



University of Eastern Africa Baraton, Kenya



Student assignment – Master's Degree in Global Health Care

## Compassion in Global Health

*Essay*

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# 1 INTRODUCTION

For this essay I have chosen two articles besides looking at the video “Compassion in Global Health”, reading the study guide that comes with this video and reading the “Core Humanitarian Standard on Quality and Accountability” and other recommended reading from the course.

The two articles are: “Emotional Intelligence: A Core Competency for Health Care Administrators” by Brenda Freshman and Louis Rubino (in the text referred to as EI article) and “How does it really feel to be in my shoes? Patients’ experiences of compassion within nursing care and their perceptions of developing compassionate nurses” by Louise Bramley and Milika Matiti (in the text referred to as SHOE article).

## 2 THE MEANING OF COMPASSION, LOVE AND FORGIVENESS IN GLOBAL HEALTH, A SHORT ESSAY

I start with a very short comment on the meaning of love, forgiveness and compassionate care in Global Health context. Love and forgiveness I see as working motivated from “the heart” as opposed to working for economical, practical, commercial or political reasons. The rest of the essay focusses on the Compassionate care. I don’t distinguished too much on whether the work environment is “normal” work or disaster situation as I see the need for compassionate care in both settings and much more as a core value for nursing under all circumstances.

I don’t want to spend too much words on defining compassion, as from all what I have read, it is a “concept-under-construction”. The definition that I present here is from Dewar speaking at the 2010 Royal College of Nursing International Conference (quote) “...the way in which we relate to human beings, It can be nurtured and supported. It involves noticing another person’s vulnerability, experiencing an emotional reaction that is meaningful for people...” (end quote). This is in line with what in the video is called “consequential compassion”. I can fully agree with the addition that compassion includes action, otherwise it becomes a passive and personal emotion/feeling of “feeling the others suffering” only.

When watching the video and reading the study guide that comes with it, the first thing that got my attention was the sentence (quote)“..an assumption that scientific and clinical competency is incompatible with compassionate emotion...”(end quote). I think that this assumption is very widely present both by public as well as under the medical professionals.

Two other assumptions that I want to present here in the beginning is what in both the articles I chose is brought to the attention: the assumption that a nurse by nature has the quality of compassion. In other words, only persons with compassion enter the nursing profession. And the logical conclusion is then that this quality doesn't need training during nursing education as it is in the nurse already. And the second assumption is that the main obstacle for compassionate care in today's production/efficiency orientated work environment is time constrains.

The EI article is focussing on Emotional Intelligence in Health Care Administrators. In this article it is stated that the competences (such as compassion) are due to new research, nowadays seen as skills that can be developed rather than personality traits. I was a bit surprised by that at first, but thinking a bit about it, it actually does make sense. Isn't it so that “one rotten apple can spoil the whole basket?” Or in a positive way, if the strong personality's/leaders of a ward practice compassionate care, then the whole ward will radiate that attitude.

In this same EI article there is a lot about how compassion and its elements are actually key factors in leadership and resulting in effectiveness. Further on in this article is written “Emotional Intelligence skills of self-awareness, reflection, intuition and compassion for yourself and others will be of great service towards using energy stirred up by emotional events in productive ways”. I couldn't agree more.

The SHOE article: I was almost crying when reading it. It reflects many thoughts that I have about my nursing profession these days and it is so well written down in this article. I am working in an environment where I sense that compassion is not seen as a needed quality (often heard: working in the O.T: *patients are mostly in sleep anyway*). Another important “rule” nowadays is that effectiveness is superior to everything else (Management model; *no time for compassion*) and that the O.T is a technical environment (Staff selection criteria's: *O.T doesn't need compassion orientated individuals*).

Once after some frustrating days at work because of the introduction of new technology I made the clay sculpture that you see next to this text. It is a word play on Florence Nightingale, Floored Nightingale as I felt that I was held down and overwhelmed to be a nurse that focussed on technology at the cost of compassion.

Florence Nightingale is widely seen as the founder of modern nursing and she professes that good nurses cultivate certain character values one of which is compassion. I agree with this view.



Figure 1. Clay Sculpture “Floored Nightingale”. Own collection Anneke van Vliet

The SHOE article gives many examples about the need to provide compassionate care and the benefits for the patients, nurse and organisation of compassionate care.



Figure 2. Compassionate action in O.T. Source own collection Anneke van Vliet

What I found encouraging reading is that providing compassionate care is also possible in short moments. As one of the patients of the research group states, “... a look or a touch ...it makes you feel like a human being. I know they are busy, but the small things show they care...” This could especially apply to the O.T in case the patient is treated under general anaesthesia.

The question how to apply compassionate care and respect of human dignity in disaster situation I would answer that these values should be deeply seated in the nurse in his/her daily work routines and then when working in disaster situations these values continue to be present and visible in his/her work.

### **3 CONCLUSION**

Contrary to what many assume (compassion is an element that doesn't belong in competent nursing) there is research and literature that support the opposite: compassion is fundamental to nursing care. Compassion in care is a core value and definitely not an incompetency. Compassion is a value that needs to be trained and nourished in the nurse's education and in their working life. Compassion cannot be ignored in care with the excuse that there is no time. Compassion in leadership is raising effectiveness. Compassion in nursing care doesn't always need lots of time.

## LIST OF REFERENCES

Self-chosen articles:

Bramley, L., & Matiti, M. (2014). How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses. *Journal of clinical nursing*, 23(19-20), 2790-2799.

Freshman, B., & Rubino, L. (2002). Emotional intelligence: a core competency for health care administrators. *The health care manager*, 20(4), 1-9.

Course material used in this assignment:

Compassion in Global Health Study Guide. Retrieved from <http://ccagh.org/wp-content/uploads/2012/05/Compassion-in-Global-Health-Study-Guide-2011-11-30-5.25-wide.pdf> last accessed 24.02.2017

Compassion in Global Health Video Retrieved from <https://www.youtube.com/watch?v=ydn0H60K3Nk> last accessed 24.02.2017

Core Humanitarian Standard on Quality and accountability. Retrieved from <https://corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20English.pdf> last accessed 24.02.2017