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Original Article

Exploring the Cultural Aspects of Compassion in Nursing Care: A Comparative Study of Greece and Cyprus

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Abstract

Introduction: It is important to consider the concept of compassionate care within a cultural context in terms of how it might be perceived and demonstrated in practice. People may vary in what constitutes suffering due to variations in their values, culture, needs and understanding. In this paper we report on the findings from data collected from Greek and Greek-Cypriot Nurses during a study which sought to explore similarities and differences between the two countries with regard to perceptions of compassion.

Methods: This is an exploratory, cross-sectional descriptive study. The data discussed within this paper have been extracted from a large scale on-line survey involving 15 countries. Greek-Cypriot participants were recruited through local professional organizations and university/college student associations. In Greece, participants were recruited through university associations and social networks. Participants were emailed a link to the survey which was completed on-line. The research tool consisted of 10 open and closed questions.

Results: Many similarities were identified between the two groups following their response to the survey, although some small differences were also identified. From the findings of the qualitative data, 3 main themes emerged for both groups of nurses: compassionate communication; awareness of needs; and kindness, whilst a fourth theme was also identified applying mostly to the Greek nurses with regard to factors which might hinder compassion and referring mainly to the effects of economic crisis.

Discussion: A number of similarities were identified between the two countries and both countries reported feeling that compassion in nursing is very important, and also stating that they themselves received little compassion from management. However, despite similarities in the perceptions of Greek and Greek-Cypriot nurses, some differences were also identified. Furthermore, our study revealed a greater number of Greek nurses reporting effects of austerity.

Conclusion: Greek and Greek Cypriot nurses may differ on how they define compassion but their practical expressions on compassion are very similar. Both countries felt that their own experiences of compassion were most likely to come from colleagues or patients, and most unlikely to come from their managers. There is an urgent need for compassionate leaders within their public health care systems, who will develop organizational cultures which nurture and sustain compassion. This is particularly evident in the case of Greece where we identified a larger number of nurses reporting restraints due to financial crisis.

Key Words: Compassion, Greek/Greek-Cypriot nurses, culture, similarities, differences,

Introduction

Compassion in nursing has recently risen to prominence, following a series of negative reports in relation to negligence and lack of attention to basic needs. (Francis, 2013, CQC, 2013, Keogh, 2013). Compassion is frequently defined as the sensitivity to the pain or suffering of another, coupled with a deep desire to alleviate that suffering (Schantz, 2007, Goetz, 2010). However, it is important to consider the concept of compassion within a cultural context in terms of how it might be perceived and demonstrated in practice. People may vary in what constitutes suffering due to variations in their values, culture, needs and understanding. Thus, compassion requires cultural understanding in order to be effective (Saunders, 2015). The Transcultural Nursing Society (TNS) (<http://www.tcns.org/Humanrights1.html>) declares that “*the transcultural nurse shows compassion and humanistic caring to alleviate cultural conflicts, cultural imposition, and cultural pain to people of diverse cultures.*”

Papadopoulos, Tilki and Taylor (PTT) (1998, 2006) have developed a model for cultural competence in health and social care. The PTT model consists of four constructs: ‘cultural awareness’, ‘cultural knowledge’, and ‘cultural sensitivity’, leading to the achievement of the fourth construct ‘cultural competence’. *Cultural awareness* begins with an examination of one’s personal value base and beliefs. *Cultural knowledge* refers to the meaningful contact with people from different ethnic groups that can enhance knowledge and understanding around their health beliefs and behaviours. *Cultural sensitivity* relates to how professionals view people in their care. Equal partnerships involve trust, acceptance and respect as well as facilitation and negotiation (Papadopoulos et al, 2003). *Cultural competence* requires the synthesis and application of the previous stages. It is the ability to recognise and challenge different forms of discrimination and oppressive practice. The PTT model acts as a training guide in providing culturally competent compassionate care.

With the importance of cultural competence in mind, Papadopoulos (2011) defines compassion as:

‘a human quality of understanding the suffering of others and wanting to do something about it using culturally appropriate and acceptable

nursing interventions. This takes into consideration both the patients’ and the carers’ cultural backgrounds as well as the context in which care is given’.

Although there are universal elements of compassion, we propose that there are culturally specific elements too. In this paper we report on the findings from data collected from Greek and Greek-Cypriot Nurses. Whilst these two countries share many cultural characteristics, such as Greek heritage, language and religion, there are also many differences in terms of recent historical experiences which may impact on their understanding and enactment of compassion. This study sought to explore similarities and differences between the two countries.

Compassion as a virtue dates back thousands of years and is at the core of many religious ideologies. In Greek Orthodox Christianity for example, it has been said that ‘*those that love and have compassion do not miss out, they get back a lot more than what they give*’. http://spiritualityandtheology.steuphemia.org.au/index_files/Page19.htm

According to Anandarajah and Rosemand (2014), the ideal of combining clinical competence with compassion has been a central feature of the practice of medicine throughout history. Hippocrates is credited with the terms *philanthropia* (love of humanity) and *philotechnia* (love of technical skill or art) to describe this pairing.

Saunders (2015) views compassion as a virtue in the Aristotelian sense, belonging to affective qualities of a moral agent. Saunders argues that Aristotle’s use of the word ‘pity’ is clearly a reference to ‘compassion’ as outlined in the Aristotle definition of pity ‘... *a feeling of pain at an apparent evil, destructive or painful, which befalls one who does not deserve it, and which we might expect to befall ourselves or some friend of ours...*’ (Page 1).

Likewise, Giraldo (2013) draws on Aristotelian philosophy to explain the representation of pain within art, claiming that Aristotle’s theory of tragedy offers a classical -and still powerful- framework to think about the problems provoked by the artistic representation of human suffering. Giraldo states that Aristotle conceived the reaction to tragedy as a combination of fear and compassion mediated by the work and directed towards the pain of another being. Giraldo

concludes that for there to be compassion, it is requisite that we acknowledge a situation as something harmful for the other and that we react with pain to that harm, recognizing at the same time that although this person is different from us, our shared frailty becomes a common bond.

Theofanidis and Sapoutzi-Krepia (2015), in examining nursing and caring, conducted a literature review to produce a position paper based on an historical overview from ancient Greek tradition to modern times. Within this paper, the authors examine the fundamental humanistic elements of caring and nursing, particularly from a Greek perspective, by looking at the deeper ‘roots’ of these notions, within their historical and geographical contexts. They discuss the fact that as with modern medicine, nursing also applies the Hippocratic heritage as a base, and that Hippocrates could be seen as a ‘shared forefather’ for healthcare professionals.

In embracing transcultural caring in ancient and modern Greece, Larson (2015) has developed the ‘Greek Connection’, in order to address the fact that culturally congruent care, may not be adequately addressed in nursing education. The ‘Greek Connection’ constitutes a study abroad course offered to students from the USA. The course helps students to open their minds to the multiple factors that influence care and progresses to the recognition that compassionate care extends beyond our own country and culture.

Drawing on ancient Greek thoughts may be a useful way to interpret the concept of compassion and care in modern times.

Why Compare Greek and Greek-Cypriot Nurses?

Greece and Cyprus share many similar characteristics historically, and in terms of modern day culture. They also share a national sense of identity. The two countries have a heritage dating back thousands of years, and both have experienced eras of occupation including the Roman (146 BC in Greece, 58BC in Cyprus), and Ottoman (mid-15th century – 1821 in Greece, 1570-1878 in Cyprus) Empires. A significant historical difference however, lies in the British colonisation of Cyprus (1878–1960) and the Turkish invasion of Cyprus in 1974 which led to the illegal division of the island.

Religion is another shared characteristic of the Greek and Greek-Cypriot populations. The Greek Orthodox Church remains an integral part of life, and has played a vital role historically in maintaining Greek ethnic and cultural identity.

Greece and Cyprus represent collective societies with many shared societal and cultural values, traditions and customs, including emphasis on the family as the centre of the social structure. A further shared value is that of the concept of ‘filotimo’, which refers to the respect individuals have for themselves and for others (<http://www.philotimo.net/>).

In recent years, both Greece and Cyprus have suffered from the effects of economic crisis and austerity measures. In the age of austerity, a further burden is experienced by healthcare professionals through the restrictions placed on them and their organisations. At such times, when a compassionate approach is probably most urgently needed, it might be difficult to deliver or to sustain (Lionis and Shea, 2015). Kentikelenis et al (2014) refer to the ‘mounting evidence of a Greek public health tragedy’ (page 1), whilst Stuckler and Basu (2013) remind us that ‘recessions can hurt but austerity kills’. Research by Kentikelenis et al (2014), demonstrates that effects to hospital budget cuts have resulted in increased workloads for staff, and a growth in waiting lists. Mental health has also worsened considerably since the beginning of the financial crisis in Greece (Kondilis et al, 2013).

As the worldwide Movement for Human Rights (2014) reports, austerity measures have had an adverse impact on human rights, such as the rights to work and health, and have also curtailed fundamental freedom, an issue of great importance to the Greek and Greek-Cypriot populations.

The different historical experiences of the two countries, their shared heritage, language and religion, and their recent economic problems all leave their mark on the psyche of the Greek and Greek Cypriot people. But do these force them to re-examine their values and to change the way they care for themselves and others? Do harsh working conditions for nurses and other healthcare staff impact on their ability or willingness to provide compassionate care?

Table 1: Summary of the Greek and Greek-Cypriot Healthcare systems

<i>Summary of the Greek and Greek-Cypriot Healthcare systems</i>	
Greek Healthcare System	The Greek healthcare system can be described as a system where the National Health System (NHS), compulsory social insurance and a strong voluntary private healthcare system coexist. The NHS provides universal coverage to the population and in addition, the entire population is covered by social insurance funds. (https://healthmanagement.org/c/imaging/issuearticle/an-overview-of-the-healthcare-system-in-greece-1)
Greek-Cypriot Healthcare System	The Greek-Cypriot health care system consists of two sectors: the public sector and the private sector. The public system is financed by the State through general taxation, whilst the private system is financed mostly by out-of-pocket money (Theodorou et al., 2012). Furthermore, the Cypriot health care system is highly centralized, although there is currently a reform process moving towards decentralization.

The data discussed within this paper have been extracted from a large scale on-line survey involving 15 countries. We report on the findings from the Greek and Greek-Cypriot data, with the aim of exploring similarities and differences between the two countries with regard to perceptions of compassion.

Methodology

Study design, sampling and sample

This is an exploratory, cross-sectional descriptive study, utilising the findings from a large on-line international survey. A snowball sample was used. Greek-Cypriot participants were recruited through local professional organizations and university/college student associations. In Greece, participants were recruited through university associations and social networks. Participants were emailed a link to the survey which was completed on-line. Participants were encouraged to send the link to suitable contacts (qualified nurses, nurse teachers, senior student nurses).

The data presented in this article is part of a larger study involving 15 countries (N=1323), that aimed to describe nurses' understanding and experiences of compassion.

Research tool

The survey tool was created by the principal investigator (PI) and was based on published literature on compassion and on-line discussions

forums and blogs centred around the concept of compassion. The tool consisted of 10 open and closed questions.

The electronic survey was presented in the host country's native language (Greek). Translation and back translation of the questionnaire was performed by professional nurses and academics fluent in both Greek and English, to assure the quality and accuracy of the translation.

Data analyses

The responses to the open-ended questions were collated, and one member of the research team in each country undertook the translation whilst the second checked the translation for accuracy and meaning. All data were sent to the PI (who is a Greek Cypriot), for the initial analysis. Qualitative data were imported into the NVivo software and thematic analysis (Braun and Clarke, 2006) was used. One researcher coded the text piece by piece with initial descriptive codes.

The codes were then grouped into themes and a coding manual was developed. The codes and themes were discussed between the research team in UK where the PI is located and the teams in Greece and Cyprus who conducted their own analyses. Any discrepancies were identified, discussed and resolved and a final set of themes was agreed upon. The quantitative data were entered into SPSS and descriptive analysis was undertaken (see Table 2).

Table 2: Descriptive data from the survey questions for Greece and Cyprus

Questions	Greece N (%)	Cyprus (Greek-Cypriots) N (%)
How would you define compassion?		
a. Empathy and kindness	27 (28.7)	25 (52.1)
b. Deep awareness of the suffering of others	9 (9.6)	7 (14.6)
c. Deep awareness of the suffering of others and a wish to alleviate it	57 (60.6)	15 (31.3)
d. Other (please specify below)	1 (1.1)	1 (2.1)
How important is compassion in nursing?		
a. Not very important	2 (2.1)	1 (2.1)
b. Important	33 (35.1)	18 (38.3)
c. Very important	59 (62.8)	28 (59.6)
Do you believe that compassion can be taught?		
a. Yes	53 (57)	28 (58.3)
b. No	29 (31.2)	17 (35.4)
c. Do not know	11 (11.8)	3 (6.3)
Do you believe that compassion is being taught to nurses?		
a. The correct of amount is provided	4 (4.3)	4 (8.5)
b. Some teaching is provided	36 (38.7)	19 (40.4)
c. Not enough teaching is provided	37 (39.8)	18 (38.3)
d. Do not know	16 (17.2)	6 (12.8)
Do you think patients in [country] preferred to be cared for by nurses who are:		
a. Knowledgeable nurses with good interpersonal skills	57 (60.6)	28 (57.1)
b. Knowledgeable nurses with good technical skills	36 (38.3)	21 (42.9)
c. Knowledgeable nurses with good management skills	1 (1.1)	
In your view, which is the most important influence for developing compassion?		
a. Family	30 (31.9)	11 (22.4)
b. Cultural values	34 (36.2)	16 (32.7)
c. Personal experiences of compassion	30 (31.9)	22 (44.9)
Please choose the statement you most agree with:		
a. [Country's name] patients value efficiency more than compassion	16 (17.6)	13 (26.5)
b. [Country's name] patients value the use of medical technology more than the use of compassion	4 (4.4)	6 (12.2)
c. [Country's name] patients value medical treatment more than compassionate caring	71 (78)	30 (61.2)
Please choose the statement you most agree with:		
a. Nurses in [country] experience compassion from their managers	2 (2.2)	1 (2.1)
b. Nurses in [country] experience compassion from their colleagues	45 (50)	31 (66)
c. Nurses in [country] experience compassion from their patients	43 (47.8)	15 (31.9)

Qualitative data were collected as answers to the following questions:

1. How would you define the term compassion?
2. How is compassion demonstrated in practice? Please provide some examples.
3. Please offer any comments, advice, views, or stories which can shed light on the meaning and use of compassion by nurses in your country.

The analysis revealed that participants understood and enacted compassion in three ways: As compassionate communication, as awareness of the needs of patients, and as acts of kindness. There were no differences between the groups in these expressions.

3.1 Compassionate Communication

Participants expressed the importance of communication and listening and devoting enough time to these despite the job pressure and other competing demands:

“with a smile, a touch, talking” (Greek Nurse)

“...talking to the patient...giving him/her the opportunity to express his/her feelings” (Greek-Cypriot Nurse).

“To devote time to listen to the REAL needs of the patient” (Greek-Cypriot Nurse)

“Listening even for 2 minutes, worries or something that is difficult for the patient even if it does not have direct relation with his illness” (Greek-Cypriot Nurse).

“Performing work outside the responsibilities of nurses for the quality care of patients.” (Greek Nurse).

Awareness of Needs

Participants stated that care is a way of how nurses practice compassion in everyday nursing actions:

“Providing optimal care...seeking the best solution, even beyond the strictly professional obligations” (Greek Nurse).

“I see a patient that is suffering, or feeling cold, or pain, or he/she is afraid; I go close, I talk with him, I identify the problem and find a solution” (Greek Nurse).

“To be close to the patient for each of his needs (e.g. to be able to listen his problems giving him solutions or to bring him in touch with a specialist for each theme separately)” (Greek-Cypriot Nurse).

“I see an elderly woman that afraid to get into the elevator and I escort (accompany) her as not to be afraid” (Greek-Cypriot Nurse).

Kindness

Nurses also discussed the importance of expression of feelings, such as affection. This

emotional connection was considered a critical component of compassionate care:

“It is when we put ourselves in our patient’s position.....when you hold the patient’s hand” (Greek Nurse)

“Unselfish giving” (Greek Nurse)

“Putting yourself in the patients shoes and trying to understand more then the patients say and provide for their needs.” (Greek Nurse)

“Kindness, politeness” (Greek-Cypriot Nurse)

A further key theme was also identified, referring to factors which might hinder the provision of compassionate care. One participant reported that:

“Severe understaffing in Greek hospitals leaves no time for compassion and close involvement with the patient. The current economic crisis has an impact on the values and behavior of nurses. It has led to an introversion and very low interest for the patient and his problem...”.

The sub themes identified below relate mostly to the effects of economic crisis on providing compassion, and were raised mainly by Greek participants. One such participant included the word ‘tragic’ in her statement drawing attention the intensity of the problem:

‘In our country the nurse is performing too many nursing acts on a basis where tragic shortcomings of personnel exist....’

However, interestingly one participant felt that in the face of few resources, compassion may be the only way forward:

“The Greek nurse has no longer any motive other than compassion and responsibility he feels towards his patient. The nursing profession is experiencing medieval working conditions and the only reason to do your best is compassion...”

Discussion

The present study aimed to explore nurses’ understanding of compassion in Greece and Cyprus. Participants provided similar perceptions of how compassion is implemented in practice, and felt that compassion in nursing is very important. They also agreed that patients prefer nurses who are knowledgeable with good interpersonal skills.

Table 3: Participants' understanding and enactment of compassion: Themes and sub themes

Compassionate Communication sub themes
Healing- therapeutic touch Communication – listening Encouragement Smiling Consolidation Understanding Eye contact Genuine interest for the patient Devotion Unselfish giving Psychological support Promoting non discriminating care Nurse-patient contact/relationship Acting as he /she would act if it was for himself/herself
Awareness of Needs sub themes
Being close to patients Anticipating patients' needs Providing optimal care Ensuring the continuity of treatment at home Holistic care Crisis management Alleviate any health problems Be patient's advocate Respect patient's culture Seeking solutions using every possible safe mean Immediate pain relief/ management and symptoms Assistance and support Going beyond strictly professional obligations Recognize/taking in consideration patient's support system
Kindness sub themes
Love Sympathy Sincerity Empathy Spirituality Courtesy Genuine interest Patience Caring Put ourselves in their place/empathy Support

Table 4: Factors which might prevent compassion sub themes

Factors which might prevent compassion sub themes
The hospital system
Shortcomings of personnel
Lack of staff
Economic crisis
Cuts and reductions
Paperwork

This is consistent with reports on Greek patients' satisfaction of hospital care where the nurse-patient interpersonal relationship was rated high (Merkouris et al, 2004).

Both countries felt that their own experiences of compassion were most likely to come from colleagues or patients, and most unlikely to come from their managers. The lack of compassionate support from managers is disappointing, and it is unsurprising that nurses reported personal survival behaviours such as introversion and indifference to patients' problems, alongside efforts to show compassion. The distinct lack of compassion from managers may be *partially linked to lack of resources and problems in relation to financial crisis/austerity measures, as reflected in certain comments made by the participants*. Both countries represent collective societies, but it might be possible that elements of individualism may become apparent if restrictions and adverse circumstances are encountered. *However, although participating nurses recognized the demands of their everyday work, they also drew attention to the importance of listening and devoting time to their patients.*

The majority of participants agreed that compassion can be taught, but felt that only some, or not enough teaching is currently provided. Debate around this issue has existed for some time, with Pence (1983) examining this question in the light of opinions of Socrates (who claimed that virtues cannot be taught), and Protagoras (who claimed that everyone teaches virtues). Pence concluded that compassion can be taught if medical education systems reward this virtue alongside other medical virtues, thus ensuring its sustainability.

The two countries studied share many common features in relation to their history, cultural heritage, family customs, religion and traditions.

The values held by these two populations clearly emerge in the themes elicited from the qualitative data, in terms of emphasis on factors such as 'devotion', 'love', 'courtesy', 'sincerity', and 'spirituality'. The Greek sense of 'filotimo' (or moral pride), together with the importance of freedom and human rights is also clear in the responses, for example, with regard to 'being the patient's advocate', and 'going beyond professional obligations'. As noted in our earlier references to ancient Greece, a strong emphasis on humanity was evident in ancient times, and this may still apply today as reflected in the responses from the Greek and Greek-Cypriot nurses.

The fact that we did not identify any profound differences between the two populations, may lead us to consider the importance of recognizing that countries of a similar cultural and historical background may share many similar values and characteristics in terms of their understanding and implementation of compassion. However, despite similarities in the perceptions of Greek and Greek-Cypriot nurses, some differences were also identified, including a significant difference with regard to defining compassion. This may be due to the fact that the majority of the Greek nurses were qualified registered nurses, whilst a majority of Greek-Cypriot nurses were final year students. Since compassion usually implies taking some form of action, it is possible that the Greek nurses had experienced greater exposure to human suffering, leading them to choose this particular definition.

There was a small difference in terms of nurses' perceptions of the most important factor for the development of compassion. Greek-Cypriot nurses were more likely to indicate cultural values and personal experience of compassion as most important, whilst the Greek responses were

distributed equally between family, cultural values, and personal experience. However, the unequal sample sizes might have contributed to this finding (Greeks, n = 94. Greek-Cypriots, n = 49).

A greater number of Greek nurses reported effects of austerity, possibly reflecting the fact that whilst Cyprus is recovering from financial crisis, Greece is still encountering many problems in this respect. Earlier in this paper, we raised the question as to whether recent economic problems might force people to re-examine their values. It would appear from our findings, particularly among the Greek participants, that despite struggling with the effects of financial crisis, the same values are still held but might be difficult to implement.

One participant utilized the word 'tragic', which is also referred to by Kentikelenis (2014) within the statement 'mounting evidence of a Greek public health tragedy'. This may also be placed into the context of Aristotle's perceived reaction to 'tragedy' as a combination of fear and compassion (Giraldo, 2013). Another participant felt that in the face of few resources, compassion was perhaps the only way forward, implying that compassion could represent a central key tool despite concerns about resources.

Support from managers is even more important during times of crisis. Our findings showed that between the Greek and Greek Cypriot participants, the Greek Cypriot participants reported greater support from their colleagues. However, a higher percentage of Greek participants reported experiencing compassion from their patients, perhaps reflecting an understanding of patients themselves with regard to nurses operating with few resources. Thus, in terms of coping mechanisms, both providing and receiving compassion might be beneficial to all, as indicated by previous studies regarding the physiological and psychological benefits of compassion (Fogarty et al, 1999; Shaltout et al, 2012; Science Daily 2012, Youngson, 2012).

Importantly, our participants' expression of a lack of compassion from managers reminds us of the importance of ensuring a compassionate culture within and across the healthcare organization, to enable compassion to flourish even under difficult circumstances. Training in the field of compassion should thus be made available to all involved in the healthcare setting, including managerial staff.

Limitations

One limitation is the snowball sample and the self-reported nature of the data which limit the generalizability of the results. A further limitation lies in the unequal sample sizes (Greeks, n = 94. Greek-Cypriots, n = 49). However, this was an exploratory study, and a larger study which takes into account sample type and size, is needed.

Implications and conclusions

Greek and Greek Cypriot nurses may define compassion differently, but their practical expressions on compassion are very similar. The present study provides some examples of compassionate care such as active listening, touch, eye contact, involving patient's support system etc, within the frame of cultural awareness and sensitivity, aiming to enhance culturally competent and compassionate care. Despite the economic situation in both Greece and Cyprus, there is an urgent need for compassionate leaders within their public health care systems, who will develop organizational cultures which nurture and sustain compassion. This is particularly evident in the case of Greece where we identified a larger number of nurses reporting restraints due to financial crisis.

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