

The Centrality of Compassion in Mental Health Nursing (Editorial)

BOND, Carmel <<http://orcid.org/0000-0002-9945-8577>>, USHER, Kim
<<http://orcid.org/0000-0002-9686-5003>> and JACKSON, Debra
<<http://orcid.org/0000-0001-5252-5325>>

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The Centrality of Compassion in Mental Health Nursing

Dr. Carmel Bond
Professor. Kim Usher AM
Professor. Debra Jackson AO

Introduction

Compassion is central to mental health nursing, deeply embedded in the ethos of care and principles of recovery. In a study that sought to identify the characteristics of a compassionate nurse, Durkin et al. (2019a), identified eight elements and these included: self-care, connection, empathy, interpersonal skills, communication, and engagement. However, at a time of increasing clinical demands and workforce shortages, the expression of compassion in nursing may be constrained. How can nurses ensure that compassion remains central to their practice, even in challenging circumstances? In this editorial, we consider the vital role of compassion in nursing, highlighting its impact on patient outcomes, its role in fostering therapeutic relationships through effective communication, and its contribution to professional resilience.

What is Compassion?

Over the last 15 years, a substantial body of empirical work has reinforced the significance of compassion for patients, families, and healthcare professionals (Sinclair et al., 2016; Sinclair et al., 2024). Recognised as a deliberate and ethical response, compassion involves understanding, acknowledging, and alleviating the suffering of others through meaningful engagement and purposeful action (Sinclair et al., 2016, 2018). Compassion remains central to the delivery of high-quality, patient-centred care and is a fundamental principle of medical ethics worldwide (General Medical Council, 2024; American Medical Association, 2024; NHS England, 2015).

Despite its recognised importance, the way compassion is expressed can vary among practitioners. A systematic review by Durkin et al. (2019b) explored how nurses demonstrate compassion and how patients experience it. These authors found that nurses express compassion through actions such as spending time with patients and engaging in effective communication, while patients perceive compassion as a sense of togetherness with their caregivers. However, high acuity areas as well as other workforce pressures may make compassion 'difficult'.

While compassion has been linked to greater patient satisfaction (Boss et al., 2024) and improved perceptions of care quality (Malenfant et al., 2022; Jakimowicz et al., 2018), its impact extends beyond patient outcomes. For mental health nurses, fostering compassion in practice not only enhances patient care but can also play a crucial role in professional resilience. Through reinforcing a sense of purpose, compassion can help nurses to increase emotional connections as well as job satisfaction, helping to buffer against burnout and sustain long-term engagement – even in the most demanding clinical environments (Alonazi, Alshowkan, & Shdaifat, 2023). In the face of demanding clinical environments, practicing with compassion can help enable nurses to navigate the emotional challenges associated with work while maintaining well-being and commitment to high-quality care.

Centrality of Compassion to Mental Health Nursing

Compassion is a fundamental aspect of mental health nursing, deeply valued by patients. As Wildbore et al. (2024) explain, compassion often emerges as a central theme when individuals discuss their healthcare experiences. This underscores the centrality of compassion in relation to the underlying perceptions patients have about the care they receive. These authors outline three essential aspects of mental health care that are central to the patient's 'felt sense response' in relation to the 'feeling' of receiving compassion. The first is the nurses' 'presence' which means being fully attentive and available to the person sitting in front of them; conveying genuine interest and concern. The second is seeking to understand the individual holistically by engaging in accepting and non-judgmental ways. Finally, exhibiting warmth and empathy through both verbal and non-verbal communication is key to the expression of compassion in mental health care.

However, as we have mentioned, the interpretation and application of compassion can vary among practitioners. Bond et al (2022) explored mental health nurses' perspectives on compassion, identifying several key themes. For example, compassion is widely regarded by nurses as both a personal and professional trait, deeply embedded in their identity and essential to their practice. It is viewed as fundamental to effective patient care, fostering trust and strengthening therapeutic relationships. Yet, various challenges, such as administrative burdens and ethical dilemmas, hinder the consistent expression of compassion in clinical settings. Additionally, while institutional policies aim to promote compassionate care, nurses hold diverse perspectives on their effectiveness, emphasising the need for supportive organisational cultures that truly enable and sustain compassionate practice.

Conveying Compassion in Mental Health Nursing

Conveying compassion is not simply an emotional response — it is a skill that requires intentionality, practice, and reflection, and involves both verbal and non-verbal communication. Active listening, maintaining eye contact, using a calm tone, and validating patients' experiences are all fundamental aspects of compassionate interactions. Bond (2024) emphasises that communication skills are critical in mental health nursing, ensuring that patients feel heard, understood, and valued — skills that are central to compassionate care.

However, it is important to recognise that compassion goes beyond empathy. It requires intentional action, a deep understanding of patients' emotional states, and the ability to communicate care effectively. Compassion is not simply an innate trait but a skill that can be developed. Research indicates that nurses who engage in reflective practice, cultivate emotional intelligence, and receive training in therapeutic communication are better equipped to convey compassion in a meaningful and authentic way (Pangh et al., 2019).

In addition to communication skills, the respectful use of touch plays a significant role in fostering compassion. Durkin, Jackson, Usher (2021) note that touch, whether incidental or deliberate, can create a sense of safety, authenticity, and connection between nurse and patient. This aligns with the humanistic, person-centred approaches that prioritise dignity and respect in care delivery. However, touch is a complex tool that must be used with caution. Mental health nurses must navigate various considerations, such as a patient's history, cultural norms, and personal boundaries — to ensure it enhances the therapeutic relationship without compromising patient comfort or trust (Bond et al., 2022). Thus, nurses must strive to obtain a delicate balance of seeing the person beyond the diagnosis while remaining mindful to the possibility of re-traumatisation, ensuring they treat each patient with the utmost sensitivity.

Despite its importance, conveying compassion in the demanding environment of mental health nursing presents challenges. High patient acuity, staff shortages, and the emotional labour that comes with supporting individuals in psychological distress can undermine nurses' ability to stay present and empathetic. As such, burnout is a real threat to maintaining compassionate care. To support nurses in this, institutions and professional bodies must prioritise strategies that safeguard emotional well-being, such as reflective practice, regular clinical supervision, and organisational policies designed to reduce staff burdens.

Compassion Crisis: A Need for Systemic Change

Despite sustained interest in compassion from policymakers, researchers, patients, and families, numerous reports have indicated a continued lack of compassion in patients' experiences of care (Bond et al, 2024; Panorama Team and Lee, 2022; Lown et al., 2017). This disconnect highlights a significant gap in compassionate practice. Likewise, Sinclair et al., 2016 and Boss et al (2024) have shown there are frequently missed opportunities for compassionate care, for example, during outpatient and surgical appointments, and during end-of-life discussions. These findings stress the challenge of maintaining compassion amidst the pressures of clinical practice.

The lack of consistent compassionate care also extends across demographic lines. Studies have shown that different patient populations, such as Latino and Indigenous patients, report lower levels of compassion and respect, contributing to diminished patient satisfaction and trust (General Medical Council, 2024). For mental health nurses, being 'with' the person in their care, engaging deeply with patients and truly understanding their emotional and psychological states, is central to compassionate practice.

However, in healthcare systems where compassionate care is often undervalued, mental health environments are facing a crisis of compassion, where increasing workloads, systemic pressures, and emotional exhaustion are eroding the capacity for nurses to provide compassionate care. As mental health professionals struggle to meet growing demands, both patients and staff are at risk of experiencing emotional neglect and disconnection, which can threaten the quality of therapeutic relationship between nurses and patients, as well as the collegial relationships among nurses.

In the face of this 'compassion crisis', it is crucial that healthcare institutions and professional bodies support strategies to foster compassion. This includes training and reflective practice for nurses, promoting emotional intelligence, and incorporating tools that can reliably measure patient perceptions of compassion across different healthcare settings, such as the Sinclair Compassion Questionnaire (SCQ) (Sinclair et al., 2024; Sinclair et al., 2021). Addressing compassion is essential, not only to enhance the patient experience but also to protect the emotional resilience of healthcare providers, ensuring that they remain capable of offering compassionate care even under the most challenging circumstances.

In highly pressured mental health environments, compassion is essential not only for delivering high-quality care to patients experiencing mental distress but also for fostering supportive workplace cultures. It is important that leaders model compassion in the workplace. Pattison and Corser (2023) suggest that factors such as autonomy, contribution and belonging

are associated with nurses delivering compassionate care, and workplace cultures that foster these factors can be nurtured through compassionate leadership. Compassionate leaders are those who 'listen, connect, feel close to others, to take perspectives and interest in staff' (Pattison & Corser 2023). We believe that when colleagues extend compassion to one another, a healthier, kinder and more resilient workforce can result. By prioritizing compassion in mental health environments, we can foster cultures where both care providers and those they serve feel valued and supported.

Concluding Remarks

Compassion is not just an abstract ideal but a practical necessity in nursing. The expression of compassion may not come naturally to everyone; it is a skill that requires intentionality, practice, and reflection. As we face an era of growing clinical demands and workforce shortages, it is essential that health leaders recognise the importance of fostering compassion in care. Ensuring that compassion remains central to mental health nursing is not merely about enhancing patient care; it is about safeguarding the well-being of healthcare professionals and strengthening the overall healthcare environment. It is crucial that proactive measures are taken to create systems that support compassionate care, such as reducing administrative burdens, offering ongoing training, and prioritising mental health support for staff. Only by nurturing compassion in both practice and policy can we hope to address the systemic challenges and create an environment where both nurses and patients can thrive. Compassion, after all, is the foundation of effective, patient-centred care, and it is through this fundamental principle that we can build more resilient and compassionate mental health systems for the future.

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