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## The Art of Compassion: Educating Nurses for the World (Chapter in Awaken the Stars: Reflections on What We Really Teach)

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# The Art of Compassion: Educating Nurses for the World

Lorretta Krautscheid

Nursing Professor Lorretta Krautscheid studies the ability of student nurses to integrate ethical knowing within professional practice and teaches strategies promoting moral agency and moral distress resilience. She has published her work in pre-licensure and post-licensure peer-reviewed nursing education journals and the popular press and has received local grants to support her research as well as innovative teaching practices.

A unique and perhaps subtle difference exists between educating the best nurses in the world and educating the best nurses *for* the world. There is a distinction between the two that is at the heart of what makes caring for someone in their time of need an incredible vocation. Think upon a time when you experienced the knowledge, skills, and care of a nurse. I think each of us can identify or recall nurses who were proficient and effective coordinators of care. They were nurses who were professionals in the world, protecting and promoting health and safety for individuals, families, and populations. You might also have vivid recollections of unforgettable, highly venerated nurses who were something more *for* you; their presence seemed to make all the difference. There was something about them that activated the transition from good to great. That something, I believe, was *compassion made alive* by the nurse's ability to engage in meaningful and transformative human connections. In nursing, compassion involves seeing the patients as more than the sum of their diagnosis, vital signs, and laboratory results. A nurse who personifies compassion has cultivated a deep-rooted concern for the total well-being of others while also striving to alleviate their suffering.

Professional nursing organizations consider compassion to be a fundamental and essential attribute of nursing practice. And yet compassion is at risk in contemporary healthcare environments.

Overwhelming nurse-to-patient ratios, intricate patient care technologies, high acuity assignments, and complex systems issues can distract nurses from focusing on compassion, thwarting person-centered care. Students should be encouraged to develop the art of compassion as they strive to become nurses who are both technically competent clinicians in the world and person-centered compassionate healers *for* the world.

I endeavor to teach nursing students to engage with others on a human dimension while simultaneously teaching the formal and vitally important curricular concepts they need to be skilled in their work. Confining compassion to the *optional* realm of practice deprives patients and nurses alike. For patients, the absence of compassionate caring manifests in feeling disenfranchised, objectified, and dehumanized. Such feelings may result in higher levels of anxiety, distrust, and noncompliance with recommended healthcare treatment plans. For nurses, work that is devoid of caring may result in indifference, erosion of professional identity, burnout, and

turnover. Including compassion in nursing education is vital and naturally raises provocative questions, inspiring transformational classroom conversations that challenge the status quo: What does it look like to be in relationship with your patients? What assumptions and/or fears arise for nursing students when we discuss compassionate caring? How do we develop in future nurses the capacity to look beyond the cells, tissues, and systems and ask deeper, more humanizing questions?

Consider the case of a fifteen-year-old female scoliosis patient who, among many things, is a brilliant, actively-recruited soccer, track, and softball athlete. While teaching nursing students peri-operative physical assessment concepts for the woman's condition, I also show them how to assess and provide nursing care for the young patient, who is having surgery to reduce the debilitating spinal curvature associated with scoliosis. Students learn that metal rods are attached to the bones of the spine with screws. They learn that the twenty-one-inch incision extending from the top to the bottom of her spine will heal and that her

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osteoblasts will promote new bone growth to stabilize the screws in her vertebra. They learn that the straightening of her spine will improve depth of breathing and reduce the compression on her lungs and heart. They learn about critical elements of care such as monitoring vital signs, cardiac activity, ventilation, surgical wound healing, activity limitations, and pain management. Students are prepared to integrate the science of nursing via the knowledge and practical skills needed to promote healing of the human organism, prevent infection, and provide patient-specific education.

Described above, the education feels objective and scientific, yet it risks de-humanizing the young athlete we have before us. And while science and technology are essential components of quality patient care, so is the pursuit of meaningful human connections within the context of the nurse-patient relationship: What will be the emotional and psychological impact of this surgery on the patient? What might be her hopes, her fears? How might this medical intervention transform her athletic future? I bring compassion out of concealment by intentionally infusing emotion-evoking, compassion-engaging teaching strategies. Through pictures and narratives, stu-

dents learn to *see* the patient as a human who is much more than her disease. They learn to ask questions such as: What is the meaning of this surgery for her, now and in the future? How can I be the best nurse for her and her family at this time?

Nurses regularly encounter situations in which they must consciously and deliberately evoke compassion for persons exhibiting antagonistic behaviors and anger (often attributed to the patient's pain, suffering, and vulnerability). The essence of being a great nurse *for* the world is the capacity to connect with people, respecting the inherent dignity and worth of each individual, and understanding the meaning of the circumstances in their lives. Teaching students to actively use compassion in their professional practice requires exploring possible issues, challenging hidden assumptions, and developing and rehearsing creative solutions.

Students also learn compassion and relationship-based caring through observations of role-models, including me. While students do not observe me in clinical practice, my compassion and respect for the inherent dignity of individuals is role-modeled through the humanistic approach which permeates all my work with stu-

dents. I strive to foster enthusiasm, initiative, responsibility for learning, and mutual respect in and outside of the classroom. Humanistic values such as caring for, nurturing, and developing the student's potential are purposefully engineered within the learning environment. For example, each class begins with warm language, inviting students to ask questions and seek clarity about the class, clinical experiences and the curriculum. Additionally, my teaching communicates that I am invested in students as real people and enthusiastic about nurturing their learning. Both role-modeling and structured classroom learning activities promote congruent mental models about compassionate caring in professional nursing.

Students arrive at a college or university already possessing elements of compassion and how to be in human relationships within social contexts. My colleagues and I assist students in building upon that foundation with a repeated vision of relational and altruistic nursing practice. Higher education for nurses stimulates the learning community to widen its perspectives, inspiring attitudes of service while equipping nurses to be the best *for* the world and *for* the human family.