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Compassionate Care: Student nurses' learning through reflection and the use of story

Elizabeth Adamson [a, *], Belinda Dewar [b, 1]

[a] School of Nursing Midwifery and Social Care, Edinburgh Napier University, Sighthill Campus, Sighthill Court, Edinburgh, UK
[b] Institute of Care and Practice Improvement, University of West of Scotland, Faculty of Health Education and Social Sciences, School of Health, Nursing and Midwifery, Caird Building, Hamilton Campus, Almada Street, Hamilton ML3 OBA, UK

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ABSTRACT

Introduction: Current concern in health care about delivering care that is compassionate has important implications for how compassion is taught and made explicit in nurse education curricula. This paper will describe the use of stories within the curricula to enhance knowledge and skills in compassionate caring.
Methodology: The Leadership in Compassionate Care Programme (LCCP) was a 3-year action research project that sought to capture what compassionate care means within practice and utilise this learning within education. Stories gathered within clinical practice were used to stimulate reflective learning as part of a nursing module that teaches recognition of acute illness and deterioration at Edinburgh Napier University. Students listened to stories which included experiences of staff, students, patients and relatives and related these to their own experiences in practice. In this paper, examples from the online discussions are discussed with reference to one of six themes that emerged from the LCCP, that of caring conversations.
Findings: The discussions suggest that reflective learning and the use of stories about the experience of giving and receiving care can contribute to the development of the knowledge, skill and confidence that enable student nurses to provide compassionate relationship centred care within practice.
Conclusions: Reflective learning can be a valuable strategy for students to ponder new knowledge and allow predetermined ideas to be challenged. Stories can initiate this process and help student nurses to understand not only the needs of others, but their own expectations and values, which in turn can inform how they plan and deliver person centred compassionate care.

Introduction

Patients and their families place a high a value on how they are cared for during the times in their lives when they need to access healthcare. Evidence suggests that this is as important to them as the nature of the care itself (Firth-Cozens and Cornwell, 2009; Pearcey, 2010; Smith et al., 2010; Edinburgh Napier University and NHS Lothian, 2012; Planetree, 2012: Dewar, 2013; Dewar and Nolan, 2013). However recent reports indicate that there remain cases where, for the most vulnerable, compassionate care has not been their experience (Health Service Ombudsman, 2011; Lown et al., 2011; DoH, 2013a,b; Planetree, 2012). The Francis reports (DoH, 2010a,b) go further and suggest that NHS organisations appear to be falling short of meeting their responsibilities.

Policy makers worldwide continue to give compassionate person centred care a central place (Australian Nursing Federation, 2009; DoH, 2010b, 2012; DoH Western Australia, 2012), and in 2012 the Director of Nursing for England launched a strategy for the development of a compassionate culture within the NHS (DoH, 2012). The strategy calls on healthcare professionals to commit to a series of actions underpinned by six key values that are believed to maximise high quality care. These values are care, compassion, competence, communication, courage, and commitment. Dewar (2011) suggests that embedding a culture of compassionate care requires the involvement and commitment of a wide range of players including educationalists.

Despite the launch of the strategy for compassionate care the meaning and definition of compassionate care, how it can be measured and whether it can be taught continues to be discussed (Bradshaw, 2009; Shea and Lionis, 2010; Adamson and Dewar,

* Corresponding author. Tel.: +44 (0)1314555696.
E-mail addresses: l.adamson@napier.ac.uk (E. Adamson), belinda.dewar@uws.ac.uk (B. Dewar).
[1] Tel.: +44 (0)7511106411.

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2011; Curtis, 2014). The Willis report suggests that person centred care should be woven into all nursing programmes and Nurse educators are faced with this challenge as they plan, develop and deliver a curriculum that seeks to equip nurses with the knowledge and skills required to engage in compassionate care across all care settings (Willis, 2012).

The Leadership in Compassionate Care Programme (LCCP) was a 3-year action research project that sought to capture what compassionate care means within practice, and translate this learning into practice development and education.

Action research is about doing research with and for people and emphasises the production of knowledge and action directly useful to practice (Dewar and Sharp, 2006). Action research is thus deliberately concerned with the processes of development, improvement and continuous learning. Phases typical to action research include data gathering, planning, acting, and reflecting. These activities are best seen as cycles where iterative processes of data collection and analysis are carried out and fed back into the setting to stimulate change (Hall, 2006). The critical reflection emerging from one cycle leads on to the next planning phase.

Data about caring was generated from the practice setting by working with practitioners, patients and families. The key components and processes of this care when identified then informed developments and initiatives that would enable NHS Lothian and Edinburgh Napier University (Scotland) to 'embed compassionate care' consistently within nursing practice and education (Edinburgh Napier University and NHS Lothian, 2012).

As part of the undergraduate strand of the programme, data gathered in clinical practice was used to inform changes within the nursing curricula. A number of tools and strategies were used to gather patient, relative, staff and student experiences within hospital, this included a process titled emotional touch points. This is a method used to elicit stories that focus particularly on the emotions evoked by experiences of care (Dewar et al., 2010). These stories provided a rich source of information and insight about experiences of giving and receiving care that were then used to initiate reflective learning within an acute nursing module that teaches recognition of acute illness and deterioration.

The focus of this paper is to share and discuss the reflective learning that took place as students engaged in guided reflection and online discussion initiated by the stories. The students were encouraged not only to reflect on the experience described in the story but also to relate this to their personal values, experiences and behaviours in clinical placement.

The students were also asked to consider how they would apply new learning in future practice. The stories were linked to the themes of compassionate care developed from the research (Edinburgh Napier University and NHS Lothian, 2012). These are illustrated in Table 1.

All of the themes were explored within a module which contributes to the under graduate nursing programme and teaches students how to recognise deterioration in acutely ill patients. In this paper, details of student discussions on the theme of 'caring conversations' will be presented.

Background

The provision of compassionate relationship centred care is determined by the "how" of caring (Goodrich and Cornwell, 2008; Smith et al., 2010; DOH 2012; Dewar and Nolan, 2013). It is therefore important that a nursing curriculum includes not only the technical and theoretical aspects of care but also how to care in a way that is compassionate and places the patient at the centre, but also acknowledges compassion with staff and families. Increasingly evidence suggests that in order to give compassionate care student nurses need to receive this themselves (Gilbert, 2010; Maben et al., 2007).

Students who choose to enter the nursing profession are expected to be people who engage in caring behaviours at the outset so that this can then be nurtured throughout their programme of study (Murphy et al., 2009). It is therefore important that educators create learning environments that enable nursing students to make meaning of compassionate person centred care (Hinds, 2013) and encourage and inspire them to develop, enhance and build on caring attributes (Bradshaw, 2009; Edinburgh Napier University and NHS Lothian, 2012; Mclean, 2012). It is also important that students are encouraged to, and feel safe enough, be open-minded and allow their attitudes beliefs and values to be challenged (Ekebergh, 2007), and this can be achieved through reflection on their own experiences and also on the experiences of others. Reflecting on what we do can help us to identify and understand our caring values (Ghaye and Lillyman, 2000; Adamson and Dewar, 2011).

Reflecting on the lived experiences of others is known to be an effective learning tool (Lillieman and Bennet, 2012) that can, and should enhance or change our practice (Ghaye and Lillyman, 2000). Stories can be used to stimulate and facilitate reflection and debate (Moon, 2010) as listening and reflecting on the stories of others gives us access to the situations, thoughts and experiences of individuals as they live out their daily lives (McDrury and Alterio, 2003). Shea and Lionis (2010) found that students enrolled on a module that taught compassionate practice placed a high value on hearing about the real life situations and difficulties that families go through.

Moon (2010) suggests that stories help us to build new knowledge and gain understanding of how other people think and reason. She proposes a constructivist approach where new knowledge is either added to existing knowledge, modifies that knowledge to fit in, or brings about a change in understanding through challenging the current cognitive structure (Moon, 2010). Listening to people share their personal experiences and feelings can help us to understand their needs, expectations and values, which in turn can help us to plan and deliver person centred compassionate care. Reflective learning enables the listener to ponder new knowledge and allow their predetermined ideas to be challenged in the light of it.

Stories can help the listener to understand the human response to health and illness and how this relates to a person's life (Koeing and Zorn, 2002). McDrury and Alterio (2003) describe a three stage reflective process where the listener becomes aware of a discrepancy between what they believe or understand and the experience of the story teller. The next conceptual phase initiates a process of critical analysis of new knowledge. From this process a new perspective emerges.

We can learn not only from the experiences of patients and families but also those of health practitioners (Wittenberg-Lyles et al., 2007). Learning from mentors in practice is a vital part of nurse education and listening to the stories of experienced staff can be inspirational to students. It can also help students to learn how they might deal with complex and challenging situations in practice (Firth-Cosens and Cornwell, 2009).

In the study reported in this paper (the Leadership in Compassionate Care Programme, LCCP) the experiences of others in the form of written and recorded patient, relative, staff and student stories were incorporated into an acute nursing module and used to initiate reflection and online discussion. Student nurses want to provide compassionate person centred care but can find this difficult in practice (Curtis, 2014). Using the resources from the LCCP we set out to facilitate learning through reflection on what patients and families have told us, how registered nurses and students have dealt with complex care situations, and the previous experiences of the students themselves.