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REVIEW

Compassion in Healthcare: A Narrative Review of Cross-Cultural Perspectives

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Background: Compassion is a critical component of effective, ethical healthcare, influencing patient care, provider well-being, and organizational culture. Its expression and support vary across cultures, yet little is known about how systemic and cultural factors shape compassionate care. This narrative review examines compassion's impact on healthcare practices across cultural contexts.

Methods: A narrative review of literature published since 2020, searching PubMed, PsycINFO, Scopus and Web of Science was performed. Fifteen studies met our inclusion criteria: peer-reviewed, English-language articles that explicitly examined compassion (or closely related constructs such as self-compassion or compassion fatigue) in healthcare settings and reported empirical, theoretical, or review evidence with attention to cultural or contextual factors. Excluded were articles published before 2020, non-English reports, conference abstracts, and opinion pieces lacking empirical or theoretical contribution.

Results: Compassion-focused interventions reduced fatigue and improved self-compassion and satisfaction. Cultural and systemic factors influenced how compassion was understood and applied, from Buddhist-informed to Western models. Institutional culture, leadership, workload, and spiritual care affected practice, while mental health and community care showed benefits but faced systemic barriers.

Conclusion: Compassion in healthcare is shaped by individual, cultural, organizational, and systemic factors. Embedding compassion across all these levels is essential for delivering effective, person-centered care. This review contributes by synthesizing recent cross-cultural evidence, highlighting how cultural, structural, and spiritual dimensions influence compassionate care, and identifying gaps in global research. Cross-cultural awareness and structural reform are critical for sustaining compassionate healthcare. Future research should explore underrepresented cultural contexts and evaluate systemic interventions that promote compassion in diverse health systems.

Plain Language Summary: Compassion is more than kindness in healthcare—it directly affects how patients heal, how staff cope with stress, and how health systems function. When compassion is supported, patients feel safe and valued, and healthcare providers are better able to manage emotional demands. But when compassion is missing, both care quality and staff well-being suffer.

This review shows that compassion is understood and practiced differently across cultures. In some places, it centers on building close personal connections, while in others it reflects values of selfless service, spiritual wisdom, or collective responsibility. These cultural perspectives are important because they shape how patients expect to be cared for and how providers deliver that care.

We also found that compassion is not just about individual effort—it depends on the systems around healthcare workers. Supportive leadership, manageable workloads, and training programs make compassion easier to practice, while lack of resources and rigid workplace structures create barriers.

By pulling together evidence from recent global research, this review highlights both the promise and the challenges of compassionate care. It underlines the need for hospitals and clinics to embed compassion into policies, staff development, and everyday practice. Strengthening compassion at every level of healthcare can improve recovery, reduce burnout, and make health systems more humane and sustainable.

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Introduction

Compassion, a growing focus in healthcare, is understood as an emotional and ethical response to suffering, aimed at promoting patient welfare through concrete actions such as kindness, support, and care.[1–4] The benefits of compassion have been reported in many, diverse contexts.[5] In medicine, compassion is seen as sensitivity to distress and a commitment to alleviating it.[3] It is shaped by innate traits, social and contextual factors, and organizational culture,[6,7] and is considered a core ethical principle essential to healing.[6]

Compassion is emphasized in numerous healthcare policies worldwide. The American Medical Association's ethics code calls for care delivered with "compassion and respect for human dignity".[8] In the US, seven commitments aim to embed compassion system-wide, including leadership, education, caregiver support, patient partnership, and integration into care delivery.[9] The UK's "Compassion in Practice" strategy outlines six core values—Care, Compassion, Communication, Courage, Competence, and Commitment—and promotes well-being, quality care, leadership, and a positive work environment.[10] In Australia, compassionate care is central to the National Safety and Quality Health Service (NSQHS) Standards and the National Mental Health and Suicide Prevention Plan, emphasizing person-centered support and integrated services.[11] Nepal's National Health Care Quality Assurance Framework promotes holistic care, focusing on emotional, physical, social, and spiritual needs, and respectful communication.[12] In Japan, compassion is rooted in "human-to-human" connections based on Uchi-Soto values, with trust built through openness and presence; structured processes also support spiritual healing in end-of-life care.[13,14] Ethiopia's Compassionate and Respectful Care (CRC) plan promotes person-centered maternity services through respectful, skilled care.[15–17]

Compassion is a cornerstone of effective healthcare. Over the past three decades, research has consistently shown its profound impact on well-being, mental health, and prosocial behavior.[5] Compassion-focused therapy (CFT) has emerged as a powerful intervention, reducing psychological distress while enhancing resilience, mindfulness, life satisfaction, self-reassurance, and overall quality of life across diverse populations.[18] Evidence also shows significant gains in self-compassion and reductions in symptoms of depression, PTSD, and eating disorders.[19,20]

CFT has demonstrated effectiveness in various settings. It helps reduce self-blame, guilt, and impulsivity in adolescents with adverse childhood experiences[21] and outperforms cognitive-behavioral approaches in lowering experiential avoidance and fostering post-traumatic growth.[22] In adults with eating disorders—with or without childhood trauma—CFT has shown positive outcomes in intensive treatment contexts.[23] Additionally, studies during the COVID-19 pandemic reported similar benefits of self-compassion in non-WEIRD countries, consistent with those observed in WEIRD populations.[24]

Compassion is also vital within organizational culture. A narrative review from Saudi Arabia found that enhancing assertiveness among nurses is linked to greater confidence, self-efficacy, and professional autonomy—factors that improve role effectiveness, strengthen interdisciplinary collaboration, and enhance overall healthcare delivery.[25] Additionally, compassionate care has been shown to reduce caregiver burnout and lower the risk of malpractice litigation, contributing to a more supportive and resilient healthcare environment.[26–28]

Compassion is shaped by culture. A study across 65 countries found wide variation in self-compassion, with minimal links to sociodemographic factors, emphasizing its cultural specificity.[29] In North America, compassion is expressed through touch, eye contact, personal connection, information-sharing, and patient involvement.[30] Western compassion tends to be self-referential, while Karuna in Eastern philosophy embodies a selfless, universal concern that merges samsara and nirvana through the bodhisattva ideal.[31,32] In Buddhist thought, compassion involves open responsiveness to suffering, guided by wisdom, empathy, and loving-kindness.[33–35]

Compassion in healthcare is both an attitude that healthcare workers must embody—including sensitivity to patient suffering, empathy, and a commitment to alleviate distress—and a clinical competency or intervention that can be intentionally cultivated through training programs, mindfulness practices, and structured organizational initiatives.[7,36,37]

This framing positions compassion not only as a personal disposition but also as a measurable, actionable skill that contributes to improved patient care, provider well-being, and organizational culture.[38,39]

Despite these insights, most studies remain concentrated in Western settings, leaving non-Western practices underexplored. Empirical evidence on organizational and systemic influences—such as empowerment and empathy mediators in China,[40] spiritual caregiving in Turkey,[41] person-centered care constraints in the MENA region,[42] and patient experiences in Ethiopia and among South Asian diaspora populations,[38,39]–is limited. Moreover, how cultural frameworks interact with individual, organizational, and systemic factors to shape compassionate care in diverse healthcare contexts remains unclear. This gap underscores the need for a narrative synthesis that integrates multi-level determinants and culture-specific moderators to better understand compassion across global healthcare settings.

The aims of this narrative review are to present (a) how compassion influences healthcare practices, and (b) identify differences across cultures. Our findings will help healthcare staff and managers cultivate and utilize compassion in their organisations and healthcare sector to lead to better patient outcomes. Ondrejková and Halamová (2022)[36] shed light on how systemic inefficiencies, such as high emotional demands, lack of structured support, and workload pressure, contribute to compassion fatigue among Central European nurses. Their findings reveal culturally informed coping strategies and emphasize the need for organizational interventions to sustain compassion.[36] This study adds a non-Western perspective to the discourse, reinforcing the call for system-level reforms to protect caregiver well-being and compassionate care delivery.

Methods

This narrative review was conducted to explore cross-cultural dimensions of compassion in healthcare. A narrative synthesis approach was chosen to allow for broad conceptual exploration and synthesis of literature across diverse cultural and healthcare contexts.[24] This methodology is appropriate for drawing insights from a heterogeneous body of work and for understanding complex, context-sensitive constructs such as compassion.[43]

Search Strategy

We performed a structured literature search using electronic databases: PubMed, PsycINFO, Scopus, and Web of Science. Searches were conducted between 25th April to 5th May, 2025 using a combination of keywords and Boolean operators related to "compassion", "healthcare", "cross-cultural", "culture", "narrative", "medical ethics", and "patient care". Reference lists of key articles were also screened to identify additional relevant literature. The search was led by DBP, which was reviewed by MA. Any disagreement between the two was discussed with YK.

Inclusion and Exclusion Criteria

Inclusion Criteria

This review included studies published from 2020 onward that focused on compassion within healthcare, including compassion fatigue, self-compassion, compassionate care, and related interventions. Articles were required to discuss compassion in healthcare contexts, consider cultural influences, be published in peer-reviewed journals, and be available in English. Both quantitative and qualitative studies, and evidence syntheses were considered. Measurable outcomes related to compassion, empathy, or interventions to enhance compassionate practices were included.

The 2020 start date was selected to capture the most recent developments in compassion research, including the impacts of the COVID-19 pandemic on healthcare providers and cross-cultural perspectives emerging in the last five years.

Exclusion Criteria

Studies published before 2020, not in English, or not in peer-reviewed journals were excluded. Studies focused solely on empathy, sympathy, or other psychological constructs without a clear connection to compassion in healthcare were excluded. Additionally, studies addressing general healthcare quality without direct relevance to compassion, or focusing on non-healthcare populations, were omitted. Opinion pieces, editorials, conference abstracts, and unpublished materials were also excluded. Finally, studies lacking clear compassion-related outcomes were not considered.

Data Extraction and Synthesis

Relevant data were extracted by DBP, and reviewed by co-authors: country/cultural setting, healthcare context, conceptualization of compassion, methods used, and key findings. To synthesise the included studies, we used a narrative synthesis approach guided by the framework outlined by Popay et al (2006).[44] This method is particularly appropriate for integrating evidence from diverse study designs and contexts, such as those examining the conceptual and practical role of compassion in healthcare across cultures. Two steps were followed. First, we developed a preliminary synthesis by grouping studies based on key characteristics. Second, we explored relationships within and between studies to address our aims: (a) how compassion influences healthcare practices, and (b) how these influences vary across cultures. Throughout the process, we remained attentive to the socio-cultural, institutional, and epistemological contexts shaping the findings.[45] Patterns and divergences will be systematically identified and reported to provide a robust, interpretative account of the literature. Data interpretation was led by DBP, reviewed by YA. Any disagreement between the two was discussed with YK.

Quality Appraisal and Risk of Bias

No formal review protocol was registered in platforms such as PROSPERO or the Open Science Framework (this is acknowledged as a limitation). In line with the narrative review approach, we did not conduct a formal quality appraisal using tools such as MMAT, JBI, or CASP. Narrative reviews offer flexibility by synthesizing evidence across diverse study designs without imposing strict inclusion thresholds that may otherwise exclude valuable insights. This approach allows integration of conceptual, empirical, and policy-oriented work, providing clinicians and researchers with usable knowledge even if such studies may not meet the methodological scrutiny applied in systematic reviews.[46] Instead, we evaluated methodological rigor, clarity of outcomes, and risk of bias through close reading and observation, and considered these elements in the interpretive synthesis.

Results

Quality Considerations

One hundred and twenty studies were identified through database searches. Fifteen were removed as duplicates. After screening titles and abstracts, 63 were removed. The remaining 42 were full-text reviewed, and 15 were identified as eligible (Figure 1).

Narrative Summary

The included studies explored the concept, delivery, perception, training, or impact of compassion in healthcare settings.[7,36–42,47–53] Their study types and designs were narrative reviews,[48,49] meta-analyses,[37,47] qualitative,[36,38,53] quantitative,[39–41] mixed-methods,[52] and theoretical or conceptual papers.[50,51] Their target populations or targets were healthcare professionals,[7,40] patients,[38,39] and healthcare systems.[42] Their outcomes were compassion fatigue,[36,48] compassion satisfaction,[47] self-compassion,[7,37] spiritual caregiving,[41] or compassion-centered care.[50,52] Additionally, research addressing cultural,[38,53] institutional,[42,52] or policy-related,[50] dimensions of compassion and conducted across diverse geographical and cultural settings—both Western and non-Western—were included (table 1).[37,40,51]

How Compassion Influences Healthcare Practices

A robust body of evidence from recent studies highlights the vital role of compassion in enhancing healthcare delivery and outcomes. Compassion-based interventions were found to significantly reduce compassion fatigue while improving self-compassion and compassion satisfaction among healthcare professionals. For instance, Alcaraz-Córdoba et al (2024) demonstrated the efficacy of structured interventions such as Compassion Cultivation Training (CCT), Mindfulness and Self-Compassion (MSC), Compassionate Meditation (CM), and Loving Kindness Meditation (LKM) in promoting emotional well-being and resilience in clinical settings.[47]

Compassion fatigue—exacerbated during the COVID-19 pandemic—emerged as a critical issue. Garnett et al (2023) reported high prevalence rates among healthcare providers and identified multilevel antecedents, including individual

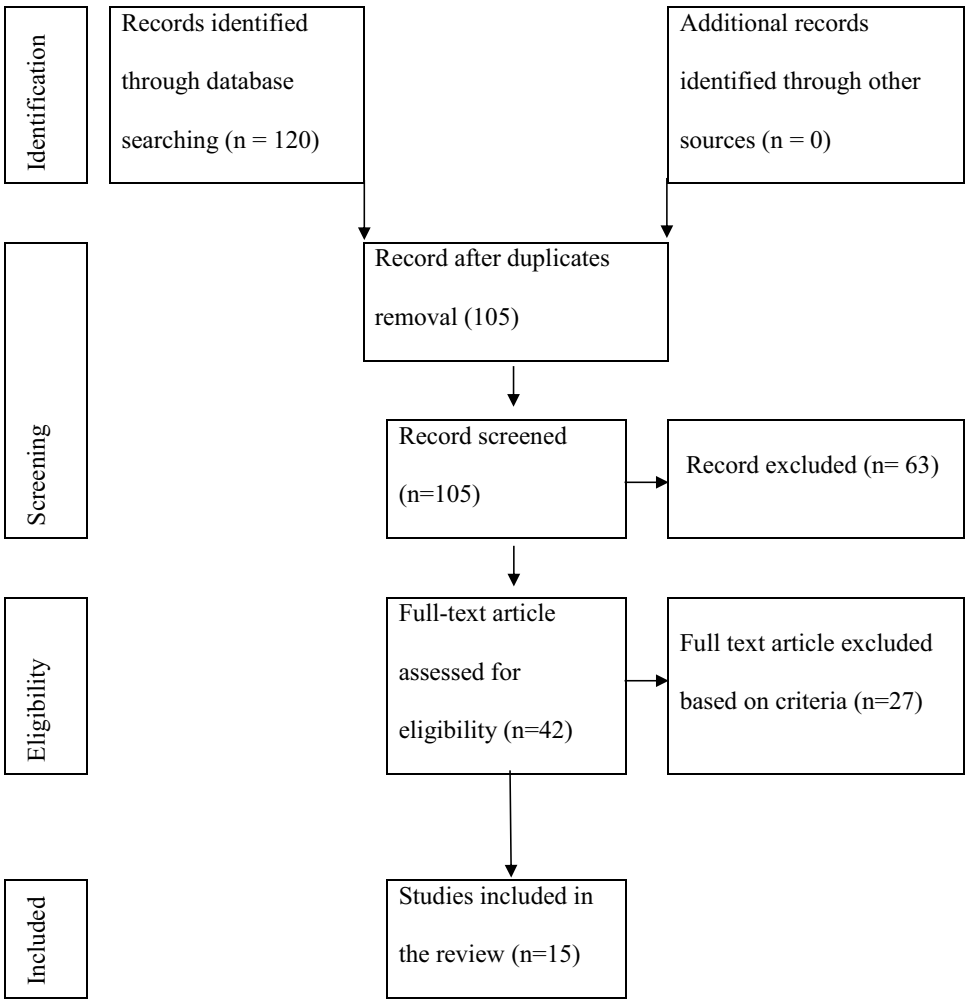

Figure 1 PRISMA Flow Chart.

vulnerabilities, organizational constraints, and systemic inadequacies. Compassion fatigue negatively influenced the quality of care, but was mitigated through targeted strategies such as emotional support, burnout monitoring, and staff reinforcement.[48]

Moreover, Rushforth et al (2023) found that self-compassion training may alleviate secondary traumatic stress, although most studies were concentrated in Western settings, revealing a geographical gap in the literature.[7] Similarly, Kariyawasam et al (2023) noted that compassion-based interventions yielded significant improvements in self-compassion, especially in randomized controlled trials (RCTs), thus affirming their potential in enhancing the emotional resilience of healthcare personnel.[37]

In community and mental healthcare, Vusio et al (2025) emphasized that compassion was deeply rooted in human connection—manifested through empathy, listening, and relational care. Facilitators included supportive environments, while barriers involved systemic issues such as administrative burdens and resource constraints.[49] Shen et al (2024) also identified the mediating role of empathy in the relationship between structural empowerment and compassion fatigue, highlighting that cognitive empathy helps reduce fatigue, while unchecked affective empathy may increase emotional strain.[40]

The importance of institutionalizing compassion was further reinforced by Sengupta and Saxena (2024), who advocated for integrating compassion in mental health policy, education, and practice. They argued for a paradigm shift from biomedical dominance to humane, person-centered care.[50] Similarly, Malik et al (2025) showed that

Table 1 Characteristics of Included Studies

Author, Year	Country/ Culture	Objective of the Study	Type of Study	Sample Size	Evaluation Instruments	Key Findings
1. Alcaraz-Córdoba et al (2024)[47]	No specific	To assess the effectiveness of compassion-based interventions in reducing compassion fatigue and enhancing self-compassion, compassion, and compassion satisfaction in healthcare professionals.	A systematic review and meta-analysis	The review selected 8 articles for the systematic review, from which 4 were included in the meta-analysis.	Multiple	Compassion-focused interventions—such as Compassion Cultivation Training (CCT), Mindfulness and Self-Compassion (MSC), Compassionate Meditation (CM), and Loving Kindness Meditation (LKM)—led to notable improvements among healthcare professionals. These programs enhanced self-compassion and compassion satisfaction, while also reducing compassion fatigue
2. Garnett et al (2023)[48]	No specific	To synthesize and provide a synopsis of the literature on compassion fatigue among healthcare providers during the COVID-19 pandemic and to understand its broader impact	A scoping review	24 studies.	Multiple	Compassion fatigue was prevalent among healthcare professionals during the COVID-19 pandemic, shaped by individual vulnerabilities, heavy workplace demands, and systemic limitations like poor access to protective equipment. Its consequences included reduced care quality and negative attitudes toward patients. Interventions such as emotional support, stress monitoring, and staffing reinforcement proved effective in alleviating its impact.
3. Rushforth et al (2023)[7]	Both western (UK, USA, Italy) and non-Western (Egypt), mostly western.	To examine the efficacy of self-compassion interventions in reducing secondary traumatic stress in healthcare worker populations.	A systematic review	6 studies	Multiple	The review suggests that self-compassion training may help reduce secondary traumatic stress in healthcare professionals. However, because most existing studies are of moderate quality and conducted primarily in Western settings, more robust research across diverse global contexts is required to validate and extend these findings.

(*Continued*)

Table 1 (Continued).

Author, Year	Country/ Culture	Objective of the Study	Type of Study	Sample Size	Evaluation Instruments	Key Findings
4. Kariyawasam et al (2023)[37]	Asian countries (Thailand, Japan, China, and Hong Kong,).	To evaluate the efficacy of compassion-based interventions in enhancing self-compassion among individuals in Asian communities	Meta-analysis (RCTs),	8 RCTs	Multiple	Compassion-based interventions yielded strong improvements in self-compassion, with a notably high impact when compared to waitlist groups (effect size d = 0.86) and modest gains relative to active controls (d = 0.19). While findings suggest promise across cultures, evidence from Asian regions remains limited and underexplored.
5. Vusio et al (2025)[49]	Not Specific	To explore the perspectives of children, youth, parents, and staff on compassionate care in community services, and identify factors that enable or hinder it in mental health and community settings.	Systematic review.	23 studies published between 2009 and 2024.	Multiple	Compassionate care relies on empathy, listening, and genuine connection. Supportive settings and clear communication enable it, while time pressure, systemic limitations, and resource scarcity often obstruct consistent practice across clinical environments.
6. Singh et al (2020)[38]	South Asian patients residing in Canada	To explore the perspectives, experiences, importance, and impact of compassion among South Asian patients.	Qualitative study (grounded theory methodology)	19 South Asian participants	Semi-structured interviews (English, Hindi, Punjabi); analyzed via constant comparison.	The study identified that South Asians perceive compassion as a universal value shaped by cultural and ethnic contexts. Compassionate care was found to depend on healthcare providers' cultural sensitivity, with ethnic differences affecting patient experiences. Enhancing compassion requires addressing language and cultural barriers to foster stronger patient-provider relationships.

(*Continued*)

Table 1 (Continued).

Author, Year	Country/ Culture	Objective of the Study	Type of Study	Sample Size	Evaluation Instruments	Key Findings
7. Shen et al (2024)[40]	China	To examine how structural empowerment influences compassion fatigue among Chinese nurses, with empathy (cognitive and affective) serving as mediators.	Cross-sectional quantitative study	305 nurses surveyed; 277 valid responses (90.8% completion rate)	1. Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) 2. Kiersma-Chen Empathy Scale 3. Compassion Fatigue Short Scale	Greater perceived empowerment among nurses was associated with reduced compassion fatigue (coefficient = −0.165). This effect was shaped by empathy: cognitive empathy served as a protective mediator (indirect effect = −0.103), while affective empathy increased vulnerability to compassion fatigue (indirect effect = 0.126).
8. Sengupta & Saxena, (2024)[50]	India	To emphasize the fundamental role of compassion in mental healthcare and advocate for its integration into clinical practice, education, and policy within the Indian context.	Narrative review (Theoretical perspective)	NA	NA	Compassionate care in mental health improves outcomes and patient engagement. To move beyond biomedical models, compassion must be reintegrated through training and policy reforms that promote humane, empathy-driven practices.
9. Gilbert et al (2024)[51]	Western vs Eastern Cultures	To explore the relationship between Compassion-Focused Therapy and two Buddhist insight and meditation approaches through a three-way discussion comparing their perspectives.	A conceptual/ theoretical article	NA	NA	The paper compares Buddhist principles—such as insight, meditation, and the nature of suffering—with the biopsychosocial foundations of CFT. It highlights shared aims around compassion and consciousness, while emphasizing philosophical and methodological differences between Eastern and Western frameworks.
10. Fırat Kılıç et al (2025)[41]	Turkey	To examine the relationship between spiritual caregiving and compassion levels among intensive care unit nurses.	Quantitative, correlational case study	202 ICU nurses	1. The Compassion Scale (CS) 2. The Spiritual Care-Giving Scale (SCGS)	Spiritual caregiving was positively linked to compassion in ICU nurses, with more frequent practice associated with higher compassion. Integrating spirituality into care may boost compassionate responses in demanding clinical settings.

(*Continued*)

Table 1 (Continued).

Author, Year	Country/ Culture	Objective of the Study	Type of Study	Sample Size	Evaluation Instruments	Key Findings
11. Abate et al (2023)[39]	Ethiopia	To assess the level of perceived compassionate care and identify associated factors among patients with mental illness at Tibebe Ghion Specialized and Felege Hiwot Comprehensive Specialized Hospitals.	Cross-sectional study (Institution-based)	423 patients with mental illness	1. The Schwartz Center Compassionate Care Scale (SCCCS-12) 2. The Oslo Social Support Scale (OSSS) 3. Shared Decision Making Questionnaire (SDM-Q-9)	Only 47.5% of patients with mental illness reported receiving compassionate care. Higher perceived compassion was associated with urban residence (AOR = 1.90), illness duration under two years (AOR = 2.68), strong social support (AOR = 4.43), shared decision-making (AOR = 3.93), and lower perceived (AOR = 2.97) and anticipated stigma (AOR = 2.92). These findings highlight the influence of social context and systemic factors on compassion in mental health care.
12. Alkhaibari et al (2023)[42]	Middle East and North Africa (MENA) region	To synthesize existing research on the practice of person-centered care (PPC) in the MENA region and to consider key elements of a PCC definition based on MENA cultural contexts.	Systematic review	50 studies	Multiple	Person-centered care (PCC) in the MENA region is hindered by inconsistent definitions, differing patient-provider perceptions, and limited practice shaped by cultural norms. Effective communication, cultural competence, and organizational support can facilitate implementation, but systemic barriers remain.
13. Malik et al (2025)[52]	Pakistan	To evaluate the effectiveness of a targeted compassion-training intervention for first-year medical residents and to explore systemic barriers to compassionate care in postgraduate medical education.	Quasi-experimental mixed-methods study	204 first-year medical residents	1. Sinclair Compassion Questionnaire–Healthcare Provider Competence Self-Assessment (SCQ-HCPCSA) 2. Focused Group Discussions (FGDs)	Compassion training significantly improved residents' competence (from 4.03 ± 0.54 to 4.58 ± 0.47; $p < 0.001$) and received high ratings for interest, relevance, and interactivity. Barriers included workload, time pressure, fatigue, documentation issues, financial strain, and workplace hierarchies. Cultural challenges and differing patient expectations also hindered practice. Key facilitators were team collaboration, senior support, and strong communication

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Table 1 (Continued).

Author, Year	Country/ Culture	Objective of the Study	Type of Study	Sample Size	Evaluation Instruments	Key Findings
14. Ondrejková & Halamová, (2022)[36]	Central Europe (Slovakia, Czech Republic, Hungary)	To explore experiences of compassion fatigue in nurses in Central Europe, including stressful factors contributing to compassion fatigue, nurses' experiences of compassion fatigue, and the coping strategies they use to cope with compassion fatigue.	Qualitative, using a theoretical (deductive) thematic analysis approach	86 nurses	An online questionnaire with open-ended questions	Compassion fatigue among nurses affected seven domains—emotional, behavioural, relational, somatic, spiritual, cognitive, and work performance. Coping strategies mirrored these areas. Similar patterns across North America, Japan, and Spain suggest it's a cross-cultural phenomenon.
15. Ortega-Galán et al, (2021)[53]	Spain	To analyze the concept of compassion from the perspective of nurses in the Andalusian Public Health System, Spain.	The study used a qualitative research design following the grounded theory model.	A total of 68 nursing professionals working in the Andalusian Public Health System	4 focus group sessions and 25 in-depth interviews	Nurses expressed varied and sometimes conflicting views on compassion. Some viewed it negatively, linking it to pity, sorrow, or cultural and religious connotations. Many used "compassion" and "empathy" interchangeably, showing conceptual confusion. A smaller group saw compassion as deeper than empathy—marked by presence, vulnerability, and the wish to relieve suffering. A few found practicing compassion rewarding. These differences suggest that inconsistent understandings may hinder compassionate care in practice

compassion training among medical residents improved competence and attitudes, though cultural and systemic barriers —like time constraints and hierarchical workplace culture—continued to hinder implementation.[52]

From a patient perspective, Abate et al (2023) demonstrated that compassionate care correlated positively with social support, stigma reduction, and shared decision-making, particularly in mental health settings. This indicates the significance of both interpersonal and structural factors in shaping compassionate experiences.[39]

How These Influences Vary Across Cultures

Cultural diversity emerged as a critical influence on both the expression and interpretation of compassion in healthcare. Singh et al (2020) revealed that South Asian patients in Canada viewed compassion as universal but interpreted it through ethnic and cultural filters. Cultural sensitivity from healthcare providers was identified as a core indicator of compassionate care, with language and ethnic mismatch cited as major barriers.[38]

The conceptual framing of compassion also differed across societies. Gilbert et al (2024) compared Eastern and Western traditions, particularly examining the interplay between Compassion-Focused Therapy (CFT) and Buddhist

principles such as the Four Noble Truths and insight meditation. Their analysis highlighted divergent philosophical foundations underlying compassion in different cultural contexts.[51]

Kariyawasam et al (2023) demonstrated that compassion-based interventions were also effective across Asian countries, including Japan, China, Thailand, and Hong Kong, though these efforts remain in early stages of implementation. Importantly, effect sizes varied depending on the type of control group, suggesting different contextual responses to intervention delivery.[37] In the MENA region, Alkhaibari et al (2023) noted that patient-centered care—a culturally compatible expression of compassion—was hindered by system-level challenges such as ambiguous definitions, cultural norms, and lack of institutional support.[42] Meanwhile, Shen et al (2024) illustrated how structural empowerment and culturally shaped expressions of empathy affected compassion fatigue among Chinese nurses, reinforcing the role of systemic and sociocultural variables.[40]

In high-stress units like ICUs in Turkey, spiritual caregiving was shown to correlate strongly with compassion levels among nurses, suggesting that culturally relevant spiritual elements enhance emotional responsiveness.[41] In Central Europe, nurses across Slovakia, the Czech Republic, and Hungary reported experiences of compassion fatigue along cognitive, emotional, spiritual, and somatic dimensions, which mirrored findings from other parts of the world. This suggests that while cultural nuances exist, the phenomenon of compassion fatigue has universal dimensions.[36]

Finally, Ortega-Galán et al (2021) found that Spanish nurses had divergent understandings of compassion—some viewed it as synonymous with empathy, while others associated it with negative connotations such as pity. This cultural ambiguity may affect the consistent application of compassionate care in clinical practice.[53]

Discussion

This narrative review synthesized a growing body of evidence underscoring the critical role of compassion in healthcare. Our focus in this review was placed on (a) how compassion influences healthcare practices, and (b) how these influences vary across cultures. The review highlights compassion's multifaceted impact on healthcare professionals' wellbeing, patient care quality, and organizational culture, reflecting diverse cultural and systemic contexts.

Compassion Fatigue and Compassion Satisfaction

Compassion fatigue remains a significant challenge for healthcare professionals, particularly in high-pressure settings like intensive care units.[36,48] Garnett et al (2023) identified multiple antecedents of compassion fatigue, including individual factors (eg, younger age, female sex), organizational factors (eg, workload, limited PPE), and systemic issues, which contribute to negative outcomes such as reduced quality of care and decreased empathy.[48] Shen et al (2024) further elucidated the complex role of empathy, showing cognitive empathy mediated reduced compassion fatigue, whereas affective empathy sometimes exacerbated it.[40] This dual role emphasizes the importance of targeted interventions focusing on emotional regulation and empowerment.

Conversely, compassion satisfaction, or the positive emotional reward from caregiving, is linked to improved job satisfaction and resilience. Alcaraz-Córdoba et al (2024) demonstrated that compassion-focused interventions not only reduce fatigue but also enhance compassion satisfaction and self-compassion among healthcare professionals, including effective programs like Compassion Cultivation Training (CCT) and Loving Kindness Meditation (LKM).[47] Similarly, compassion satisfaction among critical care staff is moderately high and strongly influenced by resilience, harmonious passion (balanced and positive involvement in an activity one feels passionate about),[54] and professional background.[55] These modifiable factors highlight the need for psychological support to enhance well-being and quality of life in healthcare settings.

Self-Compassion and Intervention Efficacy

Self-compassion training is increasingly recognized for its role in supporting healthcare workers' mental health.[7,37,56] Rushforth et al (2023) reviewed evidence for self-compassion interventions reducing secondary traumatic stress, though they noted a lack of high-quality studies especially outside Western contexts.[7] Kariyawasam et al (2023) confirmed the cross-cultural applicability of compassion-based interventions in Asian populations, with large effect sizes against waitlist controls.[37] Additional research corroborates that self-compassion reduces anxiety and stress in medical

populations, reinforcing the potential of such interventions for healthcare providers.[57] Brief training programs have also shown promise for practical implementation.[58] Given these findings, healthcare organizations are encouraged to actively incorporate compassion training for staff at all levels to foster a more resilient, empathetic, and supportive workplace culture.[59] A national-level approach may also be warranted, as suggested in international policy work promoting system-wide compassion and recovery-oriented principles.[60,61]

Cultural Sensitivity and Compassion

Cultural competence is central to compassionate care, particularly in multicultural settings. Singh et al (2020) highlighted how South Asian patients perceive compassion through cultural and linguistic lenses, underscoring the need for culturally sensitive communication to overcome barriers.[38] Ortega-Galán et al (2021) revealed divergent perceptions of compassion among Spanish nurses, ranging from negative associations with pity to positive professional fulfillment, reflecting cultural nuances.[53] Gilbert et al (2024) provided a theoretical exploration contrasting Western Compassion-Focused Therapy with Eastern Buddhist traditions, illustrating that compassion is a culturally embedded construct.[51] These findings emphasize that compassion is not a one-size-fits-all concept; instead, it must be understood and practiced in culturally attuned ways to be truly effective in diverse healthcare contexts.[62,63]

Spirituality and Compassion

Fırat Kılıç et al (2025) found a significant positive correlation between spiritual caregiving and compassion among ICU nurses in Turkey, suggesting spiritual care enhances compassionate responses, especially in high-stress environments.[41] Bezabih et al (2025) further proposed that digital chaplaincy could expand access to spiritual support, reinforcing the role of spirituality as a facet of holistic compassionate care.[64] Together, these findings underscore the importance of integrating spiritual dimensions (both traditional and digital) into healthcare systems to support compassionate, person-centered care, particularly in emotionally demanding contexts.[65]

Institutional and Policy Dimensions

Organizational culture and leadership significantly influence compassionate care delivery. Malik et al (2025) showed that structured compassion training improved self-reported competence among Pakistani medical residents but also identified systemic barriers such as workload, documentation burdens, and hierarchical culture.[52] Alkhaibari et al (2023) noted similar cultural and systemic challenges impacting person-centered care in the Middle East and North Africa region, emphasizing the need for contextually tailored strategies.[42] Sengupta and Saxena (2024) advocated for policy reforms that integrate compassion into mental healthcare education and institutional practices, moving beyond biomedical models.[50,] These studies collectively highlight that while individual-level training is valuable, sustained compassionate care depends on broader systemic and policy-level changes.[66] Embedding compassion into institutional structures, leadership models, and healthcare policy is essential to create environments where compassionate care can consistently flourish.

Compassion in Mental Health and Community Settings

Compassion remains a cornerstone in mental health services, especially for children and youth. Vusio et al (2025) identified themes emphasizing humanity-centered care and systemic facilitators and barriers, including time constraints and organizational culture.[49] Abate et al (2023) found that nearly half of mental health patients in Ethiopia perceived good compassionate care, with higher compassion linked to social support and shared decision-making.[39] These findings underscore the importance of embedding compassion into community and mental health care systems—not only through individual interactions, but also by addressing structural barriers and promoting relational practices such as shared decision-making and support networks.[67] A community-informed, systemic approach may be key to sustaining compassion in these settings.

Limitations

This review has several limitations. First, as a narrative review, it does not include formal quality appraisal, and the synthesis process may reflect selection bias or subjective interpretation. Second, by limiting inclusion to English-language, peer-reviewed publications, some relevant perspectives, particularly from non-Western or grey literature, may have been excluded. Third, the heterogeneity in study designs and cultural contexts constrained comparative analysis, limiting generalizability. Additionally, this study is not registered in any open science platform.

Despite these limitations, this narrative approach offers important strengths. It enables timely synthesis across diverse cultural and healthcare contexts, generating practical insights and identifying patterns that might be overlooked in more rigid systematic reviews. The flexibility of this method allowed us to integrate conceptual, empirical, and policy-oriented evidence, providing a rich, multi-level understanding of compassion in healthcare. These findings can inform real-world practice and guide future research, particularly in underexplored cultural settings.

Conclusion

This review found that compassion in healthcare is expressed and understood differently across cultural contexts, shaped by relational norms, spiritual traditions, and systemic conditions, while also influencing care through self-compassion, patient–provider relationships, and organizational practices. The study contributes by framing compassion as a culturally embedded, multi-level construct that must be integrated across individual, cultural, organizational, and systemic domains. Addressing compassion fatigue, fostering cultural sensitivity, promoting self-compassion, integrating spiritual care, and cultivating compassionate leadership are essential for sustaining compassionate practice. Future research should evaluate specific cross-cultural interventions, such as structured training programs or mindfulness practices for healthcare providers, and examine how organizational and systemic factors influence compassionate care delivery and patient outcomes, particularly in non-Western healthcare settings.

Ethical Approval

This article is a review of previously published literature and does not involve any original studies with human participants or animals. Therefore, ethical approval was not required.

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