



A research-based mantra for compassionate caring[☆]



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ABSTRACT

Background: The United Kingdom introduced the Six C's strategy to help address deficits in approaching nursing care in a compassionate and caring manner.

Objective: To identify the book, article, poem, film or play that most influenced nurse educators' understanding of care and compassion and to articulate a clearer understanding of compassionate caring.

Design: A qualitative study applying discourse analysis to respondents' questionnaires and their nominated narrative.

Settings and Participants: 41 nurse educators working in 5 universities in the UK ($n = 3$), Republic of Ireland and Canada participated. 39 items (10 books, 2 journal articles, 10 poems, 15 films and 2 plays) were nominated.

Findings: The desire to understand others and how to care compassionately characterised choices. Three main themes emerged. Abandonment of, and failure to see, the suffering person was evident in 25 narratives. Connecting with others was shown in 25 narratives as being able to truly see the other person. Comforting others was supported by 37 narratives with examples of kindness and compassion.

Conclusion: Published narratives are valuable in developing compassionate responses. An annotated list is provided with suggestions for educational uses to help develop compassionate caring in student nurses. Compassionate, caring nurses recognise that patients need them to: "See who I am; Be present with me; Do not abandon me."

1. Introduction

Nursing is a caring profession yet in the UK, people have suffered as a consequence of uncaring nurses (Care Quality Commission, 2011; Francis, 2013). In response, the 6C's strategy was launched (Commissioning Board Chief Nursing Officer, 2012). The 6C's are: Care, Compassion, Competence, Communication, Courage and Commitment. Attempts to characterise key nursing values are not novel; a Canadian nursing theorist, Sister Simone Roach, identified her five C's of Caring as: Compassion, Competence, Confidence, Conscience, Commitment in 1987 adding a sixth, Comportment, in 1992. Roach (2002, p. 66) argues that when nurses base their caring in practice upon these, patients receive the "profound and virtuous care" that exemplifies good professional nursing. Both conceptualisations indicate that compassion is an integral component of being a 'caring' nurse yet it is unclear how

nurses, or the educators shaping their practice, understand the nature of 'caring' and 'compassion'. Notwithstanding this, as nurse educators from the UK, Republic of Ireland and Canada, we believe that these can be fostered and developed. We each have had our understanding of compassion and caring influenced by narratives in various forms so the study reported here set out to identify, analyse and share published narratives which can be used by others to develop care and compassion in nursing students.

2. Literature

Research often conflates "terms such as caring, empathy, sympathy, compassionate care, and compassion interchangeably, implying that these words are synonymous" (Schantz, 2007, p. 49). "Caring" is reduced by some nursing theorists to activities such as feeding, clothing,

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Box 1

The questionnaire.

- Q1. What is the one item (book, article, poem, play or film) that has had the most impact upon you as a caring, compassionate practitioner?
 Q2. Why has this book, article, poem, play or film been so influential on you?
 Q3. Which particular scene or section exemplifies to you what it means to be caring and compassionate?
 Q4. How do you use your chosen item in your teaching and how do students respond?
 Q5. Why would you recommend it to other health and social care professionals?
 Q6. What is your professional title and/or qualification?
 Q7. How long have you been qualified as a health or social care professional?
 Q8. Which country did you train in?
 Q9. Which country are you employed in at the moment?

providing medicine, helping others develop or sustain their basic abilities, or alleviate their pain (Schantz, 2007). Thus, caring is changed into a practice not a moral orientation; “carers” have not necessarily been recruited for their caring qualities or had these consciously developed (Engster, 2005).

Other nursing theorists remain true to the belief that a primary characteristic of nurses is that they “need to help others” (Sumner, 2008, p. 239). Sumner’s theory of the moral construct of caring in nursing as communicative action conceptualises caring in nursing as bi-directional communication where both patient and nurse have “physical, social, spiritual and emotional needs” even if those of the nurse are less overtly acknowledged (Sumner, 2008, p. 236). Consequently, even the most caring nurse may suffer compassion fatigue (Sabo, 2006), moral distress (Epstein and Hamric, 2009) or burnout as a consequence of the emotional labour of nursing (Smith, 2012; Hochschild, 1983). Research often concentrates on recognising compassion fatigue, supporting the professional who is suffering from its effects (Showalter, 2010) and preventing burnout (Inbar and Ganor, 2003). The identified costs, as articulated by Showalter (2010) mostly focus on the employer and employee (staff turnover, loss of self-worth, diminished productivity and poor morale) without recognising that caring work necessarily involves personal interaction between the professional and the care recipient. As Sumner (2008, p. 240) identifies, nurses should be “providers of comfort” but withdrawal of the caring component from the care interaction (characteristic of a compassion-fatigued professional) is an unacknowledged cost. As long as activities of care are performed, the way care is provided may seem unimportant. As Kennedy (2001, p. 265) noted, healthcare professionals are taught what is best but “expected to practice in circumstances in which ‘getting’ by is prized as success”. These are the conditions in which failures of care (and caring) occur.

In response, some educators are seeking ways to develop caring qualities. Griffiths et al.’s (2012) focus group-based study of 52 patients and carers revealed themes that the researchers related to a “caring professional attitude”. In reality, their supporting evidence focused on professionalism (including technical competence, non-judgmental attitudes, empathy and communication skills) with little evidence of depth of caring. They suggest using role modeling and blended learning such as blogs to accompany lectures; this seems a rather “academic” response that may fail to reach practitioners deeply.

This is where the humanities have a role by taking people beyond the confines of their professional field. The arts enable us to access emotional responses that we suppress for fear of looking unprofessional, thereby risking the loss of ability to connect and empathize with others (Gaut, 2007). Arts-based pedagogy is increasingly popular in healthcare education with a diversity of methods being utilised (McLean, 2014). McKie et al. (2008) employ art, film, literature and photography. Roberts (2010) favours poetry to specifically engage the construct of empathy in mental health nursing students. Author 3 (2016) uses published poetry to engage nursing students in reflective practice.

Books, articles, poems, plays and films all contain narratives which

engage and influence. Narrative can be seen as the design of a building, its architecture, comprising multiple stories (or rooms) that relate to one another (Author 1, 2013). Thus, by asking nurse educators to identify the single, most influential narrative (however conveyed) and to explain why it influenced their understanding of compassion and caring and how they used it to educate others, we aimed to develop a list of resources and suggestions for educators and, by analysing the narratives, we aimed to be able to articulate a clearer understanding of compassionate caring.

3. Methods

The theoretical framework of this study is underpinned by Sumner’s (2008) thesis that nursing is a moral, bi-directional activity between the nurse and the patient/client which is characterised by caring and compassion. Sumner (2008, p. 260) provides a diagrammatic representation and concludes that “in the ideal communicative relationship both nurse and patient are equal participants.” The nurse brings their personal and professional selves to the encounter and the patient brings their personal and illness self. Together, Sumner argues, they “are engaged in discourse with an outcome of < physis > or validation” (*ibid*). Once trust is present, the nurse can help the patient and the patient can accept help.

The methodology used is discourse analysis (DA). This was employed rather than a simpler narrative analysis since DA allows the analysis of ‘texts’ (understood as not just the written word: Gee, 2014), for their wider social significance thereby making explicit what is implicit with the multifaceted nature of situated relationships (Schiffirin, 1997; Cameron, 2001). One such relationship is that of the nurse and patient/client, a somewhat contested relationship for reasons such as power and professional ideologies or professional identities affecting how caring and compassion are understood (Crowe, 1998; Smith, 2006).

A questionnaire was emailed to potential participants (see Box 1). Completed questionnaires were analysed using DA. A fuller explanation of the method and discourse analysis tool developed for this project has been published (Author 1 and Author 2, 2016) as a research methods paper so a shorter overview is provided here. Gee’s (2014) discourse analysis ‘toolkit’ was influential but Gee fails to discuss how to combine his tools or address concerns of rigour (an issue often lacking consideration in DA research: Nixon and Power, 2006). DA involves context and interpretation (White, 2004) and sole researchers may miss important points. Antaki et al. (2003) identify common errors in DA research: under-analysis, taking sides, over-quotation or isolated quotation, circular identification of discourses and mental constructs, false survey and analysis that consists in simply spotting features. Our method and tool was designed to maximise rigour. The tool was designed by the two lead researchers and piloted within the research team. The tool aimed to identify (1) identities, relationships and politics (2) constructs (3) words (what they conveyed and how they were used) (4) key topics and contextual meanings (5) the implications of audio or

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