

Understanding Compassion Fear in Nursing: A Literature Review

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ABSTRACT

Compassion, traditionally an integral part of nursing, is now often conflated with the growing evidence that nurses experience fear of giving and receiving compassion. While compassion has long been recognised as one of the cornerstones of nursing care, recent literature points to a growing phenomenon in which nurses experience fear in giving and receiving compassion. Socio-demographic characteristics, psychological factors, and childhood trauma experiences are considered as factors influencing fear of compassion. The negative correlations between fear of compassion and mental health and physiological responses that this fear has a far-reaching impact on nursing professionals. Furthermore, the association of fear of compassion with professional commitment, burnout, empathy, and patient care satisfaction emphasises its complexity as a personal and professional challenge. Understanding compassion and compassion fear is essential for fostering an empathetic healthcare environment and promoting a holistic, patient-centred approach to healthcare, aligning with the core values of nursing. The review emphasises the need to acknowledge compassion and compassion fear as a nursing problem. It calls for further research to explore interventions, assess the impact of compassion fear on patient outcomes, and develop strategies to enhance compassionate care within the nursing profession.

Keywords: Compassion, compassion fear, nursing profession

INTRODUCTION

This literature review examines the fear of compassion and compassion as a nuanced aspect of nursing. While compassion has long been recognised as one of the cornerstones of nursing care, recent literature points to a growing phenomenon in which nurses experience fear in giving and receiving compassion. With this review, we aimed to explore the various dimensions of fear of compassion, shedding light on its prevalence, contributing factors, and potential implications for nursing professionals and the quality of patient care. The historical importance of compassion in nursing will be outlined, highlighting its roots in empathy, kindness, and understanding. The dichotomy between “compassion” as a positive force and as a concept that can interfere with an attitude of professionalism will be examined, providing a context for evolving perceptions within the nursing community. For this purpose, Turkish and English

studies, including descriptive studies, randomised controlled trials, and reviews, were reviewed using the keywords compassion, mercy, fear of compassion, nursing, and nursing care.

Compassion and Nursing

Compassion originates from the word “compati” meaning “to suffer” (1,2). Looking at the history of Western literature, Aristotle and Plato rejected compassion, stating that another individual’s pain would overwhelm us. They even associated compassion with losing autonomy and domination (3). On the other hand, Nietzsche defines compassion as an egoistic motive and states that the individual’s need to feel pain for another individual is a search for a solution to eliminate his unhappiness(4). However, Eastern philosophies such as Buddhism have long accepted the usefulness of compassion

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and self-compassion (5,6) Today, although it is expressed with different concepts in various philosophical views and beliefs, compassion, which is compounded from the feeling of love, mercy, and cooperation, is defined as a positive feeling and behaviour. Compassion is also defined as “a sense of kindness” (TLA) in the Turkish Language Association dictionary. (7)

Some authors state that compassion may stem from the caring motivation of living beings to care (8). In that context, compassion is an indispensable component of nursing, whose essence is care. Compassion and care go hand in hand from the beginning of the profession (9). Since the day Nightingale grounded “compassionate care,” this concept has been one of the components of the nursing profession and has been mentioned in nursing characteristics (10,11,12). In Florence Nightingale’s view, good nurses are good people who have cultivated good qualities, including compassion, in their characters (13). Travelbee also stated that sympathy and compassion should be included in the nursing profession and attitudes. According to Travelbee, the purpose of nursing care is “to help the individual, family, or community prevent or cope with illness and suffering” (14). Today, ‘compassion’ is involved in the Nursing Pledge (15, 16), and the publications have highlighted its importance in the nursing care process (17). The concept of compassion is frequently emphasised in the articles of nine codes of ethics published by ANA (2015) and ethical rules published by ICN (2020) (18,19). Compassion was described as the sense that motivates a person to reduce the suffering of others by raising awareness of their suffering (17,20).

Although it is impossible to understand individuals’ unique suffering experiences, the responsibilities of the nurse include trying to understand the suffering of the individual and showing compassion. Compassionate care can be offered with a small smile and touch, but it is still slightly complicated (21, 22). As Blomberg et al. stated, compassionate care incorporating awareness of the individual’s suffering includes wisdom, humanity, love, and empathy (23). The sense of compassion encourages nurses to provide quality care (24) and enhances the quality of care by helping to provide individual and proper care (10,22). Moreover, nurses’ coping skills have improved through training aiming to increase their compassion levels (23). On the patient side, due to compassionate care, it has been determined that patients’ hope for recovery and feelings of responsibility and satisfaction have increased (23,24,25).

Despite all these positive emphases in nursing philosophy and the results, some authors described nurses’ feelings, such as suffering with the patient and showing compassion, as unprofessional; some assessed compassion as a barrier for nurses to make professional decisions (26). Some authors emphasised that it has gradually decreased among students and newly recruited nurses (27,28). According to Daştan et al. (2023), nurses who show compassion do not feel professional, leading to less professional self-esteem (29). Since it is very challenging personally during the care provision, maybe these approaches (showing compassion as an unprofessional

attitude) prevent nurses from showing compassion to the patients. Recently, the United Kingdom has devised new strategies to elevate the standards of compassionate care upon realising that the level of compassionate care was low in the care services delivered (30). This confusion can be associated with the fact that compassion is a subjective experience with different cultural meanings and the change in how to show it. It has not been discussed sufficiently matching professionalism values until now (21, 22).

Fear of Compassion

Compassion fear has emerged as a multifaceted concept encompassing various aspects of expressing and receiving compassion directed towards oneself and others. This apprehension or resistance towards compassion involves three distinct dimensions: the fear of expressing compassion for others, the fear of responding to compassion from others, and the fear of self-compassion. Initially conceptualised by Rockliff in 2008, compassion fear is characterised by the perception of compassion as weakness or indulgence, and it includes concerns about potential misuse by others if expressed towards them (31, 32, 33). In addition, it also refers to the resistance of the individual against being compassionate for self and others (34). Individuals who have a fear of compassion are afraid of showing compassion and are deprived of compassion. Fear of compassion also appears when individuals refrain from doing it, do not see themselves as sufficient, or think they do not deserve it (35,36). The three dimensions of compassion fear were explained as follows:

Fear of Expressing Compassion for Others: This fear refers to individuals’ resistance to the compassion they show towards others (37). They experience this fear concerning sensitivity to the thoughts and feelings of others (38).

Fear of Responding to Compassion from Others: This is a fear of compassion that includes the compassion we receive from another individual and experience and appears as resistance to this compassion (38).

Fear of Self-Compassion: Fear of self-compassion does not mean that individuals lack self-compassion. This fear describes the resistance of individuals to show self-compassion (39).

There is an intersectionality of compassion and compassion fear with personality traits, attachment styles, and past trauma, seeking to identify commonalities and divergences among nursing professionals. Contributing factors, including gender, professional roles, and personal experiences, were examined to provide insight into the various contexts in which compassion fear may manifest. Studies examining the socio-demographic landscape reveal diverse findings regarding gender differences in compassion fear. Some emphasised that men have less fear of compassion than women (40, 41), whereas others have indicated that the fear of compassion does not change by gender (20). Additionally, variables such as the number of children, marital status, and professional roles are identified as potential predictors (20). Psychological factors, including

personality traits and attachment styles, play a crucial role, with higher levels of self-criticism and insecure attachment associated with difficulties in expressing and receiving compassion. Less judgmental individuals exhibit higher levels of self-compassion, and children with secure attachment are more forgiving and compassionate (42). Secure attachment during childhood is linked to a reduced fear of compassion fear (40).

Trauma and abuse during childhood emerge as significant contributors to compassion fear, wherein individuals who have experienced such adversities tend to exhibit higher levels of reluctance in expressing compassion to themselves and others (43, 44). Individuals who did not receive enough love and attention from their parents and were even neglected and abused by their parents during childhood experience fear of compassion towards themselves (35). Negative correlations with depression, anxiety, stress, and self-criticism mark the associations between compassion and mental health. Moreover, compassion fear is inversely related to self-confidence and is associated with indicators of alexithymia, low empathy, and happiness levels (28, 35, 36, 39, 45). A meta-analysis also the fear of compassion prevented the feeling of compassion, which protects from psychopathology (46).

Beyond the psychological realm, compassion fear extends to physiological reactions, potentially leading to elevated stress levels in affected individuals (47). This fear is also implicated in health-related issues, such as eating disorders, irregular eating habits, and heightened levels of shyness (43,48).

In their study, Basran et al. (2019) reported that the fear of compassion for others and the fear of compassion from others differed, and the fear of compassion for others might be associated with prosocial and antisocial personality dimensions (49). Additionally, in individuals with borderline personality disorder, fear of compassion was found to be a guide in estimating oxytocin levels (50).

Fear of Compassion and Nursing Care

Compassion and fear of compassion not only affect health outcomes but also change patients' experience and the professional satisfaction of nurses. Contributing factors, including gender, professional roles, and personal experiences, are examined to provide insight into the various contexts in which fear of compassion may manifest in nursing (51).

It is important for professionals who work closely with individuals to understand how compassion affects a sense of responsibility and professional values. Compassion influences nurses' own well-being and professional practises, and compassionate care (52) enhances the quality of patient care (53). Studies report that compassionate care also increases patient satisfaction (54, 55). On the other hand, considering being a partner in someone else's pain, which forms the basis of compassion as unprofessional and seeing compassion as an obstacle to making professional decisions, is a problem encountered in the nursing literature (26). Another problem is the association between fear of compassion and alexithymia,

described as being mute with emotions or having difficulty expressing emotions verbally. It has been reported that nurses' alexithymia levels are moderate and high, and these conditions affect problem areas such as communication and burnout (56,57).

A study found that nurses' compassion levels were positively correlated with their caregiving behaviours (58). Nurses who provide compassionate care are willing to understand the suffering of individuals and help them when they feel compassion for them. However, when they are afraid of this compassion, their reluctance to understand suffering and help may increase (59). In a study conducted by Khanjani et al. (2021) with nursing students, they reported that fear of compassion was positively correlated with burnout (59). It was determined that the fear of compassion also affected the level of empathy, and when the fear of compassion increased, the level of empathy lowered (60).

It is stated that self-compassion can be a protective factor for psychological well-being (61) and play a buffer role by alleviating the effect of stress (62). If nurses show compassion for themselves, they can provide compassionate care to their patients (63). It was suggested that the fear of compassion of healthcare professionals who receive compassion training decreases (64), and the compassionate mind model-based training can alleviate students' fear of compassion (55).

CONCLUSION

This study contributes to the field by shedding light on a nuanced and evolving aspect of nursing care—compassion fear. While the literature recognises compassion as a positive force, this study delves into the emerging phenomenon in which nurses experience the fear of expressing and receiving compassion. By systematically reviewing Turkish and English studies, this research explores the dimensions of compassion fear, its prevalence, and the factors contributing to its manifestation within nursing. This study comprehensively explains the potential challenges posed by compassion fear, its impact on professional commitment, burnout, empathy, and the overall quality of patient care. The intersectionality of compassion fear with personality traits, attachment styles, and past trauma was explored, providing valuable insights for developing interventions and strategies to address this complex issue within the nursing community.

The fear of compassion, one of the main barriers to compassionate care, should be addressed as a nursing problem. When the negative effects of the fear of compassion on professional commitment, burnout, empathy, quality of care, and patient care satisfaction are assessed together, the fear of compassion and compassion are important issues for the nursing profession. While addressing this issue, it should be considered that professional nursing roles and definitions may be a factor that prevents us from showing compassion. Moreover, because there are not enough studies examining the relationship between the fear of compassion, which is a new concept, and nursing care, it is recommended to identify

and prevent problems by increasing the number of studies examining the effects of fear of compassion on patient care quality.

Acknowledging compassion fear's potential challenges is crucial for fostering a supportive and empathetic healthcare environment. Recommendations for future research include exploring interventions to mitigate compassion fear, assessing its impact on patient outcomes, and developing strategies to enhance compassionate care despite compassion fear. Understanding compassion fear in nursing is essential for promoting a holistic and patient-centred approach to healthcare.

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REFERENCES

1. Strauss, C., Taylor, B. L., Gu, J., Kuyken, W., Baer, R., Jones, F. and Cavanagh, K. What is compassion and how can we measure it? A review of definitions and measures. *Clinical psychology review* 2016 ; 47: 15-27.
2. Bayar, Ö., & Dost, M. T. Üniversite öğrencilerinde öz-şefkatin yordayıcıları olarak bağlanma tarzı ve algılanan sosyal destek. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi* 2018; 33(3): 689-704.
3. Cornelius, E. The motivation and limits of compassion. *HTS: Theological Studies*, 2013; 69(1), 1-7.
4. Van Der Cingel, M. Compassion and professional care: exploring the domain. *Nursing Philosophy* 2009; 10(2), 124-136.
5. Kabat-Zinn, J. (2010). Letting everything become your teacher: 100 lessons in mindfulness. *Delta*, 2010.
6. Ferrari, M., et al. Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness* 10, 2019; 1455-1473.
7. Türk Dil Kurumu Sözlükleri. <https://sozluk.gov.tr/>. Erişim Tarihi 2023.
8. Bonaz, Bruno, Thomas Bazin, and Sonia Pellissier. The vagus nerve at the interface of the microbiota-gut-brain axis. *Frontiers in neuroscience* 12, 2018: 336468.
9. Pradhan, Elizabeth K., et al. Effect of mindfulness-based stress reduction in rheumatoid arthritis patients. *Arthritis Care & Research*. 2007 ; 1134-1142.
10. Van der Cingel, Margreet. «Compassion in care: A qualitative study of older people with a chronic disease and nurses.» *Nursing ethics* 18.5, 2011; 672-685.
11. Bloomfield, J., & Pegram, A. Care, compassion and communication. *Nursing Standard*. 2014; 29(25), 45.
12. McCaffrey, G., and Shelagh McConnell. Compassion: a critical review of peer-reviewed nursing literature. *Journal of Clinical Nursing*. 2015;3006-3015.
13. Bradshaw, Ann. Compassion: what history teaches us. *Nursing times*. 2011 ; 12-14.
14. Arşimet, Asima, and Satı Dil. COVID-19 tanılı hastaya NANDA-I ve Joyce Travelbee'nin insan insana ilişki modeline göre verilen hemşirelik bakımı: bir olgu sunumu. *Bandırma Onyedi Eylül Üniversitesi Sağlık Bilimleri ve Araştırmaları Dergisi* 3.3. 2021 ;229-239.
15. Özsoy, Süheyla, and Rengin Dönmez. Hemşirelik Mesleğinin İlk Etik Kodları: Geçmişten Günümüze Hemşirelik Andı. *Ege Üniversitesi Hemşirelik Fakültesi Dergisi* 33.1. 2017 ; 111-122.
16. Tanrıku, Ebru, and Yıldız Denat. «Hemşirelikte Merhametli Bakım.» *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi* 15.4. 2021 ; 541-556.
17. Goetz, J. L., Dacher Keltner, and Emiliana Simon-Thomas. Compassion: an evolutionary analysis and empirical review. *Psychological Bulletin* 136.3.2010;351.
18. American Nurses Association Code of ethics for nurses with interpretive statements, 2015.
19. International Council of Nurses. The ICN Code Of Ethics For Nurses, 2020.
20. Eşref, Nas., and Sak. Ramazan. Merhamet ve meramec odaklı terap. *Manisa Celal Bayar Üniversitesi Sosyal Bilimler Dergisi* 18.1.2020 ; 64-84.
21. Scott, P. Anne. Emotion, moral perception, and nursing practise. *Nursing Philosophy* 1.2.2000 ; 123-133.
22. Uslu, Yasemin, and Fatma Demir Korkmaz. «Yoğun bakımda hemşirenin hissi tarafı "şefkat" ve bakım.» *Yoğun Bakım Hemşireliği Dergisi* 20.2 .2016 ; 108-115.
23. Blomberg, Karin, et al. Interventions for compassionate nursing care: A systematic review. *International journal of nursing studies* 62.2016 ;137-155.
24. Cole-King, Alys, and Paul Gilbert. *Compassionate care: the theory and the reality. Providing compassionate healthcare.* Routledge. 2014 ; 68-84.
25. Papadopoulou, Irena, and Sheila Ali. Measuring compassion in nurses and other healthcare professionals: An integrative review. *Nurse education in practise* 16.1. 2016 ;133-139.
26. Von Dietze, Erich, and Angelica Orb. Compassionate care: a moral dimension of nursing. *Nursing Inquiry* 7.3 .2000 ; 166-174.
27. Horsburgh, Dorothy, and Janis Ross. Care and compassion: the experiences of newly qualified staff nurses. *Journal of clinical nursing* 22.7-8.2013 ; 1124-1132.
28. Sinclair, S., et al. Compassion: a scoping review of the healthcare literature. *BMC palliative care*.2016 ; 16.
29. Daştan, Buket, et al. Hemşirelerin profesyonel değerler algısı ve etkileyen faktörlerin incelenmesi. *Hacettepe Üniversitesi Hemşirelik Fakültesi Dergisi* 10.1.2023 ; 16-23.
30. Compassion in Practise Evidencing the impact, Mayıs 2016. Erişim Tarihi : 2023. Şuradan edinilebilir: <https://www.england.nhs.uk/wp-content/uploads/2016/05/cip-yr-3.pdf>
31. Rockliff, Helen, et al. Pilot exploration of variability in heart rate and salivary cortisol responses to compassion-focused imagery. *Clinical Neuropsychiatry: Journal of Treatment Evaluation*. 2008
32. Gilbert, Paul, et al. Fears of compassion and happiness in relation to alexithymia, mindfulness, and self-criticism. *Psychology and Psychotherapy: Theory, research and practise* 85.4.2012 ; 374-390.

33. Gilbert, Paul, and Jennifer Mascaro. Compassion: Fears, blocks, and resistances: An evolutionary investigation. Vol. 399. Oxford, UK: Oxford University Press, 2017.
34. Çevik, Özlem, and Fuat Tanhan. Merhamet korkusu: Tanımı, nedenleri ve önlenmesi. *Psikiyatride Güncel Yaklaşımlar* 12.3.2020 ;342-351.
35. Gilbert, Paul, et al. Fears of compassion: Development of three self-report measures. *Psychology and Psychotherapy: Theory, research and practise* 84.3.2011 ; 239-255.
36. Bakalım, Orkide, and Faika Şanal Karahan. «Yetişkinlerde şefkat korkusu ve psikolojik esneklik.» *IBAD Sosyal Bilimler Dergisi* 12 .2022 ; 539-559.
37. Crocker, Jennifer, and Amy Canevello. «Creating and undermining social support in communal relationships: the role of compassionate and self-image goals.» *Journal of personality and social psychology* 95.3. 2008 ; 555.
38. Xavier, Ana, Marina Cunha, and José Pinto Gouveia. Deliberate self-harm in adolescence: The impact of childhood experiences, negative affect, and fears of compassion. *Revista de Psicopatología y Psicología Clínica* 20.1.2015 ; 41-49.
39. Kelly, A. C., et al. Self-compassion and fear of self-compassion interact to predict response to eating disorders treatment: A preliminary investigation. *Psychotherapy Research* 23.3. 2013 ; 252-264.
40. Harris, D. The relationship between fear of compassion, attitudes towards emotional expression and subjective well-being among a community adult sample. Diss. University of Essex, 2017.
41. Kurtoğlu, Mustafa, and Şaziye Senem Başgöl. Koruyucu faktör olarak öz-şefkat üzerine bir derleme çalışması. *Journal of Cognitive-Behavioural Psychotherapy and Research* 10.1.2021 ; 56-65.
42. Sayar, K. Merhamet, 4. baskı. İstanbul, Kapı Yayınları, 2019.
43. Liotti, Giovanni. Trauma, dissociation, and disorganised attachment: three strands of a single braid. *Psychotherapy: Theory, research, practise, training* 41.4.2004 ; 472.
44. Miron, Lynsey R., et al. The potential indirect effect of childhood abuse on post-traumatic pathology through self-compassion and fear of self-compassion. *Mindfulness* 7.(2016 ; 596-605.
45. Joeng, Ju Ri. Mediating roles of fear of compassion from self and others, self-Compassion, and perceptions of social support on the relationships between self-criticism and depressive symptoms.2014.
46. Kirby, James N., Jamin Day, and Vinita Sagar. The 'Flow'of compassion: A meta-analysis of the fears of compassion scales and psychological functioning.*Clinical Psychology Review* 70 .2019 ; 26-39.
47. Duarte, Joana, et al. Do therapeutic imagery practises affect physiological and emotional indicators of threat in high self-critics?. *Psychol Psychother: Theory, Research and Practise* 88.3. 2015 ; 270-284.
48. Dias, Bernardo Santos, Cláudia Ferreira, and Inês A. Trindade. Influence of fear of compassion on body image shame and disordered eating. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity* 25.2020 ; 99-106.
49. Basran, Jaskaran, et al. Styles of leadership, fears of compassion, and competing to avoid inferiority. *Frontiers in psychology* 9 .2019 ;416714.
50. Ebert, Andreas, et al. Endogenous oxytocin is associated with the experience of compassion and recalled upbringing in Borderline Personality Disorder. *Depression and Anxiety* 35.1. 2018 ; 50-57.
51. Lown, Beth A., Julie Rosen, and John Marttila. An agenda for improving compassionate care: a survey shows that about half of patients say such care is missing. *Health Affairs* 30.9. 2011 ; 1772-1778.
52. McClelland, Laura E., Allison S. Gabriel, and Matthew J. DePuccio. Compassion practises, nurse well-being, and ambulatory patient experience ratings. *Med Care* 2018;56.1:4-10.
53. Higashibata, Takahiro, et al. Work environmental factors associated with compassion satisfaction and end-of-life care quality among nurses in general wards, palliative care units, and home care settings: A cross-sectional survey. *International Journal of Nursing Studies* 143.2023 ; 104521.
54. Department of Health (2015). The NHS constitution. <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>
55. McVicar, Andrew, et al. Promotion of professional quality of life through reducing fears of compassion and compassion fatigue: Application of the Compassionate Mind Model to Specialist Community Public Health Nurses (Health Visiting) training. *J Clin Nursin*
56. Konal Korkmaz, Ebru, et al. Hemşirelerde aleksitimi ve aleksitiminin tükenmişlik, öfke ve somatizasyon ile ilişkisi. *Psikiyatri Hemşireliği Dergisi* 11.4.2020 ; 284-291.
57. Karaismailoğlu, Demet, Nurşen Kulakaç, and Dilek Çilingir. Ameliyathane hemşirelerinde aleksitimi düzeyi ve iletişim becerilerine etkisi: Doğu Karadeniz örneği. *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi* 10.1.2021 ; 81-87.
58. Kolay, Nuray. Yoğun bakım hemşirelerinde merhamet ile bakım davranışları arasındaki ilişki. MS thesis. Sağlık Bilimleri Enstitüsü, 2019.
59. Khanjani, Sajad, et al. Burnout, compassion for others and fear of compassion: a quantitative study in Iranian nurses. *Trends in psychiatry and psychotherapy* 43. 2021 ; 193-199.
60. Özdelikara, Afıtap, and Serpil Babur. Hemşirelik öğrencilerinin merhamet düzeyi ve empatik eğilim ilişkisi. *Acıbadem Üniversitesi Sağlık Bilimleri Dergisi* 2 .2020 ;342-349.
61. Boellinghaus I, Jones FW, Hutton J. Cultivating self-care and compassion in psychological therapists in training: the experience of practising loving-kindness meditation. *Train Educ Prof. Psychol.* 2013;7(4):267–277. doi:10.1037/a0033092
62. Delaney, Martin C. Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion (MSC) training programme on nurses' compassion fatigue and resilience. *PloS one* 13.11.2018 ; e0207261
63. Heffernan, Mary, et al. Self-compassion and emotional intelligence in nurses. *International journal of nursing practise* 16.4.2010 ; 366-373.
64. Scarlet, Janina, et al. The effects of Compassion Cultivation Training (CCT) on health-care workers. *Clinical Psychologist* 21.2 .2017 ;116-124.

