” can help patients to show emotions.</p> <ul style="list-style-type: none"> -Too much compassion can end up in self-sacrifice, and too little in neglect. -Compassion is an emotion, i.e. in order to feel compassion one has to have a specific thought (of suffering) (the cognitive aspect of compassion). -The object of compassion is the other person in his or her awkward situation. -Compassion includes wanting the best for the one suffering (unselfishness, altruistic emotion). -Compassion needs to be unconditionally available, judgement free, towards everyone who suffers. -Compassion helps another person by answering emotions such as anger, anxiety, sorrow and grief that come into being as a consequence of suffering. Suffering does not disappear because of compassion. But it offers comfort because it shows that a loss is terrible, that suffering is visible and one is not left alone. 	
Schantz, ML	2007	USA		To clarify the	A concept analysis	-The concept of “compassion” is	In Rodgers’s

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				<p>meaning of the concept “compassion” and examine its relevance in the context of everyday nursing practice</p>	<p>using Walker and Avant’s strategic method as well as Rogers’s evolutionary paradigm.</p> <p>Literature was generated from an electronic search. Key terms were “concept analysis”, and “compassion”. To define the word compassion. Various English dictionaries were consulted; textbooks on nursing theories, academic journal articles, and online resources were reviewed. And as compassion conveys close relevance to the fields of religion and ethics, literature from these disciplines was used as well.</p>	<p>neither clearly defined in nursing scholarship nor widely promoted in everyday nursing practice.</p> <p>-Nursing research that uses terms such as caring, empathy, sympathy, compassionate care and compassion interchangeably, implying that these words are synonymous, promotes erroneous assumptions.</p> <p>-In current nursing scholarship and everyday nursing practice words such as “caring” and “empathy” have gained popularity. And compassion is often replaced by caring.</p> <p>-Yet, it was compassion that early nurse leaders identified as a characteristic of a “good nurse”. It was considered an inherent quality a nurse should have, and represented “an internalized motivation for doing good. It transcended mere sentiments. It entailed “making justice and doing works of mercy”.</p> <p>-The definition of the word compassion is consistent in most of the dictionaries consulted. From Latin <i>com</i> (together with) and <i>pati</i> (to suffer). Oxford English Dictionary: <i>Suffering together</i></p>	<p>evolutionary view, “concepts are contextually located and understood to change over time”</p>
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						<p><i>with another, participation in suffering; fellow-feeling, empathy. The feeling of emotion, when a person is moved by the suffering or distress of another, and by the desire to relieve it; pity that inclines one to spare or to succour. Most dictionaries state the word compassion to encompass a deeper sympathy for the sorrow or trouble of one's fellow man compared to similar words e.g. empathy, sympathy and pity.</i></p> <p>-What distinguishes compassion from most related words is its intrinsic motion gathered effect, i.e. only compassion impels and empowers people to not only acknowledge, but also act toward alleviating or removing another's suffering or pain.</p> <p>-Compassion is not an inherent quality human beings possess.</p> <p>-But as compassion is perceived as a necessary result of being human, human beings feel insulted when they are accused of lacking compassion because it implies that they are "non-human beings".</p> <p>-Philosophers have asked whether nurses ought to be expected to take their role to so</p>	
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						<p>high a level: <i>Compassion asks us to go where it hurts, to enter into places of pain, to share brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears.</i></p> <p>-For compassion to be realized, suffering must be identified and acknowledged.</p> <p>-Compassion can be defined as a moral virtue. And for this to flourish, acceptance, affirmation, enactment, and evaluation is necessary.</p> <p>-Compassionate care is not simplistically about taking away another person's pain or suffering, but is about entering into that person's experience so as to share their burden in solidarity with them and hence enabling them to maintain their independence and dignity.</p>	
Straughair C	2012	UK		<p>This two-part article explores the concept of compassion and considers the implications for contemporary nursing practice.</p>	<p>Part 1 focusses on the origins of compassion from a theological and early professional nursing perspective. Specifically, the theological discussion will focus on Christianity as this was the prominent faith in</p>	<p>-The parable of the Good Samaritan is cited by the Pope as a model for holistic care that meets the needs of all, regardless of background. Arguably, it is this compassionate ideal that has permeated nursing philosophy.</p> <p>-Nightingale translated her personal Christian ideals into</p>	<p>Student nurses' ethos of altruism has declined over the past decades, influenced by professional socialization over the course of nurse education</p>

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					<p>19th century Great Britain when Florence Nightingale paved the way for the profession. The ethos of compassion in nursing from a contemporary perspective will then be discussed before considering the current problems as identified through variety of negative patient experiences.</p>	<p>the professional practice of nursing and identified the moral and religious virtues required in her “Notes of Nursing”. -Nightingale also discussed the concept of suffering in the sick, highlighting that burses must strive to alleviate this through acts of compassion. -However, as nursing became more evidence based, the traditional vocational image seemed to decline in favour of technical skills and the ethos of compassion as an essential professional nursing virtue appeared to have eroded.</p>	<p>programmes and overall reducing societal idealistic views.</p> <p>This article does not deal with components/ definitions of compassion per se.</p>
Straughair, C	2012	UK			<p>Part 2: Discusses current political and professional drivers for compassion in contemporary nursing and definitions of compassion and its implications for contemporary nursing practice.</p>	<p>-In 2010 the Department of Health, London, published the NHS Constitution, which aims to establish the principles and values underpinning the health service and identify the rights of patients, public an staff with a series of pledges. One of these related specifically to compassion: <i>“Compassion...we respond with humanity and kindness to each person’s pain, distress, anxiety or need. We serach for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care”</i> A</p>	<p>Discuss that appropriate recruitment and selection strategies need to be implemented to obtain the most suitable student nurses.</p> <p>And that nurses need to be supported to enable compassionate care. Leadership for compassion is essential.</p>

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						<p>commitment to recognize people's suffering and actively engaging in action to alleviate it.</p> <p>-Department of health further states: <i>"Truly compassionate care is skilled, competent, value based care that respects individual dignity"</i>.</p> <p>-Despite the current political and professional pledges to ensure that compassion lies at the heart of nursing, defining and understanding its true meaning is complex, owing to its subjective nature.</p> <p>-Refers many times to Schantz (2007), yet a further definition of compassion is: <i>the humane quality of understanding suffering in others and wanting to do something about it"</i></p> <p>-Indeed, compassion means that nurses need to see beyond the patient by recognizing his or her humanity and individuality.</p> <p>-Original research on the concept of compassion is scarce and, until further work is undertaken, the definitive meaning is elusive.</p>	
Davison, N and Williams, K	2009	UK		Describe the contribution that compassion makes to clinical practice.	An outline of what compassion is and how it might be measured, as this essential nursing quality moves	One of the difficulties in considering issues such as compassion is that everyone – patients, nurses and politicians – will have their own personal,	

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				Identify the challenges involved in defining and measuring compassion.	higher up the political agenda.	<p>subjective definition. Personal definitions fit in with our own view of the world, but may have little in common with the views of others.</p> <p>Compassion involves focusing on another person's needs and channeling the emotion generated by their predicament into an active response.</p> <p>A nurse can be technically competent, but not seem outwardly compassionate. Compassion is viewed as an integral part of dignity (RCN, 2008) and nurses' compassion plays a major role in providing dignified care to patients.</p>	
Davison, N and Williams, K				<p>Describe factors that can influence the provision of compassionate care.</p> <p>Outline activities that student nurses could do to develop compassionate skills.</p>	Exploring the professional, personal, cultural and educational factors that influence compassionate care, and how nurse educators can encourage it.	<p>It is difficult to imagine that nurses would not want to be compassionate to patients, but some factors interfere with good intentions and prevent them from being translated into actions. Issues that may inhibit compassion in everyday nursing practice can be classified as professional, cultural and personal.</p> <p>There are indications of a belief that at a basic level, nurses' role is to attend to patients' medical needs, with additional care viewed as optional.</p> <p>Caring for others may have a personal cost for nurses, and</p>	

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						<p>the effect of helping or wanting to help others who are traumatized or suffering can result in compassion fatigue (Absolon and Krueger, 2009). The Nursing and Midwifery Council (NMC) clearly indicates that compassion is an attribute required of nurses, but it is left to educators to determine how and where it is developed and assessed. “The personal philosophy of nurses forms the root of compassion, arguing that an ability to see how living beings are related and involved with each other is the foundation for compassionate care. Compassion for others is an active involvement, not a passive position, but caution that “compassion for others begins with kindness to oneself” (Koerner, 2007)</p>	
Hudacek, SS	2007	USA	Two hundred narratives from nurses in the USA, Slovakia, Tokyo, Tekrit, Argentina, Australia and Cuba.	To describe dimensions of caring as they relate to and clarify the practice of professional nursing.	Qualitative, phenomenological study. Two hundred stories (n=200) written by nurses. Each nurse was asked to describe one caring practice that made a difference in his or her life and in the life process of a patient they had cared	Seven dimensions of caring that define professional nursing practice were found: caring, compassion, spirituality, community outreach, providing comfort, crises intervention, and going the extra distance. The nurses stories demonstrate that the dimensions of caring that define professional nursing practice are universal.	

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					<p>for in their nursing career. The analysis performed in the study followed Giorgi's methodology for existential phenomenology.</p>	<p>All nurses regardless of their location in the world, reported compassionate caring. Compassion requires nurses to go beyond hands-on-skills and techniques and focus on alleviating suffering and pain through empathic concern. Compassion requires that nurses be present emotionally and physically. Compassion was a universal finding in this study. Many of the stories that focused on compassion were experienced by nurses who work with women and children. These moments made the nurse appreciate the compassion it takes to be excellent in the nursing profession.</p>	
Horsburgh D and Ross, J	2013	UK	Newly qualified staff nurses	To explore newly qualified staff nurses' perceptions of compassionate care and factors that facilitate and inhibits its delivery.	<p>A qualitative study. Data from newly qualified nurses (within first year of post registration) were collected by focus groups (n=6, total participants n=42) using a flexible agenda to guide discussion. Data were analyzed to locate codes and themes.</p>	<p>Compassionate care was a tautology for most participants, i.e. care would not be care in the absence of compassion. Compassion as a concept was described frequently with references to situations in which it was absent. Nursing was "more than just a job" but an occupation in which "emotional engagement" is not only desirable but a prerequisite for provision of high-quality care. Words included: Dignity, Demonstrating respect, Making</p>	

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						someone feel as comfortable as possible, To treat others as you really want to be treated yourself, Working <i>with</i> the person.	
Badger, K and Royse, D	2012	USA	Burn survivors, primarily Caucasian (77%), female (60%) with average age of 47.6 y.	Investigate the concept of compassionate care and how it is described from the perspective of the burn survivor	A qualitative design with two focus groups at the Phoenix Society for Burn Survivors' World Burn Congress was used to examine views of compassionate care directly through n=31 burn survivors' accounts.	Qualitative data analysis yielded primary themes of: 1) Respect the person (subthemes: establishing an empathic connection, restoring control through choice, providing individualized care, and going above and beyond), 2) Communication (subthemes: interpersonal and informational (educational and preparatory)), and 3) provision of competent care. The three primary themes were components of compassionate care; it was not defined by a single characteristic, behavior, or skill but might be best understood as the convergence of the three themes.	
Gelhaus, P	2012	Sweden		In this article, the emotional and virtuous core of the desired professional attitude – compassion – is elaborated.	In a sequel of three articles, “empathy”, “compassion”, and “care” is presented as a set of concepts suggested to describe the desired implied attitude of physicians	Compassion is distinguished from sympathy, empathy and pity. An interpretation of compassion as processed and learned professional attitude, that founds dignity on the general idea of man as a sentient being, and on solidarity, not on his independence and capacities, is	In the first article, “empathy” was developed as a mainly cognitive and morally neutral capacity of <i>understanding</i> of what happens inside the patient in

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						<p>developed.</p> <p>In order to reach the adequate warmth and closeness for the particular physician-patient-relation, professional compassion has to be combined with the capacity of empathy - "empathic compassion".</p> <p>Compassion as an immediate still non-processed affect could be understood as a certain emotional <i>response</i> to the experienced suffering of another person. Characteristic for a compassionate reaction is 1) recognition of suffering, 2) benevolence, 3) a feeling of being personally addressed (I feel responsible to react, at least emotionally. An emotionally relationship to another person arises), and 4) an inclination to relieve the suffering (unlike sympathy, compassion is no affection that aims at symmetry: the assumption of asymmetry of both persons involved is an essential element of this concept. I do not expect of somebody for whom I feel compassion to answer with the same feeling or to respond at all) Compassion is not yet a direct impulse to help actively. I could respond to the other's</p>	<p>relation to his complaints. The concept of "care" is a missing necessary part to describe the active potential of the desired moral attitude of the physician more completely</p>
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						<p>need only with my compassionate attitude and the wish to help, without getting active. This is the reason why for the full reconstruction of the desired professional attitude we will also need the concept of care.</p> <p><i>BUT: Compassion as a general attitude of a healthcare professional to feel the inclination to help suffering people, can very well serve as a general moral value and guideline that can and ought to be demanded as the right attitude, directed to the central goals of medicine. If the spontaneous, warm feeling of compassion is not demanded in every case, it does not seem to overstrain the capacities of average persons to internalize this attitude. Even extremely unsympathetic, disgusting or vicious patients can be treated with compassion in this sense, as it does not necessarily imply a warm emotional closeness and personal sympathy.</i></p>	
Pembroke, N	2010	Australia		To cast new light on the human dimension in medical care.	Martin Buber's concept of inclusion and Gabriel Marcel's notion of availability are applied to discuss human dimension in	Inclusion and availability are two helpful concepts in the task of reflecting on compassionate medical care. Inclusion suggests that genuinely empathic attunement to the suffering of	

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					medical care.	the patient requires both cognitive and affective engagement. If the clinician connects on the mental level only, the patient is likely to feel understood but not cared for. Availability requires a certain in-cohesion or permeability in the clinician. She is ready to open herself fully to the experience of her patient and enter into this. That is she needs to imagine what it is to be this person – to be someone who is experiencing pain and discomfort, disorientation, fear, and uncertainty. In the absence of any attempt to reach across the inter-personal space, there is simply no possibility of growing into compassion.	
Bramley, L and Matiti, M	2014	UK	A purposive sample of n=10 patients in a large teaching hospital in the UK. Female 50%. Age 18-91 y.	To understand how patients experience compassion within nursing care and explore their perceptions of developing compassionate nurses	A qualitative exploratory descriptive approach. In-depth, semi-structured interviews were conducted with	The connection between compassion and caring was so strong that many participants did not delineate between the two, often substituting “compassion” for “care” and “caring” throughout the interviews. Compassion was described in this stud as nurses caring for patients as individual human beings and the presence of their touch within one to one interactions. It was seen as providing encouragement in	

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						<p>adversity and making time to be with individual patients. It was also seen in nurse's attitudes.</p> <p>Most importantly, it was a unique experience personalized for individuals in relation to their own needs, and what was seen as an important aspect of compassion for one patient may well have been overlooked or not recognized as such by another.</p> <p>Indications that patients recognize that nurses are busy and they are happy to adapt to smaller gestures of compassion that may not involve time for relationships to be established. Universally, all participants felt that communication was a huge part of compassion.</p>	
Van der Cingel, M	2011	The Netherlands	Nurses n=30, and patients n=31	To understand the benefit of compassion for nursing practice within the context of long-term care	A qualitative analysis of in-depth interviews with nurses and patients in three different care-settings.	Compassion as a process has, according to the participants' narratives, seven dimensions, mentioned in frequency sequence: Attentiveness (a conscious approach (wish for contact) of one person who shows interest in whatever issue is important for the other person), Listening (stimulating the other person to tell the story), Confronting (dialogue is characterized by the verbalization of suffering and the accompanying emotions,	

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						<p>according to participants. To confront the patient with the fact that these emotions are rightly felt because suffering because of a loss exists), Involvement (is about the idea that the nurse recognizes your emotion and that she is concerned about you in the same way that you are yourself. Then, you are no longer the only one who knows about your emotions. Because of these shared emotions a bond is established), Helping (compassion takes shape in simply giving someone a hand. Thus, helping is to assist at the activities in daily life by responding or anticipating to basic needs which the patient cannot perform themselves anymore. Helping can also mean to suggest alternative ways to handle things so patients can continue to carry out activities themselves), Presence (To be there, physical presence is the condition for emotional presence and presence of mind. To be present is all about noticing what is going on with a patient), Understanding (A dimension that is mostly mentioned by nurses. They say it is important</p>	
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						to let the patient know that you are at least trying to understand what is going on for them).	
Van der Cingel, M	2014	The Netherlands		To discuss the impact of selected findings from a PhD study that focuses on compassion as a guiding principle for contemporary nursing education and practice	Descriptive overview/discussion on previous papers by author	The seven dimensions of compassion (van der Cingel, 2011) can be viewed as a concept that is mirroring the process of grieving. Nurses respond with compassion to emotions of grief because of the suffering caused by losses older people with a chronic disease experience. With their view on compassion as a main characteristic of professional nursing, participants of the study challenge the standard opinion in health care that there is a need for professional distance. When patients' conduct is viewed in the light of compassion, it is explained as an expression of suffering (not as a "tiresome" patient). Compassion expressed by these seven dimensions, therefore evokes appropriate professional behavior in response to patients' suffering.	
Jormsri, P et al.	2005	Thailand		To present the derivation of moral competence in nursing practice by identifying its attributes	Discussion paper	Eight attributes of as indicators of moral competences are identified. The eight attributes includes compassion. Compassion means to have pity for the suffering of others (affective dimension), and te	

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				founded on Thai culture.		<p>desire to free sufferers from their pain (cognitive dimension). It also avoids harmful actions and shows pity for the human plight (behavioral dimension). Loving kindness and compassion are always mutual in nursing care. Compassion occurs when nurses see patients' suffering or know for whom they need to care. Nurses then desire to free patients from their pain by avoiding harmful actions. It can therefore be concluded that, in daily nursing practice, nurses perceive patients' suffering, support their feelings, and then perform nursing roles in a spirit of loving kindness and, hence, compassion, in order to free them from their suffering.</p>	
Frampton, SB et al	2013	USA	Across hundreds of focus groups facilitated by Planetree (CT, USA).	Explore the importance of compassion in action	Perspective article Draws on the experience of Planetree, a not-for-profit organization that partners with healthcare establishment to drive adoption of patient-centered care principles and practices by connecting healthcare professionals with the	<p>Good intentions are not sufficient for delivering compassionate care. Drawing on the experiences of exemplary patient-centered hospitals, this paper explores practical approaches for embedding compassion in health care delivery and organizational culture to meet patients' expressed desires for empathic and respectful human interactions.</p>	

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					voices and perspectives of the patients and family members who utilize their services.		
Dewar, B et al	2014	UK		To discuss the meaning of compassionate care as it applies to staff, patients and families in health and social care settings, its application to practice and how organizational infrastructures affect the delivery of care.	Discussion paper. This article draws on data from an action research programme (Leadership in Compassionate Care Programme, 2007-2011) that focused on embedding compassionate care into practice and education and related literature focused on compassionate person-centred care. A literature search was conducted and articles published in English relating to the terms compassionate, person-centred care between 1999-2011 were included.	If compassion is to become more than rhetoric, we need to recognize and respond to people's vulnerabilities and find opportunities to notice and celebrate compassion in day-to-day acts. Compassion is a skilled interpersonal and relational process from which staff can gain energy and satisfaction. In this article, we suggest that practitioners can be supported to develop and embed these skills if they are made explicit and if there is a focus on supporting development in the context of relationships. Relational practices in the form of caring conversations are acknowledged as a key skill that needs to be valued, promoted and supported in the workplace. Strategies are suggested for achieving compassionate care in everyday practice with relatives, staff and patients; in particular, affording greater recognition to the importance of 'relational practice' as the basis for high-	

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						quality care.	
Dewar, B and Mackay, R	2010	UK	Data generation through both staff, students, patients and family	The aim of the project was to explore, develop and articulate strategies that enhanced compassionate relationship centered care in an acute hospital setting, caring for older people.	Appreciative action research informed the development and evaluation of the project. A range of data generation activities were used to examine what worked well. Following detailed analysis key processes emerged as being central to delivery of compassionate care. Specific action projects were implemented and evaluated to enhance these processes necessary for compassionate caring.	Data from the project helped to articulate the special and often hidden acts that make up compassionate care. In relation to the process of 'knowing who I am and what matters to me' data provided evidence of the value of this process and the potential impact to care. In addition data about the process of doing appreciative action research helped to realize its application and relevance in the health care setting.	
Crawford, P et al	2014	UK		To investigate the tension between individual and organisational responses to contemporary demands for compassionate interactions in health care.	This is a position paper informed by a narrative literature review. A search of the PubMed, Science Direct and CINAHL databases for the terms compassion, care and design was conducted in the research literature published from 2000 through to mid-2013.	There is a relatively large literature on compassion in health care, where authors discuss the value of imbuing a variety of aspects of health services with compassion including nurses, other practitioners and, ultimately, among patients. This contrasts with the rather limited attention that compassionate practice has received in healthcare curricula and the lack of attention to how compassion is informed by	

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						<p>organisational structures and processes. We discuss how making the clinic more welcoming for patients and promoting bidirectional compassion and compassion formation in nursing education can be part of an overall approach to the design of compassionate care.</p> <p>When considering ompassion, we should consider not only the compassionate qualities of individual practitioners, but the overall design of heath care systems as a whole.</p>	
Perry, B	2009	Canada	A purposive sample of seven nurses employed in long-term care in Canada was recruited by network sampling.	To discover some of the means by which nurses let older people know that they sense their suffering and are willing to try to relieve or at least reduce it.	Data from unstructured interviews and participant observations were analysed and themes identified.	<p>The overarching theme identified was attention to the essential ordinary, with two sub-themes being 'attention to the little things' and 'keeping the promise to never abandon'.</p> <p>Paying attention to the little things, and the resulting patient-centred approach that this care provided, seemed to send a message to patients that they had value. When nurses were able to enhance the esteem needs of patients in this way they also found meaning in their work and a sense of professional fulfilment.</p>	
von Dietze, E and Orb, A	2000	Australia		Focusses on the concept of compassion and	Discussion paper	It is difficult to identify what exactly comprises compassionate care.	

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				its meaning for nursing practice.		<p>Compassion is not only simply a natural response to suffering, but more of a moral choice. It is a moral virtue that gives context and direction to nurses' decisions and actions.</p> <p>Authors argue that compassion is not merely an emotional connection that nurses establish with their patients, they see compassion as a moral virtue, which gives context and direction to nurse's decisions and actions and which exhibits excellence in nursing practice.</p> <p>Compassion involves a moral dimension (our relating to needs of others and our reaching beyond our immediate self-interest) and thus requires understanding and deliberate decisions. Compassion in other words, is based on rational thought and evaluation, not on sentiment alone.</p> <p>Empathy implies being touched by and understanding the reality of another person, it does not specifically require action. Only a commitment to hear and understand.</p> <p>Empathy and sympathy in or of themselves do not imply good therapy or care: they are simply part of the conditions required for appropriate therapeutic</p>	
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						<p>intervention. Compassion involves deliberate participation in another person's suffering, not merely identification of the suffering but identification <i>with</i> it. It is this particular link with action that differentiates compassion from empathy and sympathy.</p> <p>While compassion may require emotion it also has a rational dimension and at its core is the notion of deliberate altruistic participation in another person's suffering. As such compassion is more than an emotion it revolves around the ways we relate to other people and demands that we act.</p> <p>Compassion is about a deep sense of solidarity with others, and compassionate care is one's willingness to enter into the problem, confusion or questioning of another person together with that person. Compassionate care thereby enables patients to remain independent and retain their dignity.</p> <p>One of the guiding choices for compassion is altruism where there is intentional, deliberate voluntarily behavior in support of another person that is not given with the expectation of</p>	
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						<p>any reward or punishment.</p> <p>What is unique about compassion is the congruence between reasoned justification and morally driven action. As a moral virtue it fulfills the essential criteria of requiring both emotional and thoughtful (reasonable) response, but often lived out in creative tension.</p> <p>Compassion is inextricably linked with action: listening, feeding, clothing, visiting, sheltering, educating, comforting, forgiving, to mention a few. Yet, it is not such actions in or of themselves which are compassionate, but the way in which they are carried out, the attitude and approach – in other words the way the moral virtue is applied into a situation.</p>	
Pacquiao, DF	2008	USA		Attempts to present a model linking competence with advocacy for social justice and protection of human rights in caring for vulnerable groups such as refugees and asylum	Discussion paper based on theories and models	Compassion is identified as the key component for culturally-competent advocacy for social justice and human rights protection. Compassion compels actions for social justice and protection of human rights for marginalized and powerless people. Compassion has been identified by several authors as the motivation that compels one to	

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				<p>seekers. Deals with educational strategies for developing compassion.</p>		<p>act on behalf of others. Compassion is the desire to help which is intimately linked with an empathetic understanding of the suffering or distress of others. Compassion emerges from the empathetic identity with the suffering of others and a congruent commitment to act in order to relieve such suffering. Compassion is the critical motivation that compels people to act on behalf of others which emerges from an affective and cognitive understanding and identification with other's experiences. Compassion is the commitment to go beyond the purview of one's own perspectives and affiliations. It is beyond cultural desire as it moves the person to action. Compassionate actions need to be culturally congruent and competent otherwise advocating social justice for one group may bring consequent disenfranchisement of others. Culturally competent compassion is immersed in balancing the rights of the vulnerable with those of others.</p>	
Armstrong, AE et al	2000	UK	Nurses working in the	To investigate nurse's	The Delphi method with N=26 in round	Compassion was identified as crucial to psychiatric nursing	

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			<p>Newcastle upon Tyne region, willing to share their views and take the time to complete at least the first questionnaire were eligible.</p>	<p>descriptions and understanding of moral concepts and moral theories, and to inquire into their reasons for holding particular moral beliefs. One being the meaning and importance of compassion in psychiatric nursing.</p>	<p>one, decreasing to n=14 in the final third round. There were three rounds of questionnaires, all semi-structured.</p>	<p>and the nurse-client relationship, though, as expected, many diverse meanings were attributed to this action. “What does it mean, in your view, to behave and act compassionately?” Sixteen different meanings were suggested: Give time and listen; show understanding about how they are feeling/behaving; compassion is caring and showing it; assisting others to make their own decisions; not to deny the client any rights; to always act in the client’s best interest. “IS behaving and acting compassionately important to the goal of being an ethical psychiatric nurse?” 71.4% responded in the affirmative to this question, e.g. I think behaving and acting compassionately is a goal of being human but particularly for nurses, caring for vulnerable people; Compassion and real caring are the same, to care without compassion isn’t real.</p>	
Forrest, C	2011	UK		Short debate article		<p>Acting in a kind and compassionate way: Express a genuine interest in your patient. Acknowledge their thoughts, feelings and what</p>	

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						<p>matters to them. From a position of rapport and empathy, extend kindness by instilling hope, although not false hope. Notice and take account of your patient's fears and vulnerabilities.</p> <p>Acknowledge the other person's viewpoint as valid, even if you don't agree with it yourself. Express kindness in words, but make sure it is genuine and supported by congruent body language, gestures and eye contact. Look people in the eye when you enter their home or invite them into your consulting room. If you are late, apologize genuinely and try always to think of the patient's perspective: they are likely to be anxious, possibly frustrated of having to attend, or apprehensive about the procedure or some test results. Even if you are short of time, convey a sense of having time for the patient by facing them and listening to them, giving them the opportunity to respond t, reflect and react to your questions. If you offer extra support of any kind, make sure it is reasonable and that you carry out your actions: or if</p>	
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						not possible, apologize. Make clear notes about what patients tell you so you can refer to them at the next encounter and they will feel listened to, cared for, and accepted.	
Dewar, B and Nolan, M	2013	UK	The study actively involved older people (n=10), staff (n=35) and relatives (n=12) in agreeing a definition of compassionate relationship-centered care and identifying strategies to promote such care in acute hospital settings for older people	The paper describes the development of a model of compassionate relationship-centered care that whilst developed in the UK has global relevance. The paper describes a study that more fully articulates the types of relational knowledge that underpins compassion from the perspective of older people, staff and relatives	The study used appreciative inquiry and a range of methods including participant observation, interviews, storytelling and group discussions to actively engage older people, relatives and staff.	Compassion is only achieved through, often complex, relational practices. A consensus as to a definition of compassion is lacking. However, some key attributes were identified, including; recognizing vulnerability and suffering; relating to the needs of others; preserving integrity and acknowledging the person behind the illness. Compassion primarily involves an awareness of another's feelings, an appreciation of how they are affected by their experiences and interacting with them in a meaningful way. Compassion can be considered as having 4 essential characteristics: 1 A relationship based on empathy, emotional support and efforts to understand and relieve a person's distress, suffering or concern. 2 effective interactions between participants, over time and across settings 3 staff, patients and families being active participants in decision making, 4 contextualized	

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						<p>knowledge of the patient and family both individually and as members of a network of relationships.</p> <p>The relational processes and practices that support compassion require the development of skilled interpersonal relationships.</p> <p>“Knowing who I am and what matters to me”. “Understanding how I feel”. “Working together to shape the way things are done” are some of the keys to develop a relational practice.</p>	
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3. Review on Measuring culturally competent compassion

3.1. Research question on the aspect of Measuring culturally competent compassion

How can compassion in nurses and other healthcare professionals be measured in multicultural clinical environments?

3.2. Search terms on the aspect of Measuring culturally competent compassion

Culture, cultural competence, multicultural, compassion, measuring, tools, nursing, mental health, health professionals, hospital, clinical environments, learning, teaching, training, education, values, philosophical underpinnings, theories.

3.3. Search history on the aspect of Measuring culturally competent compassion

Number of articles found from initial searches: 2888

Excluded (duplicates): 1205

Number of abstracts screened: 1683

Number excluded (not suitable): 1378

Number of articles full text screened: 305

Number of articles excluded at full text screening stage: 299

Final set of studies included in analysis: 6

3.4. List of References on the aspect of Measuring culturally competent compassion

1. Kret, D. The qualities of a compassionate nurse according to the perceptions of medical-surgical patients. *MEDSURG Nursing* 20 (1), 29-36
2. Burnell, L; Agan, D. (2013). Compassionate care: can it be defined and measured? The development of the compassionate care assessment tool. *International journal of caring sciences* 6 (2), 180-187.

3. Dewar, B. (2011). Valuing compassion through definition and measurement. *Nursing management*. 17 (8), 32-37.
4. Dhawan, N, Steinbach AB, Halpern J (2007). Physician empathy and compassion for inmate-patients in the correctional health care setting. *Journal of Correctional Health care* 13 (4), 257-267.
5. Fogarty LA, Curbow BA, Wingard JR, McDonnell K, Somerfield MR (1999). Can 40 seconds of compassion reduce patient anxiety? *Journal of Clinical oncology: official journal of the american society of clinical oncology* 17 (1), 371-379.
6. Roberts LW, Warner TD, Moutier C, Geppert CMA, Hammond KAG (2011). Are doctors who have been ill more compassionate? Attitudes of resident physicians regarding personal health issues and the expression of compassion in clinical care. *Psychosomatics*. 52, 367-374.

3.5. Extraction sheet on the aspect of Measuring culturally competent compassion

Author(s)	Date	Country	Population	Aim of study	Design and analysis	How compassion was measured
Burnell, L and Agan, D.	2013	USA	Patients N=250	Develop a tool for measuring compassion in nurses	Quantitative study Questionnaire measure Factor analysis	Psychometric scale: Compassion was measured using the compassionate care assessment tool (CCAT) 4 subscales: Meaningful connection Patient expectations Caring attributes Capable practitioner
Fogarty,L., Curbow,B., Wingard,J., McDonnell,K., and Somerfield, M.	1999	USA	Female cancer survivors N=123 and Females without cancer N=87	Investigate whether a video of a compassionate physician can reduce anxiety levels in participants	Quantitative study Questionnaire measure ANOVA and Chi-square	Patients were asked to watch either a videotape of a compassionate physician (an 'enhanced compassion' videotape) or a 'standard' videotape . Compassion was measured using the compassion rating scale. 5 items: Cold/warm, Unpleasant/pleasant Distant/Compassionate Insensitive/sensitive Uncaring/caring
Kret, D.	2011	USA	Medical-surgical patients N=100	Explore and measure compassion in nurses as perceived by patients	Quantitative questionnaire and some qualitative open-ended questions	Compassion scale (adapted from Fogarty et al, 1999) 5 items: Cold/warm Unpleasant/pleasant Distant/Compassionate Insensitive/sensitive Uncaring/caring Qualitative open-ended questions
Dhawan, N., Steinbach, A., and Halpern, J.	2007	USA	Correctional care physicians	Investigate physicians' empathy and	Quantitative, survey design; chi-square	Interpersonal reactivity index (Davis et al, 1980) modified for use with physicians. Assessing

			N=42 Non correctional care physicians N= 36	compassion towards inmate- patients		compassion and components of empathy: intrinsic curiosity, emotional resonance, toleration of emotional ambivalence.
Roberts, L.Warner,T., Moutier, C., Geppert, C. and Hammond, K.	2011	USA	Resident physicians N=155	To investigate whether physicians who have experienced illness are likely to be more compassionate	Quantitative, survey design; MANOVA	Survey concerning personal illness experience and empathy and compassion towards patients
Dewar, B.	2011	UK	Patients, staff (nurses, managers), relatives of patients (sample size not stated)	Defining and measuring compassion of nurses	Qualitative and quantitative; appreciative enquiry; action research method	Visual stimuli, Positive practice statements Interviews with staff, patients and relatives asking for feedback Audit and documentation reviews

4. Review on Learning culturally competent compassion in theory and practice

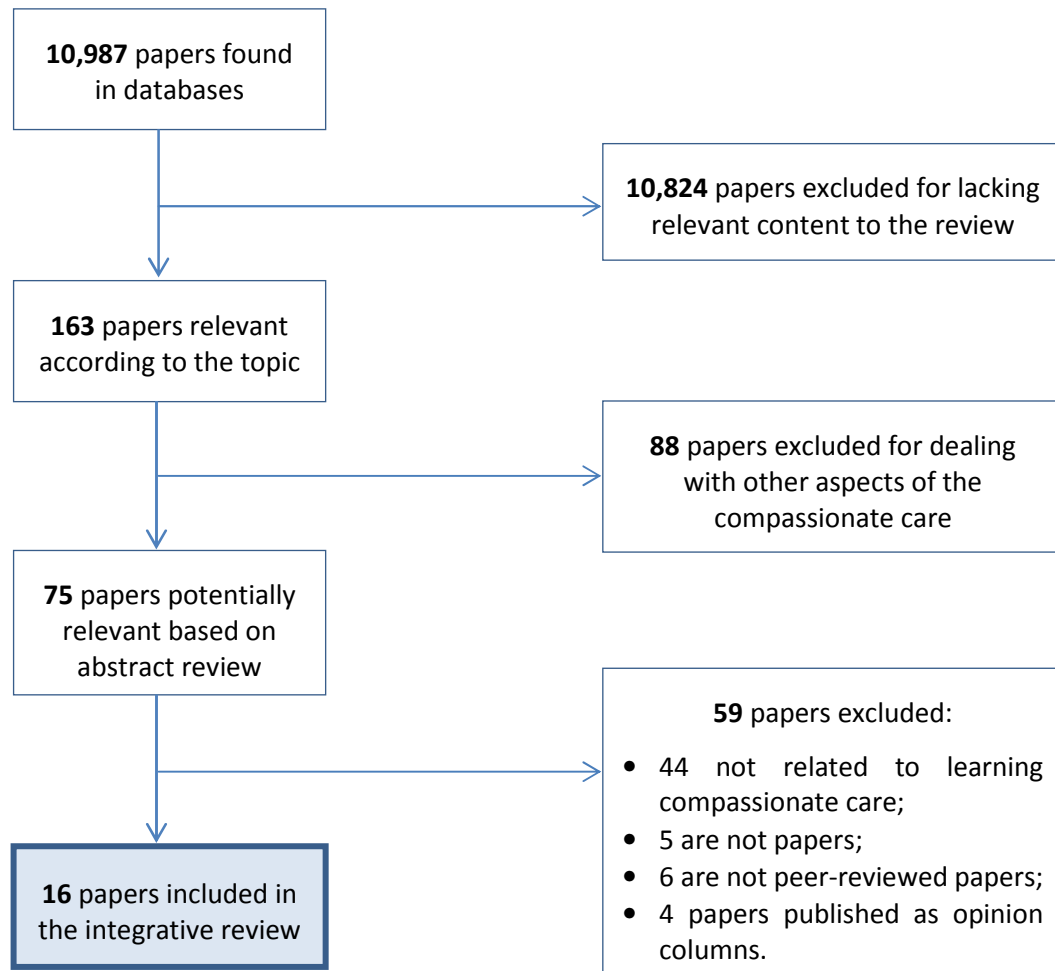
4.1. Research question on the aspect of Learning culturally competent compassion in theory and practice

How do nurses and other health professionals learn to practice culturally competent compassionate care?

4.2. Search terms on the aspect of Learning culturally competent compassion in theory and practice

Culturally competent compassion;
Compassion in theory and practice;
Culturally competent;
Culturally competent care;
Culturally compassion;
Compassion and theory;
Compassion in practice;
Compassion in healthcare;
Learning compassion;
Compassion training programmes;
Compassion programmes;
Training compassion;
Improving cross-cultural care;
Intercultural education.

4.3. Search history on the aspect of Learning culturally competent compassion in theory and practice



4.4. List of References on the aspect of Learning culturally competent compassion in theory and practice

1. Allen, J. (2010). Improving cross-cultural care and antiracism in nursing education: A literature review. *Nurse Education Today*, 30: 314-320.
2. Anderson, L., Scrimshaw, S., Fullilove, M., Fielding, J. & Normand, J. (2003). Culturally Competent Healthcare Systems. A Systematic Review. *American Journal of Preventive Medicine*, 24(3S): 68-79.
3. Campinha-Bacote, J. (2011). Delivering Patient-Centered Care in the Midst of a Cultural Conflict: The Role of Cultural Competence. *The Online Journal of Issues in Nursing*, 6(2).
4. Clingerman, E. (2011). Social Justice: A Framework for Culturally Competent Care. *Journal of Transcultural Nursing*, 22(4): 334-341.

5. Dewar, B. & Christley, Y. (2013). A critical analysis of compassion in practice. *Nursing Standard*, 28(10): 46-50.
6. 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.
7. Douglas, M., Rosenkoetter, M. & Pacquiao, D. (2014). Guidelines for Implementing Culturally. *Journal of Transcultural Nursing*, 1-13.
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9. Flowers, D.L. (2004). Culturally Competent Nursing Care: A Challenge for the 21st Century. *Critical Care Nurse*, 24: 48-52.
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11. Gebru, K. & Willman, A. (2009). Education to promote culturally competent nursing care – A content analysis of student responses. *Nurse Education Today*, 30: 54-60.
12. O’Shaughnessy, D. & Tilk, M. (2007). Cultural competency in physiotherapy: a model for training. *Physiotherapy*, 93: 69-77.
13. Papadopoulos, I., & Lees, S. (2002). Developing culturally competent researchers. *Journal of Advanced Nursing*, 37(3): 258-264.
14. Papadopoulos, I., Tilki, M., & Lees, S. (2004). Promoting cultural competence in healthcare through a research-based intervention in the UK. *Diversity in Health and Social Care*, 1:107-115.
15. Rubin, R.W. (2004). Developing Cultural Competence and Social Responsibility in Preclinical Dental Students. *Journal of Dental Education*, 68(4): 460-467.
16. Stewart, M. (2002). Cultural Competence in Undergraduate Healthcare Education. Review of the issues. *Physiotherapy*, 88(10): 620-629.

4.5. Extraction sheet on the aspect of Learning culturally competent compassion in theory and practice

Author(s)	Date	Country	Population	Aim of study	Design and analysis	How do nurses and other health professionals learn to practice culturally competent compassionate care?
Allen, J.	2010	Australia	--	To appraise through literature review the available research evidence to guide teaching and learning regarding cross-cultural care for nursing students.	<p>Literature Review</p> <p><i>Key terms used:</i> nursing/ student nurses/ undergraduate nurses/ baccalaureate nurses and education/training in <u>combination with</u> culture, cross-cultural care, transcultural nursing, multicultural care, cultural competence, cultural sensitivity, racism, ethnocentrism and evaluation.</p> <p><i>Publication retrieved from:</i> CINAHL, Psychinfo and Medline</p> <p><i>Period:</i> from January 1980 to September 2008</p>	<p>The article identify three recently developed models within the transcultural nursing paradigm:</p> <p><i>Cultural competence model</i> (Campinha-Bacote, 2002).</p> <p><i>Giger and Davidhizar transcultural assessment model</i> (Giger and Davidhizar, 2002).</p> <p>These models similarly focus on cultural competence defined as meaningful and helpful care for people from different cultural backgrounds founded in knowledge of specific cultural beliefs, attitudes and practices.</p> <p><i>The Papadopoulos, Tilley and Taylor model</i> (Papadopoulos, 2006).</p> <p>In this model, transcultural nursing is focused on cultural diversities and similarities in health, and underlying societal and organizational</p>

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						<p>structures. Cultural competence results from development of four interesting domains:</p> <ul style="list-style-type: none"> - Cultural awareness (self-awareness, cultural identity, awareness of ethnocentrism and stereotyping). - Cultural knowledge (anthropological, sociological, psychological and biological knowledge). - Cultural sensitivity (empathy, communication, and relating skills). - Cultural competence (assessment and clinical skills, and challenging and addressing discrimination in nursing and health care)
Anderson, L. et al.	2003	USA	--	<p>Review interventions to improve cultural competence in healthcare systems – programs to recruit and retain staff members who reflect the cultural diversity of the community served.</p>	<p>Literature Review</p> <p><i>Databased reviewed:</i> Medline, ERIC, Sociological abstracts, SciSearch, Dissertation Abstracts, Social Sciences Abstracts, Mental Health Abstracts and HealthSTAR.</p> <p><i>Period:</i> from 1965 to 2001</p>	<p>National Standards for Culturally and Linguistically Appropriate Services in Health Care</p> <p>Intervention Effectiveness and Economic Efficiency</p> <ul style="list-style-type: none"> - Programs to Recruit and Retain Staff Members Who Reflect the Cultural Diversity of the Community Served - Use of interpreter services or

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						<p>bilingual providers for clients with limited English proficiency</p> <ul style="list-style-type: none"> - Cultural competency training for healthcare providers - Use of linguistically and culturally appropriate health education materials - Culturally specific healthcare settings
Campinha-Bacote, J.	2011	USA	--	Provide nurses with a set of culturally competent skills that will enhance the delivery of patient-centered care in the midst of a cultural conflict.	Literature review	<p>Campinha-Bacote's (2007) model of cultural competence, called The Process of Cultural Competence in the Delivery of Healthcare Services, serves as a conceptual framework to deliver patient centered care in the midst of cultural conflict. The author defined cultural competence as the ongoing process in which the healthcare professional continuously strives to achieve the ability and availability to work effectively within the cultural context of the patient (individual, family, and community).</p> <p>This model define the following constructs:</p> <ul style="list-style-type: none"> - Cultural encounters - Cultural desire - Cultural awareness

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						<ul style="list-style-type: none"> - Cultural knowledge - Cultural skill <p>The article also explains nine assumptions of this model.</p>
Clingerman, E.	2011	USA	--	Invited to a dialogue about the standards of practice for culturally competent nursing care and to offer commentary on social justice and its relationship with context, advocacy, leadership, and culturally competent care.	Literature review	<p>A model of culturally competent care for vulnerable groups informs this discussion.</p> <p>Recommendations for culturally competent education, practice and research.</p> <p>Suggestions for developing culturally competent interventions for migrant and seasonal farmworkers.</p>
Dewar, B., Christley, Y.	2013	United Kingdom	--	Analyze the vision, values and actions outlined in the policy document <i>Compassion in practice</i> (Department of health, 2012)	A critical review of <i>a Compassion in Practice</i> , a policy introduced in England to develop a culture of compassionate practice among healthcare staff.	<p>The policy introduces six fundamental values: care, compassion, competence, communication, courage and commitment (or the 6C's). The policy, however, requires further development to articulate a clear vision of the types of compassionate practice healthcare staff should be aiming towards. The policy does not explicitly state this is the vision and requires healthcare staff to work hard to extract the main messages.</p> <p>Identified some contradictions that</p>

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						<p>could create tensions in healthcare staff, in relation on how to best to achieve these aspirations:</p> <ul style="list-style-type: none"> - Individual versus whole system: The concern about using a reductionist approach is that people may plan quick fixes for each of the six values and not consider the entire system and context in which care takes place. - Courage versus fear: Courage is about standing up for one's innermost values and is essential to the delivery of compassionate, relationship-centred care. - Communication versus human relating: There is a danger that attempts to improve communication lead to mechanistic models of training that focus on enactment of behavioural communication skills, such as listening and questioning aimed at goal directed communication and problem resolution. - Commitment to getting it right every time versus aspiring to be the best we can be: The vision illustrates the core value of commitment as 'to be looked
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						after by someone with the courage to make changes to improve people's health and care, and to ensure that it is delivered on a consistent basis, first time, every time, in the right setting and the right way.
Dewar, B., Nolan, M.	2013	United Kingdom	Registered Nurses, non-registered care staff, allied health care professionals and medical staff (n=35, i.e 85% of staff) Patients (n=10) Families (n=12)	Agreeing a definition of compassionate relationship-centered care and identifying strategies to promote such care in acute hospital settings for older people.	Participant observation Interviews Story telling Group discussion	A model to implement compassionate relationship centered care in an older people care setting, and comprising seven essential attributes in compassionate relationship-centered care: <ul style="list-style-type: none"> - Courageous - Connecting emotionally - Curious - Collaborating - Considering other perspectives - Compromising - Celebrating <p>This 7 'C's represent a far more complete, subtle and nuanced understanding of the day-to-day reality of delivering compassionate relationship-centred care than other extant models.</p>

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Douglas, M. et al	2009	USA	--	Initiate the discussion of a set of universally applicable standards of practice for culturally competent care that nurses around the globe may use as guides in clinical practice, research, education, and administration.	In preparing these standards, nearly 50 relevant documents from nursing organizations around the world were examined, as well as related materials from other healthcare professions, governmental, NGO, and health and human service organizations.	<p>Twelve Standards of practice for culturally competent nursing care:</p> <ul style="list-style-type: none"> - Social Justice - Critical reflection - Transcultural Nursing Knowledge - Cross cultural practice - Healthcare systems and organizations - Patient advocacy and empowerment - Multicultural workforce - Education and training - Cross cultural communication - Cross cultural leadership - Policy development - Evidence-based practice and research <p>These standards may assist nurses to place cultural competence as a priority of care. Through the use of these 12 standards in practice, administration, education, and research, nurses may advocate for culturally competent care for the individual, family, community, and the populations they serve.</p>
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Douglas, M. et al	2014	USA	--	<p>Present universally applicable guidelines for implementing culturally competent care.</p>	<p>In preparing these guidelines, more than 50 documents from nursing organizations around the world were examined, as well as related materials from other health care professions, governmental, nongovernmental (NGO), and health and human service organizations.</p> <p>Once a draft of the guidelines was developed, a “Call for Comments” on the relevance, comprehensiveness, and feasibility of implementing these guidelines was published and distributed to solicit the opinions and criticisms from nurses worldwide.</p>	<p>Guidelines for the practice of Culturally Competent Nursing Care:</p> <ul style="list-style-type: none"> - Knowledge of cultures - Education and training in culturally competent care - Critical reflection - Cross-cultural communication - Culturally Competent Care - Cultural competence in health care systems and organizations - Patient advocacy and empowerment - Multicultural workforces - Cross-cultural leadership - Evidence-based practice and research <p>In conclusion, the authors believe that these guidelines should be adapted to the cultural context and setting in which they are used. The guidelines are <i>not</i> intended to be used as standards for minimal care, rather to provide some examples of how culturally competent care can be implemented. Authors recognize that there are variations in the interpretation of terms related to</p>
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						cultural competence. Therefore, a glossary is included in the article.
Flowers, D.	2004	USA	--	Describe current population trends in North America, considering a recent trend that has influenced nursing considerably due to consumer mandate for culturally competent care in an increasingly diverse multicultural society.	Discuss the need for critical care nurses to develop cultural competence, present a model for development of cultural competence, and describe common pitfalls in the delivery of culturally competent care.	<p>It is presented a Model for cultural competence and their five component proposed by Campinha-Bacote and Munoz:</p> <ul style="list-style-type: none"> - Cultural awareness: Self-examination and in-depth exploration of one's own cultural and professional background; identification of biases and possible prejudices when working with specific groups of clients. - Cultural knowledge: The process of seeking and obtaining an information base on different cultural and ethnic groups, as well as understanding the groups' world views, which will explain how members of a group interpret their illness and how being a member guides their thinking, doing, and being. - Cultural skill: Ability to collect relevant cultural data about patients' immediate problem and accurately perform culturally specific assessments; involves how to perform cultural assessments and culturally based

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						<p>physical assessments.</p> <ul style="list-style-type: none"> - Cultural encounter: The process that encourages nurses to engage directly in cross-cultural interactions with patients from culturally diverse backgrounds; directly interacting with such patients will refine or modify existing beliefs about a cultural group and prevent possible stereotyping that may have occurred. - Cultural desire: Motivation to want to engage in the process of becoming culturally aware, knowledgeable, and skilful and to seek cultural encounters, as opposed to being required to seek such encounters; includes a genuine passion to be open to others, accept and respect differences, and be willing to learn from others as cultural informants.
Godkin, M., & Savageau, J	2001	USA	26 students	Evaluation of the effects of an elective (the Global Multiculturalism Track), including international and domestic immersion	A self-assessment instrument was used to measure cultural competence	<p>Programme of the Medical School of the University of Massachusetts in which students from the first year should:</p> <ul style="list-style-type: none"> - Develop abilities to speak the language of a prevalent

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				<p>experiences, on the cultural competence of preclinical</p>		<p>newcomer population (ie, immigrant, refugee, and undocumented) in Massachusetts.</p> <ul style="list-style-type: none"> - Develop sensitivity, through first-hand experiences, to the difficulties people experience when living in a new country. - Develop understanding of the culture and the health beliefs of a newcomer group and the problems they face in obtaining health care and other services in the United States. - Promote a career preference to serve underserved and multicultural populations. <p>Also the curriculum for the Track integrates the following domestic and international learning experiences during the preclinical years:</p> <ul style="list-style-type: none"> - Family curriculum. - Language immersion abroad. - Domestic community service Project. - Seminar series.
Gebru, K.,	2009	Sweden	92 Nurse	Describe and analyse	2 questionnaires	In order to facilitate the acquisition

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Willman, A.			Students	<p>the outcome of a 3-year study program from a student perspective for the purpose of promoting culturally congruent nursing care</p>		<p>of knowledge about culturally congruent nursing care, a research-based didactic model was designed for inclusion in Malmö. University's nursing program and implemented in January 2001.</p> <p>An instructive/didactic model for the promotion of culturally competent nursing care. The didactic model is based on Leininger's Culture Care theory (Leininger, 1995, 2006), It emphasizes the importance of building the relationship between nurses and patients on a scientific knowledge base, with focus on achieving health and well-being.</p> <p>At the beginning of the nursing program, students are introduced to the concepts of the Culture Care theory, The Sunrise Enabler (previously the Sunrise Model) as well as the Ethnonursing Method. When the students are in their second and 3-year clinical placements, they are given the opportunity to apply these concepts in the development of care plans for patients in community and hospital settings. Furthermore, the students use information from appropriate scientific articles to support the learning process.</p>
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						In the first year an instructive and a questionnaire A are applied; then in the third year the questionnaire B is applied to see their progress.
O'Shaughnessy , D., Tilk, M.	2007	United Kingdom	--	Present a model of training in cultural competence	Practice in physiotherapy center in London	Through The Papadopoulos, Tilki and Taylor model for developing cultural competence: <ul style="list-style-type: none"> - Cultural awareness. - Cultural knowledge. - Cultural competence. - Cultural sensitivity. <p>The instruction or training takes 2 days spaced over a month to allow for reflection and the integration of new information within clinical settings. An ideal number of participants is between 12 and 15, allowing work in small groups of three to five people and a main group for wider discussion.</p>
Papadopoulos, I., & Lees, S.	2002	United Kingdom	--	The need for the development of culturally competent health researchers in all areas of research and proposes a model for the achievement of this	Review	Through The Papadopoulos, Tilki and Taylor model for developing cultural competence: <ul style="list-style-type: none"> - Cultural awareness. - Cultural knowledge. - Cultural competence. - Cultural sensitivity.

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						<p>And The culture-generic/culture-specific competency model for health research.</p> <p>These concepts should be handled by health researchers, but does not explain its application.</p>
Papadopoulos, I., Tilki, M., & Lees, S.	2004	United Kingdom	--	<p>Deliver of a training intervention with an assessment of cultural competence before and after the intervention. The training intervention was negotiated with the participating teams and was based on the Papadopoulos, Tilki & Taylor model (1998)</p>	<p>The Design and development of a tool for assessing cultural competence (CCATool)</p>	<p>Through The Papadopoulos, Tilki and Taylor model for developing cultural competence or CCAP:</p> <ul style="list-style-type: none"> - Cultural awareness. - Cultural knowledge. - Cultural competence. - Cultural sensitivity. <p>The CCAP project was initiated by NHS mental health trust managers. The content of the programme was negotiated with the care staff who would be participating. Specific content was negotiated with them but the intervention was also tailored to address the underlying philosophies and constructs of the model. Thirty-five members of staff participated in the project, attending eight sessions, arranged in their workplace, over a four-month period. Two sessions were planned for each stage of the model but adapted to meet the requirements</p>

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						of the different participating teams.
Rubin, R. W.	2004	USA	61 freshmen Students from U of Pittsburgh Dental School	Development of cultural competence and social responsibility in dental students		<p>By two teaching methods, however, have helped to overcome this reliance on passive, rote learning</p> <p>Methods: service learning and reflective journal writing.</p> <p>The service learning helps develop cultural literacy, improve citizenship, enhance personal growth, and foster a concern for social problems, which leads to a sense of social responsibility and commitment to public/human service. Similarly, reflection is described as the key to obtaining meaning from the service experience. It is a process by which the service learners think critically about their service experience and thereby mix action, thought, and observation. Journaling gives students time to reflect on the experiences they have encountered and assess how these service experiences may have impressed, depressed, troubled, or excited them. It is this action of critical thinking and reflection by the students that hopefully evolves into the development of cultural competence skills.</p>
Stewart, M.	2002	United	--	Components of	Review	Through teaching factors that

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		Kingdom		<p>cultural competence may be derived from previous research and appropriate literature, and discusses ways in which these components could make a contribution to developing cultural competence in healthcare undergraduates</p>		<p>contribute to development of cultural competence in undergraduate healthcare curricula. This Factors are:</p> <ul style="list-style-type: none"> - Awareness and acceptance of the wide range of cultural diversity (in developing systems of care). - Acquisition of knowledge of cultural differences and similarities and knowledge of clients' culture. - Knowledge of one's own cultural values and identity. - Ability to communicate effectively across cultural groups. - Use of knowledge to adapt services and skills. <p>Development of lifelong learning and reflection that includes examination of attitudes and values of cultural groups.</p>
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5. Conclusion

Between 6 and 25 papers were identified within each review with least on the measurement of culturally competent compassion.

Briefly, the reviews generally showed that:

- Compassion universally appears to be a dimension of quality care, and having to do with actively responding to human suffering. It is thereby separated from terms such as pity and empathy although often applied synonymously with these.
- The concepts measured by the tools included empathy, recognizing and ending suffering, communication, patient involvement, competence and attending to patients' needs.
- Learning to deliver competent compassionate care must be patient-centered, focused in different aspects on cultural competence and adapted to different socio-cultural contexts. Programmes should combine active learning and theoretical content, as well as culture-generic and specific inputs. It is also desirable the involvement of patients, families and different kind of professionals in the planning and delivery of the training. So, to achieve and guarantee this training is effectively introduced within healthcare contexts staff requires appropriated support and strong leadership. An effective implementation of training requires a strong leadership. Results suggest a positive impact of different interventions but further research and deeper evaluation is needed.

Conclusively, this first IENE4 output demonstrates that very little literature on compassion is based on empirical research. The IENE 4 project will provide required insights on how nurses and other health professionals learn to practice culturally competent compassionate care.