



21st Century challenges faced by nursing faculty in educating for compassionate practice: Embodied interpretation of phenomenological data



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SUMMARY

Nursing faculty are facing challenges in facilitating student learning of complex concepts such as compassionate practice. Compassion is a stated expectation of Registered Nurse (RN) and student nurse practice, and yet how it is enabled and learned within the challenging environments of university and health service provider organisations are not yet understood. There is currently an international concern that student nurses are not being adequately prepared for compassion to flourish and for compassionate practice to be sustained upon professional qualification. In order to investigate the experiences of nursing faculty in their preparation of student nurses for compassionate practice, an exploratory aesthetic phenomenological research study was undertaken using in depth interviews with five nurse teachers in the North of England. Findings from this study were analysed and presented using embodied interpretation, and indicate that nurse teachers recognise the importance of the professional ideal of compassionate practice alongside specific challenges this expectation presents. They have concerns about how the economically constrained and target driven practice reality faced by RNs promotes compassionate practice, and that students are left feeling vulnerable to dissonance between learned professional ideals and the RNs' practice reality they witness. Nurse teachers also experience dissonance within the university setting, between the pressures of managing large student groups and the time and opportunity required for small group discussion with students that enables compassion to develop in a meaningful and emotionally sustainable way. Teachers also express discomfort due to a perceived promotion of an 'unachievable utopia' within practice, identifying how the constraints within practice could be better managed to support professional ideals. The nurse teachers within this exploratory study identify the need for strong nurse leadership in practice to challenge constraints and realign the reality of practice with professional ideals, and the need to foster student resilience for maintaining the professional ideals of compassionate practice. This exploratory study promotes the use of embodied interpretation for shared understanding of phenomenological research findings.

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Introduction

To be treated with compassion is an expectation of patients ([Age Concern, 2006](#); [The Patients' Association, 2011](#)) and one of the primary goals of nursing care ([Nursing and Midwifery Council \(NMC\), 2008, 2010](#); [Canadian Nurses Association \(CNA\), 2008](#); [The American Nurses Association \(ANA\), 2011](#)). However, reports of some nurses' lack of compassion during recent years have generated high levels of concern among United Kingdom (UK) governing bodies and the media, with day to day nursing practice subjected to mostly negative reporting ([Francis, 2013](#); [Care Quality Commission, 2011](#); [The Daily Telegraph, 2012](#)).

Nursing faculty are exposed to the expectations of educating for compassionate nursing and to current concerns about the quality of

UK nursing practice. Teachers face the challenge of preparing student nurses for the reality of healthcare delivery alongside a meaningful understanding of the professional ideal of compassion. Nurse education in the UK requires a minimum of 50% of student learning to take place within practice environments ([NMC, 2010](#)) while the remainder takes place primarily within university settings. Current pressures within practice placements impact negatively upon student socialisation in compassionate practice ([Curtis et al., 2012](#)) and current pressures within university environments can challenge nurse teachers in their striving to uphold their values as educators and healthcare professionals ([Rolfé, 2012](#)).

Literature Review

21st Century Nurse Education

The 21st Century sees nurse education in the UK, most of Europe, North America, South America, South Africa, Australia, New Zealand

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and other countries, to be firmly situated within universities, with practice learning situated in health service environments and enabled through practice partnerships. During the 20th Century and until the 1990s in the UK, most student nurses learned how to become a nurse within a hospital that provided their vocational training; an arrangement that had not significantly evolved from that experienced in the 1870s, during the era of Florence Nightingale.

In the UK today, nursing practice and nurse education are regulated by the NMC with a mandate to protect the public (NMC, 2009). Regulation governs those who can provide student nurse teaching and assessing within the practice environment as well as within universities, through standards specific to the preparation of nurse mentors and nurse teachers (NMC, 2006). Nurse teachers find themselves working for two masters, the university as their employer alongside the profession of nursing, with an obligation as a RN to make the care of people their first concern, treating them as individuals and respecting their dignity (NMC, 2008). These two masters can create competing demands and pose a challenge to the day to day working practices and demands on nurse teachers, particularly in terms of meeting the university's corporate agenda and contractual obligations for research, recruitment and retention of students, and student satisfaction (Rolfe, 2012).

Nurse teachers within the UK are not alone in facing challenges. In the USA there are nursing faculty shortages, a complex diversity within nurse education programmes for professional registration, challenges to providing excellent clinical practice experiences for student learning, and challenges to introducing initiatives that increase the quality of nursing (Rich and Nugent, 2010). It is within such environments that nurse teachers work to prepare student nurses to be fit for practice within the 21st Century expectations of the nursing profession.

Educating for Compassionate Practice

Education for compassionate practice is complex as compassion is itself a contested concept. The origins of compassion are thought to be both innate and learned, with familial compassion provided to people who we know in order to protect those most important to us (Goetz et al., 2010). In contrast, the origins of stranger compassion are more difficult to understand as compassion for strangers can be seen in the behaviours of some people and not in others (The Centre for Compassion and Altruism Research, 2011). In nursing, compassion probably combines both of these, in that most patients start as strangers but become known as individuals who are important to the nurse. There is still much debate about what compassionate practice is in terms of emotions, virtues, values, and behaviours (Schantz, 2007). According to the religious historian Karen Armstrong (2011):

Compassion lies at the heart of all religious, ethical and spiritual traditions, calling us always to treat others as we wish to be treated ourselves.

[Armstrong, 2011:4]

Compassionate nursing practice can be defined as comprising:

the enactment of personal and professional values through behaviour that demonstrates the emotional dimension of caring about another person and the practical dimension of caring for them, in a way to recognise and alleviate their suffering.

[Curtis, 2013:3]

Nurse education in the UK is influenced by nurse teachers, practice-based nurse mentors, and also by the environment in which nursing takes place, particularly in relation to practice leadership (O'Driscoll et al., 2010). Nurse teachers facilitate the learning of compassionate practice through presenting the underpinning nursing

theory and setting learning expectations within practice settings in partnership with RNs and mentors who support students within the clinical environment. Student nurses learn from exposure to both the theory and the practice of professional ideals, such as working in partnership with patients, showing respect, promoting dignity and autonomy, taking time to listen and to understand a patient's concerns, and through moral choice doing the little things that matter to the patient so they feel cared for and cared about (Gallagher, 2007; Schantz, 2007; RCN, 2008).

The NMC provide a set of standards for nurse education that identify compassion as a skills competency expectation at different progression points during student nurse education (NMC, 2007, 2010). The NMC also set a code of conduct for all RNs (NMC, 2008) that define the importance of individualised and dignified care to meet the needs of patients. Despite these expectations, student nurses' caring behaviour has been shown to diminish as they near completion of their education (Mackintosh, 2006; Murphy et al., 2009; Smith, 2012). This may be due to coping with the reality of practice pressures, the sustainability of professional ideals, and subsequent personal and professional dissatisfaction (Maben et al., 2007), alongside the emotional engagement required for compassionate practice that can lead to feelings of vulnerability (Curtis et al., 2012; Curtis, 2013).

Aim

The aim of this exploratory study was to uncover nurse teachers' experiences and concerns in their preparation of student nurses for compassionate practice, and this was originally undertaken to provide supplementary and contextual data for a larger study exploring student nurse socialisation in compassionate practice (Curtis et al., 2012).

Method

Design

An aesthetic phenomenological approach is used to explore nurse teachers' lived experiences in order to provide a rich description of their concerns (Willis, 2004; Galvin and Todres, 2011). Using phenomenological research provides aesthetic understanding and exposes the challenges experienced by nurse teachers within 21st Century nurse education. By exploring the teachers' experiences using their own words, the expression of their thoughts, the meaning they attach to their day to day engagement with students, and their feelings in relation to educating for compassionate nursing are exposed in a way that captures the head, hand and heart of nurse education through embodied relational understanding (Galvin and Todres, 2011). The process of translating the aesthetic data into findings for empathic understanding is called embodied interpretation and is based upon an epistemological framework grounded in the philosophies of Galvin and Todres (2011). The use of some of the teachers' own words and phrases within the embodied interpretation enables the findings to remain true to participants' experiences and requires some selection by the researcher to capture the combined and similar experiences and meanings of the participants. This is achieved by repeated listening to the recordings and reading of the transcripts, with the researcher becoming immersed in the words used by the participants and in their meanings. The epistemology of aesthetic phenomenology and embodied interpretation does not require using exactly the same words as the research participants but must nevertheless stay close to the meanings indicated (Galvin and Todres, 2011: 526).

Data Collection and Participants

Individual in-depth interviews with nurse teachers (n = 5) took place during 2010 at a university in the North of England. The

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