

# THE CORRELATION BETWEEN THE COMPASSION AND RESILIENCE OF NURSES: THE CASE OF TURKEY

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## ABSTRACT

**Purpose:** The aim of this study was to determine the correlation between the compassion and resilience of nurses working in a university hospital.

**Methods:** This descriptive and cross-sectional study was conducted with 168 nurses working in a university hospital located in the western Turkey between June-September 2019. The data were collected by the questionnaire prepared by the researchers to determine the demographic characteristics, Compassion scale developed by Pommier and Resilience Scale for Adults. The reliability and validity study of the compassion scale in Turkey was conducted by Akdeniz and Deniz in 2016. It was found that the internal consistency coefficients of the sub-scales of the scale were between 0.66 and 0.81 and their test retest reliability varied between 0.68 and 0.81. The internal consistency values of the structural equation model for the reliability of the resilience scale have been found to be 0.80 'perception of the self', 0.75 for 'planned future', 0.82 for 'Social Competence', 0.86 for 'Family cohesion', 0.84 for 'Social Resources' and 0.76 for 'Structured style'. The reliability and validity study of the scale performed by Basım and Çetin in 2011 in Turkey in 2011. Percentage, t test, Kruskal Wallis analysis of variance, Mann Whitney-U, Anova test, Pearson correlation analysis and Cronbach's Alpha internal consistency tests were used in the data analysis.

**Results:** The compassion scale total mean score of the nurses participating in the study was found to be  $4.12 \pm 0.43$ . The Resilience scale total mean score of the nurses was found to be  $100.10 \pm 8.02$ . No statistically significant difference was found between gender, marital status, educational status, duration of working, place of duty, manner of work. In this study, it was determined that there was a negative and significant correlation between the compassion scale and resilience scale mean scores ( $r = -.237$   $p = .002$ ). As the compassion scale scores of the nurses increased, their resilience score decreased.

**Conclusions:** In the study, it was determined that majority of the nurses thought that being compassionate was important and the cultural and/or religious beliefs affected positively the attitude of being compassionate while providing care. The compassion scale total mean score of the nurses included in the study was found to be high. A negative significant correlation was determined between the compassion level and resilience. As the compassion level increases, resilience decreases.

**Keywords:** Compassion, resilience, nursing

## INTRODUCTION

Nursing profession is composed of the values respecting for human rights and dignity and protecting them, reliable compassionate, individual-centered evidence-based values (1). It states "The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems" in the 1st article of the ethical provisions of the American Nurses Association (ANA) (2). It has been emphasized with this article that nurses who spend much time with the individuals, who become helpless due to their health problems, as a healthcare professional, should behave compassionately while providing care for these people who are weak and suffer. Nurses, who witness the most vulnerable and private conditions of the people for whom care is provided, are expected to behave compassionately as well as the technical knowledge and skills required by their profession. According to The Turkish Language Association, compassion is "the sorrow and pity felt due to a bad situation encountered by a person or another living creature (3). In the literature, compassion is stated as compassionate love and a behavioral, cognitive and emotional attitude of individuals towards supporting other people when they have problems and are in need (4). Compassion also appears as the feeling of helping the individuals, who have non-negligible and irrepressible problems, to overcome their difficulties by behaving compassionately (5). Compassion is also the wish to understand and ease the sorrow or misfortune of others when it is addressed in terms of providing healthcare. Helping to find a solution for the current situation by the sensitivity exhibited to understand the sorrow of others and being willing to increase the welfare of the person feeling sorrow are the requirements of compassion (6). Compassion expresses providing full emotional support with love for the people in need in coping with problems (7). Compassion is basically about how people relate to each other, the development of compassion brings along an ethical dimension, which can be as important as the medical and psychological dimensions. Because compassion significantly affects the ability of nurses to give care to patients and their families in accordance with ethical principles (47). Compassion is among the single most importance value that religion, mystic systems, and

philosophic teachings attach importance to. It stands out that Christianity is a compassion-focused religion, and it is stated that God is compassionate, and its believers are advised to be compassionate. It is also expressed in Torah and Psalm that God has endless compassion, but it is observed that this trait is rarely attributed to humans. Also, compassion is quite important in Buddhism and the expressions such as 'the religion of endless compassion' are found in this belief system (8). Arthur Schopenhauer, the philosopher of affection and compassion, has placed the concept of compassion in the basis of its philosophy and he states that justification, philanthropy, and similar virtues are associated with compassion. According to him, compassion is a concept which is inherent and does not change with race, age and different values.

Also in Turkey, being a compassionate person is a recommended and praised situation among the cultural and religious components. The words of Prophet Muhammad "Allah will not be merciful to those who are not merciful to mankind." are quite important for Islam. Also the saying of Rumi "Be like the sun for grace and mercy", one of the seven advices of him, which are very important for friendship and peace, expresses the meaning of compassion concept in the art of co-existence of the members of different nations, religions and professions (9). When we assume that the religious belief and principles shape the cultural components specific to the societies, it is expected that the religious-cultural values will be effective on compassion behavior (10). Religious practice, personal belief and values determine the content of the spiritual care provided by nurses (11).

Nurses encountered with many traumatic situations in their uneasy and stressful work life due to their profession and working environment. The studies have revealed that the positive attitudes of the nurses with high resilience toward their profession, future, and life under these hard conditions affect the outcomes of profession and life positively and they can present the healthcare services for the individuals, families, and society positively despite many personal, professional, health-care-related problems (12). Resilience, in general, means a process of achievement or adaptation (13). With another simple definition, it is one's ability to respond to difficulties with a physical, mental, and spiritual balance (14). From another point view, resilience is also defined as the ability to recover oneself against

difficult life experiences or cope with the change or disasters successfully (15). Within this scope, resilience is considered as one's adaptation process against the important stressors such as trauma, threat, tragedy or family and relationship problems, severe health problems, workplace, and economic problems. Nurses who mostly spend time with patients within healthcare services have to cope with the problems in the healthcare system, the difficulty of the care process, and high stress level. However, the nurses with high resilience can exhibit positive attitudes about their profession, future, and life. Having positive outcomes in professional and private life by nurses becomes possible with positive beliefs and behaviors despite the problems, deficiencies, and inconveniences. The nurses with high resilience can obtain professional and personal satisfaction by being powerful against all possible kinds of risk factors. It is a non-negligible fact that resilience can be possible with structuring relationships in a positive way, maintaining positiveness, developing emotional insight, balancing professional and social life, and strengthening spirituality (16). The individuals who have values and beliefs and adhere to a reason, aim or mission are more powerful in overcoming negative conditions and coping with difficulties. Their resilience contributes to increase resilience levels of people they influence over (17).

The studies conducted by Melvin (18) and Sinclair (19) with nurses have revealed the correlation between compassion and resilience. It has been determined that compassion which does not turn into fatigue has a positive effect on resilience and individual coping. In the study conducted by Heffernan et al., (20) with 135 nurses in acute healthcare settings, it was determined that compassion was an important part of the care provided by nurses and there was a positive relationship between compassion and emotional factors. The studies have revealed that compassion is directly proportional to many psychological and social concepts related to kindness, affects positively in terms of life satisfaction, social commitment, resilience, and happiness, and has a negative correlation with the emotions such as depression, burnout, and shame (21; 22). Resilience has a strong and significant correlation with affection and compassion and has a negative correlation with the situations affecting people negatively such as stress (23). Psychological resilience is a protective factor against the adverse impact of compassion fatigue,

resulting in higher job satisfaction, increased retention, and a higher perception of quality of nursing care. Implementing interventions to reduce compassion fatigue and harness psychological resilience in nurses should be prioritized by hospital and nursing administrators (48). Interest in nurse resilience represents a move to address negative outcomes which can affect nurses, with the potential to prevent individual problems such as post-traumatic stress disorder, anxiety, and depression (49).

In Turkey, there is no study investigating the correlation between compassion and resilience level and this causes a literature gap. In this study planned with these reasons, it was aimed to determine the correlation between the compassion and resilience of the nurses working in a university hospital.

The research addresses the following three research questions:

1. What is the level of compassion in nurses? And which characteristics affect compassion?
2. What is the level of resilience in nurses?
3. Is there a correlation between compassion and resilience in nurses?

## **MATERIALS AND METHODS**

### ***Design and Sample***

This descriptive and cross-sectional study was conducted between June-September 2019 in a university hospital located in the western Turkey. The population of the study was composed of all the nurses working in this University Hospital (247 nurses working in the internal medicine and surgical units, oncology, emergency department and intensive care units). The sample of the study was composed of a total of 168 nurses who volunteered to participate in the study. Seventy-nine nurses who did not want to participate were excluded. In this research, the internal consistency coefficients of the Compassion Scale was 0,68 and the internal consistency coefficients of the Resilience Scale was 0,76.

### **The Data Collection Tools**

The data were collected by the questionnaire prepared by the researchers to determine the demographic characteristics, Compassion scale developed by Pommier (24), and Resilience Scale for Adults (25).

### ***Questionnaire:***

This form was prepared by the researchers in the light of the relevant literature data (15; 26).

The questionnaire was composed of nine (9) questions investigating age, gender, educational status, marital status, place of duty, duration of working, manner of work and thoughts about being compassionate including the demographic characteristics of nurses as well as the effect of the cultural and/or religious beliefs on compassion behavior.

### **Compassion Scale (CS)**

Compassion Scale (CS) is a scale developed by Pommier (24). The scale is composed of six subscales including Kindness, Indifference, Common humanity, Separation, Mindfulness and Disengagement and it is a 5-point likert scale. The scale consists of 24 items (24). The existence of six subscales forming the structure of compassion was verified in the confirmatory factor analysis performed for the scale. The factor loads of the items of these subscales vary between .61-.74 for kindness subscale, .56-.69 for indifference, .54-.83 for common humanity, .51-.73 for separation, .55-.72 for mindfulness, and .58-.68 for disengagement. The reliability and validity study of the scale in Turkey was conducted by Akdeniz and Deniz in 2016 (26). It was found that the internal consistency coefficients of the sub-scales of the scale were between 0.66 and 0.81 and their test-retest reliability varied between 0.68 and 0.81.

### **Resilience Scale for Adults**

Resilience Scale for Adults was developed by Friborg et al., (27) and it is composed of 33 items. It includes 'personal competence', 'structured style', 'social competence', 'family cohesion' and 'social resources' subscales. Then, another study conducted later (27) demonstrated that the scale interpreted the resilience model better with its six-subscale structure. In the study by Friborg et al., 'personal competence' has been divided into two, 'perception of the self' and 'planned future' and a six-dimension structure formed. In the scale, 'structured style' (3,9,15,21) and 'planned future' (2,8,14,20) are measured with 4 items for each; 'family cohesion' (5,11,17,23,26,32), 'perception of the self' (1,7,13,19,28,31,) and 'social competence' (4,10,16,22,25,29) are measured with 6 items for each, and 'social resources' (6,12,18,24,27,30,33) are measured with 7 items. In order to avoid biased assessments in preferring items in the scale, a format in which the positive and negative characteristics take place in different sides

and there are five different checkboxes for responses. In the assessment performed schematically, the scoring type was set free in measuring resilience to be high or low. Confirmatory factor analysis was performed for the reliability study of the scale and the six-factor structure explained a total variance of 57%. The internal consistency values of the structural equation model for the reliability of the scale have been found to be 0.80 ' perception of the self', 0.75 for 'planned future', 0.82 for 'Social Competence', 0.86 for 'Family cohesion', 0.84 for 'Social Resources' and 0.76 for 'Structured style'. The reliability and validity study of the scale performed by Basım and Çetin in Turkey in 2011 (15).

### **Data Analyses**

The statistical analyses were performed to assess the data in Statistical Package for the Social Sciences (SPSS) (50) by the researchers in the computer environment. Percentage, t test, Kruskal Wallis analysis of variance, Mann Whitney-U, Anova test, Pearson correlation analysis and Cronbach's Alpha internal consistency tests were used in the data analysis.

### **Ethical Considerations**

After obtaining written permission from the head physician of the University Hospital, the Non-Interventional Research Ethical Committee (Date: 12.06.2019 / Decision number: 2019/14-18) in order to study. In addition, the necessary permission was obtained from the researchers who adapted the the Compassion Scale and the Resilience Scale for Adults to Turkish. The nurses who volunteered to participate in the research were informed about the study and form before applying the questionnaire, their verbal consent was obtained, and the form was applied via face-to-face interview method.

## **RESULTS**

### **Descriptive Information of Nurses**

When the demographic characteristics of the nurses included in the sample of the study were assessed, it was determined that the average age was  $36.51 \pm 8.61$  and 96.4% of the nurses were females, 69.6% were married, 78.0% had bachelor's degree, 38.1% worked in the internal medicine units, 30.4% worked for a period of 20 years and more, and 70.8% worked in shifts. 94.6% of the participants stated that compassion was important while providing healthcare for patients. 80.4% of the nurses stated that the

**Table 1: Nurses' sociodemographic characteristics (n=168)**

Characteristics	n	%
<b>Age (Mean ± SD)</b>	36.51	8.61
<b>Gender</b>		
Female	162	96.4
Male	6	3.6
<b>Marital Status</b>		
Married	117	69.6
Single	51	30.4
<b>Education status</b>		
Associate degree	3	1.8
Bachelor's degree	131	78.0
Master's degree	31	18.5
Doctorate degree	3	1.8
<b>Duration of working</b>		
5 years and under	43	25.6
6 – 12 years	36	21.4
13 – 19 years	38	22.6
20 years and above	51	30.4
<b>Place of duty</b>		
Department of internal medicine	64	38.1
Department of surgery	46	27.4
Intensive care unit	41	24.4
Oncology unit	17	10.1
<b>Manner of work</b>		
Shift	119	70.8
Continuous daytime	49	29.2
<b>Compassion is important when providing health care to patients?</b>		
Yes	159	94.6
No	0	0.0
Partly	9	5.4
<b>Culture / Religious Belief's influence on compassion</b>		
Positive effects	135	80.4
Adverse effects	0	0.0
Doesn't affect	33	19.6
<b>Total</b>	<b>168</b>	<b>100.0</b>

cultural and/or religious beliefs affected positively the attitude towards being compassionate while providing health care (Table 1).

**Comparison of Compassion Scale Scores and Resilience Scores with Some Descriptive Characteristics of Nurses**

The compassion scale total mean score of the nurses participating in the study was found to be 4.12± 0.43. Subscale mean scores of compassion scale were found to be 4.13±0.60 for kindness subscale, 1.81±0.59 for indifference subscale, 4.01±0.66 for common humanity subscale, 1.87±0.56 for separation subscale, 4.11±0.56 for mindfulness

**Table 2: The compassion scale total mean score of the nurses (n=168)**

Subscale Mean Scores of Compassion Scale	Mean	Standart Deviation	Minimum	Maksimum
Kindness	4.13	0.60	2	5
Indifference	1.81	0.59	1	4
Common humanity	4.01	0.66	2	5
Separation	1.87	0.56	1	4
Mindfulness	4.11	0.56	2	5
Disengagement	1.83	0.59	1	4
<b>The compassion scale total mean score *</b>	4.12	0.43	2.79	4.96

\* Total score calculation is made in reverse scoring. While the sub-dimensions were scored, reverse scoring was not performed.

subscale, and 1.83±0.59 for disengagement subscale (Table 2).

The Resilience scale total mean score of the nurses was found to be 100.10±8.02.

No statistically significant difference was found between gender, marital status, educational status, duration of working, place of duty, manner of work, considering compassion to be important while providing health care for patients, the situation of the cultural or religious belief to affect being compassionate while providing health care among descriptive characteristics of the nurses and the compassion scale and resilience scale mean scores (p>0.05) (Table 3).

In addition, although it was not included in the table, no significant correlation was found between age and total scores of compassion scale (r=0.041, p=0.599) and resilience scale (r=0.113, p=0.147) (p>0.05) as a result of the correlation analysis.

**The correlation between the mean scores of CS and RSA**

In this study, it was determined that there was a negative and significant correlation between the multi-dimensional compassion scale and resilience scale mean scores (r=-.237 p=.002) (Table 4). It was observed that as the compassion scale scores of the nurses increased, the resilience score decreased.

**DISCUSSION**

Based on the literature review results, this study is the first attempt to determine the correlation between the

**Table 3: Comparison of mean scores of Compassion Scale (CS) and Resilience Scale for Adults (RSA) with respect to descriptive sample characteristics (n=168)**

Descriptive sample	Scores of Compassion Total Scores		Scores of Resilience Scale for Adults Total Scores	
	X±SD	P-value	X±SD	P-value
<b>Gender</b>				
Female	4.13±0.44	0.094**	99.95±7.77	0.524**
Male	3.90±0.23		104.00 ±13.66	
<b>Marital status</b>				
Married	4.08±0.44	0.132*	99.79 ±8.04	0.455*
Single	4.20 ±0.43		100.80±8.01	
<b>Education status</b>				
Associate degree	3.98±0.63	0.104***	102.66±3.21	0.493***
Bachelor's degree	4.08±0.45		99.94 ±7.99	
Master's degree	4.27±0.39		100.00±8.62	
Doctorate degree	4.29± 0.12		105.33±6.65	
<b>Duration of working</b>				
5 years and under	4.21±0.45	0.701****	99.86±8.15	0.902****
6 – 12 years	3.93±0.47		99.08±8.36	
13 – 19 years	4.07±0.40		100.80±8.01	
20 years and above	4.21±0.38		100.10±8.02	
<b>Place of duty</b>				
Internal medicine	4.07±0.47	0.404***	100.31±7.49	0.991***
Surgery	4.11±0.39		99.82±7.74	
Intensive care unit	4.17±0.48		99.82 ±9.09	
Oncology unit	4.19±0.34		100.70±8.65	
<b>Manner of work</b>				
Shift	4.07±0.45	0.055*	100.41±8.14	0.436*
Continuous daytime	4.24±0.37		99.34±7.77	
<b>Compassion is important when providing health care to patients?</b>				
Yes	4.12±0.43	0.530 ***	100.14±8.01	0.852***
Partly	4.02±0.50		99.33±8.77	
<b>Culture / Religious Belief's influence on compassion</b>				
Positive effects	4.12±0.44	0.857*	99.96±8.07	0.724*
Doesn't effects	4.11±0.43		100.54±7.92	

\*t-test    \*\*Mann-Whitney U test    \*\*\*Kruskal-Wallis test    \*\*\*\*Anova

compassion level and resilience of nurses in Turkey. For this reason, it is an important study in terms of contribution to literature.

Level of compassion and resilience: In this study, the compassion level mean score was found to be above the mean value and it was observed that most of the nurses thought that compassion was important. When it was discussed in terms of the nursing profession, compassion, which can be considered as a motivation in the efforts made to eliminate the sorrow of people, is the ideal or archetype of this profession (28). Nurses, who are one of an occupational group spending much time with helpless individuals with health problems, have important roles in establishing positive environments in healthcare areas and accelerating recovery. They use

compassion as a key while performing these roles (29; 4). Also in the studies by Gündüzoğlu et al., (30) and Çınar et al. (4) they observed that the compassion mean score was above the mean score, similar to the present study. This result supports the result of the present study. Mercy and compassion are the predominant teaching in Koran, which is the holy scripture of the majority in Turkey and people are encouraged to exhibit mercy and compassion to other people and living creatures (31). Compassion is one

**Table 4: The correlation between the mean scores of Compassion Scale and Resilience Scale for Adults**

Resilience Scale for Adults	Compassion Scale	
	r	p
	-,237	,002

of the main values of Turkish culture and it is one of the eight main principles in "Eight-Pointed Star" in the presidential seal (32). It is considered that the relevant religious and cultural examples have affected the result of the present study.

In this study, 80.4% of the nurses stated that the cultural and/or religious beliefs affected positively the attitude towards being compassionate while providing health care (Table 1). The patient profile in the units such as oncology, emergency department, and intensive care where the study was conducted is composed of the patients who have experienced traumatic events, feel intensive pain and sorrow and were even in the final stage of their lives. Our nurses who work in such environments stated that the religious, personal, cultural, and social experiences were effective on compassion behavior.

When the compassion scale subscales were examined separately in the present study, it was observed that the kindness subscale mean score was high. When the scale items of this subscale were examined, it was observed that these items were the items stating that it is important for nurses to stand by the people who are in difficult situations, sad, and unhappy. The tendency of the nurses participating in the study towards providing care for and supporting the people who were in need was found to be quite high. The fact that Turkey has a traditional cultural structure might have caused that the individuals acquire such values. That is to say Osman Ghazi, the founder of the Ottoman Empire, said to his son Orhan Ghazi in his testament "Be compassionate for all God created" (33). And the words of Prophet Muhammad "There is beauty in the place with compassion and there is negativeness in the places without compassion" advises and encourages to support the people, who have problems in both social and individual terms, and help them accordingly (34). It is considered that all these knowledge have shaped compassion behavior in the individuals living in Turkish society.

In the present study, the mean score of the indifference subscale was found to be low, which was an expected result. It was observed that the nurses participating in the study were concerned about the people who told them about their problems, they did not ignore the people with problems and they had high sensitivity levels. In this case, feeling the sorrow of others and acting sensitively is a holy statement cared by many religions and, especially in love-oriented religions. As it has been stated that the

caring and concerning side of compassion as a humanitarian value will be strengthened more by religion (8), it may be concluded that the belief system is effective on this behavior of the Turkish nurses.

It is ordinary that nurses get tired physically and spiritually as a result of showing energy and compassion at high levels for a long time to the individuals who suffer (35). The fact that the compassion shown for patients decreases gradually and nurses feel themselves bad and get weak appears as a result of the fact that they start to think that it is inevitable for everybody to suffer (25). In the present study, the nurses were aware of their weaknesses and this finding was revealed by finding that the arithmetic mean of the four questions expressing the subscale of common humanity was high. The happy or difficult experiences of life are not only person-specific but also inevitable for other people. This awareness coincides with the fact that God does not promise a life to anybody without an exam included in religious doctrines. From the start of history, the teaching stating that whole of humanity had problems from time to time and even prophets suffered brings resilience, power and patience to individuals (36) and it has been observed that the belief of the Turkish nurses make the acceptance of difficulties easier.

The mean score of separation subscale of compassion which reveals the situations of healthcare professionals to empathize with the sad sufferers feeling sorrow, listen to their problems, establish strong connections by communicating correctly was found to be low in the present study. Compassion signifies establishment of real communication with the individuals and it is helpful for providing holistic care (37). A low mean value for this subscale is a desired result and this meant that the nurses participating in the study made efforts to feel the sorrows of people and relieve their sorrows and hear about their wailing. Prophet Muhammad said "If a person consoles another person who get in trouble and advise patience to him/her, he/she will be considered to do a good deed like a person who experience the trouble and behave patiently." (38). This saying is an advice pointing out the importance of consoling, guiding and advising people as well as sharing their troubles. The traces of the religious beliefs in Turkey also confront us at this point.

Mindfulness was born from the eastern meditation (39) and it is described as one's focusing on everything happening at that moment, into his/her

inner world and the outer world without judging them and by accepting them (40). It is effective for the individuals to perceive and regulate their feelings and the emotions of others correctly (41). The nurses participating in the present study approached their patients objectively, cautiously and patiently by opening their perceptions for them and this finding was indicated by the fact that the mean score of mindfulness subscale was high. High level of mindfulness will provide good mental health, high relationship satisfaction and effective coping with pain (42). The various studies (42;40; 43; 44) have revealed that high level of mindfulness is effective in providing and increasing mental health and well being and enables people to cope with pain effectively.

The separation subscale of compassion includes the behaviors of being concerned with the problems of the crying and complaining individuals and trying to stay away from the sufferers. The mean score of the separation dimension which reveals the situations such as complete insensitivity, indifference, and stolidity was found to be low in the present study and this is a desired and expected result.

**Correlation between compassion and resilience:** In this study, it was observed that as the compassion scale scores of the nurses increased, their resilience score decreased. But, it has been observed in numerous studies that compassion affects positively many factors such as resilience, personal coping, and life satisfaction (44; 45; 7). In the study conducted by Melvin (2015) and Sinclair (2017) with nurses, they revealed that compassion has a positive effect on resilience. The reasons why similar results were not observed in the present study were that the nurses were more likely to have compassion fatigue by considering that the nurses were the people consulted by the patients and their relatives for any kind of problems and they established more face-to-face communication with these people by spending time with them for a long time. Due to the compassion feeling of the nurses progressing in time, it is possible that they have problems such as fatigue, loss of power and decrease in performance in physical terms; depersonalization, reluctance, burnout, nervousness and emotionally overload in psychological terms; and stolidity and indifference in social terms (35); making inefficient and insufficient decisions, inadequacy in introspection in spiritual terms; and insensitivity and changes in beliefs and values in emotional terms (McHolm 2006). The most important value of Islam is compassion. The cultural

environment in Turkey instills compassion in people. People's considering themselves in both religious and cultural obligations for being compassionate and this pressure may be interpreted as a reason for the decrease in their resilience.

It is not possible to predict and control all the risks and problems that health professionals, especially nurses, may face during the health service delivery process. It has been observed that suffering with the patient, excessive compassion and high empathy lead to occupational deformation after a while, and reduced endurance. In addition to the responsibility to create and implement individual strategies, institutional support is also significant for nurses to learn to cope effectively. In cases where the feeling of compassion is felt intensively, intra-team communication, encouraging the sharing of emotions with colleagues will reduce individual attrition. The emotional burden experienced by people can also be alleviated with trainings that will allow them to learn from their experiences and help them be aware of their feelings.

### **Limitations**

There are some limitations to the current study. First, conducting the study in a single university hospital, not including private and public hospitals, and interpretation of the results based on the statements of the nurses comprise the limitation of the study. In addition, the study sample included only the western region of Turkey; therefore, study findings cannot be generalized in terms of nursing in other regions. Third, although the majority of nurses from the units participated in the current study, there was still a significant fraction of nurses who did not participate, which may have introduced sample selection bias. Finally, the higher number of female than male participants in the study may have impacted the results. Therefore, the future research may take the gender gap into consideration while investigating the compassion and resilience of nurses.

### **CONCLUSION**

In the study, it was determined that majority of the nurses thought that being compassionate was important and the cultural and/or religious beliefs affected positively the attitude of being compassionate while providing care. The compassion scale total mean score of the nurses included in the study was found to be high. A negative significant correlation was determined between the



compassion level and resilience. As the compassion level increases, resilience decreases. Compassion is an important factor for nurses, who have communication with patients for the longest term, to provide a holistic care for patients. However, the dimensions of compassion causing fatigue and, therefore, their negative effects on many factors such as resilience and quality of life should be prevented. In this sense, the compassion levels of nurses should be assessed routinely, and effective applications should be performed for preventing the negative effects of compassion. By considering the religious and cultural factors of the societies, the health care models preventing the possible negative effects of compassion are needed.

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**Author contribution:** KÖK, EK: Conception, design, literature review, data collection, data processing, writing, critical review. KÖK, EK: Design, data collection, analysis. KÖK, EK: Literature review and interpretation, editing.

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