



Compassionate care: Empowering students through nurse education

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SUMMARY

Compassionate care is widely discussed in the media, at policy level, in practice and in academic institutions. In order to provide care of this quality, students must be equipped with the skills necessary to build effective relationships with patients and others and to successfully manage the challenges they can encounter in this process. This article describes an evaluation of a teaching approach designed to enhance students' ability to deliver compassionate care. The student voice is used to illuminate their experiences.

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Introduction

This article provides an overview of the development and evaluation of a teaching approach designed to enhance students' ability to deliver the quality of compassionate care that matches the ideals and values expressed within the literature and policy documents that influence nursing practice (Report of the Willis Commission, 2012; Scottish Government, 2010). The student voice is used to illuminate their experiences as they grappled with the complex issues they encountered in their clinical placements as they endeavoured to show empathy and kindness toward patients and family members. Theoretical concepts of social capital and self-efficacy as they relate to student engagement are described and explored in the discussion, with a focus on the way in which education enables students to work together and with their tutor to safely explore these important issues for practice.

Background and Context

Compassionate care is a 'hot topic' in the media, at policy level, in practice and in academic institutions (Patterson, 2012). For educators, it is crucial that the educational process enables students to develop the skills, knowledge and attitudes required to deliver care with compassion. Compassion is variously defined; Cummings and Bennett's (2012, p. 13) useful and contemporary working definition of the concept is 'Compassion is how care is given through relationships based on empathy, respect and dignity – it can also be described as intelligent kindness and is central to how people perceive their care'.

Research suggests that individuals are attracted to the nursing profession because of the role's image as caring, nurturing helpers

(Baughan and Smith, 2009). In Drumm and Chase's (2010) study, students attributed their ability to make a positive difference to patients' lives to an 'innate' sense of caring. However, there is also evidence that students may lose their ideals as they progress through their education (Bolan and Grainger, 2009; Johnson et al., 2007; Murphy et al., 2009). These changes are attributed to occupational socialisation – the price that student nurses may feel they have to pay in order to be accepted by other staff (Murphy et al., 2009). Blomberg and Sahlberg-Blom (2007) suggest that the tensions between the care nurses want to give and that which they actually deliver can result in compassion fatigue. They blame factors such as inadequate staff/patient ratios, financial restraints and the prevailing focus on the medical model where cure may be valued above care.

These issues raise the question of how educators can best equip students with the skills necessary to build effective relationships with patients and others, and to successfully manage any resulting challenges, in order to continue throughout their career to provide the quality of compassionate care that attracted them to the profession. A number of educational approaches are being used to help students to develop these skills. As Christiansen and Jensen (2008) assert, students need to emotionally invest in their learning, and particularly in their experiences in practice, as part of their overall educational process. They advocate the use of role play to enhance students' flexibility and compassion in the caring context. Newton (2010) believes that educators both in university and in practice play a vital part in the teaching of compassion through their modelling of the values underpinning it. Williams and Stickley (2010, p.755) concur, emphasising the need to demonstrate 'the importance of the genuine human encounter' alongside other educational approaches aiming to develop skills and knowledge for practice. Finally, Trueland (2009) recommends embedding compassion within the curriculum using appreciative enquiry, where students ask patients and others what they have found most helpful.

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This approach fits well with the NMC's (2010) requirement that service users' inputs form a part of students' clinical assessment. Another teaching and learning strategy will now be explored which was developed, implemented and evaluated with the aim of further enhancing students' compassion and ability to manage their emotions in increasingly complex healthcare environments.

Aims and Approach to Teaching for Compassionate Care

The teaching and learning strategy discussed below is delivered within a module entitled 'Understanding self in relation to others in professional practice'. It aims to empower students to develop the quality of professional relationships with patients, carers and other staff that will enable them to provide compassionate care. A second year personal tutor group of thirty students in the adult undergraduate nursing programme took part in the teaching sessions. The facilitator was also their personal tutor for the duration of their programme; the group thus formed a learning community. The evaluation of the teaching experience was part of the overall student learning experience rather than a research study and did not require ethical approval. Nevertheless, consent was given by all students whose quotes are used within this article.

Rather than planning the module delivery in advance, the tutor and students jointly explored reflective accounts of their individual experiences of building relationships in practice to discover the gaps in their knowledge and skills that should be addressed through the sessions to follow. Involving all of the students in the identification of common themes actively engaged them in uncovering the relevance of the nursing literature on compassionate care to their own lived experiences. **Box 1** provides a detailed description of the teaching/learning innovation.

Box 1

Overview of the learning/teaching approach.

1. Following their first clinical placement in second year, students wrote a formative reflective account exploring an incident from their practice which involved their relationship with relatives or other staff.
2. Together with the tutor, students analysed key themes within their formative reflections which indicated the further knowledge and skills they needed in order to be more effective in delivering compassionate care (see [Table 1](#)).
3. Students' directed study and classroom experiential exercises enabled them to relate their own experiences to the nursing literature on compassionate care. For example, students selected and discussed images that represented compassion to them; literature, including [Morse's \(1991\)](#) seminal work on nurse–patient relationships was studied. Communication scenarios using a solution-focused approach ([Smith et al, 2011](#)) were role-played.
4. Working collaboratively with the tutor, the students developed individual 'toolkits' of approaches designed to empower them to meet those learning needs. Each student presented a personal development plan to the class.
5. Students were encouraged to discuss their development plan with family, friends and their mentor during their next placement. Through practice and feedback, they set out to develop the skills they had identified.
6. In the module's final assessment, students reflected on the incidents that demonstrated their new learning and its impact on their delivery of compassionate care.

Student Learning Needs

Through their class discussions with their tutor about the content of the formative reflections, the students identified several types of situations that had left them feeling emotionally depleted and therefore unable to actively reach out to patients with the energy and compassion that corresponded with their values. Out of the 30 students' formative reflections, 20 described situations where they had felt powerless when they had encountered distressed or angry relatives, or staff had bullied them or provided a poor standard of care. They listed the following learning needs in order to deal positively with those challenging situations ([Table 1](#)).

One student recalled being reprimanded as she tried to assist a patient who struggled to dress himself after a procedure. She was unable to stand her ground and provide the compassionate care she longed to give him, and continued to regret this long after the event.

'She snapped at me, 'What are you doing? That's not our job, the carers will be along to do that!' I immediately stopped what I was doing and stood back. The patient glanced over at the other nurse and then at me with a sad look in his eyes. [...] I should have been able to act as an advocate for the patient, but instead I stayed quiet and just did as I was told.'

Even when they are trying to do their best, student nurses may have to deal with the negative emotions of others. One naturally shy student nurse in this group, when asked for an update by the daughter of a patient, felt disappointed in herself as she sensed the relative's disapproval.

'The daughter felt dissatisfied and frustrated that someone who has the responsibility of caring for her mum could not provide her with the information in a professional manner. I felt disappointed for her and in myself as I felt unable to deliver care to her, which is just as important as caring for the patient.'

Unsurprisingly, students in the group also identified the need to develop assertiveness skills — challenging other professionals' practice or views is not easy. This is illustrated by the following quote from a student who had reflected on a reprimand for the way she carried out a procedure. Despite her perception of the attack as unfair, she showed little compassion for herself as she berated herself for her inability to respond.

'When I tried to say what I wanted to say, she started to twist everything I said... I felt so angry with myself. At the end I felt powerless and frustrated because I was so useless — I could not even say anything.'

Handling highly emotive situations was also difficult. One student described hiding in a side room when she noticed two recently bereaved relatives approaching. She wanted to offer support but was afraid of her own emotions. Even after the event passed, she found it difficult to recover.

'I thought myself weak and pathetic and I felt sick to the stomach for choosing the easy option rather than doing what I knew was right. Afterwards, when I knew the opportunity to talk to them had bypassed me completely, I felt empty and lonely; I was unable to talk to anyone about what had happened because I was so ashamed of myself.'

Table 1

Learning needs identified by the students

1. Communication skills to challenge practice by staff that lacked compassion.
2. Communication skills to respond calmly and professionally to anxious or aggressive behaviour from relatives.
3. Assertiveness skills to respond appropriately to staff bullying.
4. Emotional strength to deal compassionately with highly emotive situations.
5. The ability to recover their strength and resilience following emotionally difficult experiences.

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