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# Teaching compassionate care to nursing students in a digital learning and teaching environment

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ABSTRACT

*Background:* Healthcare that is technically excellent, but without compassion, fails to meet the expectations of patients. Ample evidence about teaching compassion to nursing students in classrooms exists; however, few studies report online teaching.
*Aim:* This study explored final year nursing students' perceptions of compassion and practising compassion before and after studying an online compassion module.
*Methods:* An exploratory, descriptive qualitative approach guided data collection and analysis. Students responded to open-ended questions before and after studying the module.
*Findings:* Themes derived from the analysis: *being present*, *acting to relieve suffering*, *getting the basics right*, *going forward*. Being present for patients was evident in statements such as placing yourself in their shoes, taking time to listen carefully and doing things that mattered (e.g., using touch to convey compassion). Acting compassionately depends on communicating to understand the suffering of others and what matters. Being resilient involved getting the basics right (e.g., positive self-care and lifestyle practices, cultivating supportive networks, setting boundaries). Going forward included being mindful to act compassionately as new registered nurses and supporting colleagues.
*Conclusions:* This study provided new insights into how students' new knowledge translated into compassionate action. Students described the positive impact of small acts of compassion from one nurse to another that enhanced teamwork and resilience. Recognising the critical role of compassion to patient and family outcomes, provider wellbeing, and organisational culture, these findings could be used by nurse leaders and educators to develop evidence-informed curricula to foster the practice of compassion which all nurses aspire to provide.



## 1. Introduction

Compassionate care is a public expectation; it matters to patients, and is foundational to what it means to be a nurse (Bray, O'Brien, Kirton, Zubairu, & Christiansen, 2014; von Dietze & Orb, 2000). Compassionate care 'requires understanding of another's pain or suffering, with commitment to doing something to relieve this' (Lown, Dunne, Muncer, & Chadwick, 2017). Patients and their families say the manner in which they are listened to and cared for matters just as much as healthcare quality (Bray et al., 2014; Lown, Rosen, & Marttila, 2011). As Haslam (2015, p. 1) clarifies: 'compassion is not an optional extra, but far too frequently it is seen as being much less important than other aspects of care'. Globally, however, there is an increasing concern that healthcare systems continue to fail to meet the core needs and expectations of patients (Aiken, Rafferty, & Sermeus, 2014; Bray et al., 2014; Lown et al., 2011). Patients report that 'care may be technically excellent but depersonalized, and will fail to address the uniquely human aspects

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**Summary of relevance**
**Problem or issue**

Healthcare without compassion fails to meet patients' expectations.
There is scant evidence about teaching compassion online to nursing students.

**What is already known**

Compassion literacy and resilience may act as protective mechanisms.
Compassion is essential for quality care and improving well-being and resilience in clinicians.
Touch can express compassion and may relieve suffering.
Organisational factors foster or hinder compassionate care.

**What this paper adds**

Compassionate care can be taught online.
Compassion education is a precursor to practising compassion towards patients, relatives, colleagues, and oneself.

of the healthcare experience' (Lown, 2014, p. 7). The core needs and expectations of patients are to receive compassionate care. Compassion is: 'recognizing the concerns, distress and suffering of patients and their families and taking action to relieve them. It is based on active listening, respect, empathy, strong communication and interpersonal skills, and knowledge and understanding of the patient's life context and preferences. At its core, it means treating patients as people, not just the illness' (Rosen, 2015).

International research has linked poor patient outcomes with austerity measures and identified compassion as a missing component of healthcare (Bray et al., 2014; Francis, 2013; van der Cingel, 2014). These issues have prompted debates about what constitutes core nursing values and whether virtues (such as compassion) can be taught in undergraduate nursing programs.

## 2. Background

Compassion is not a new concept. In his debates with Protagoras, Socrates (in the *Meno*) argued that a moral virtue such as compassion could not be taught and that it was a 'gift of the gods'. In contrast, Protagoras said compassion could be modelled and learned in certain contexts and systems (Pence, 1983; Plato, 1961). Protagoras's view suggests compassion can be taught, nurtured, suppressed or hindered within social relationships, cultures, and systems (Pence, 1983).

The terms compassion, empathy and sympathy have been used interchangeably, however, 'patients distinguish and experience them uniquely' (Sinclair et al., 2016, p. 1). Compassion is defined as 'a virtuous response that seeks to address the suffering and needs of a person through relational understanding and action' (Sinclair et al., 2016, p. 6). Compassion is more than seeing (sympathy) and acknowledging (empathy) suffering of others (von Dietze & Orb, 2000). Taking action to relieve suffering is what distinguishes compassion from other concepts (Richardson, Percy, & Hughes, 2015; Sinclair et al., 2016; von Dietze & Orb, 2000). Notably, patients can recount experiences in which they felt communication and compassion was present or absent in their health care (Bramley & Matiti, 2014). Compassion can be expressed through small, meaningful gestures (Adamson & Dewar, 2011).

However, adverse work environments, unmanageable workloads and incivility may impede nurses' ability to provide compassionate care and predispose nurses to compassion fatigue (Christiansen, O'Brien, Kirton, Zubairu, & Bray, 2015; Coetzee & Klopper, 2010; Ledoux, 2015). Moreover, organisational, team and individual factors operate to enable or hinder 'caring cultures in which compassionate care can flourish' (Christiansen et al., 2015, p. 837). Recent evidence calls for compassion literacy to 'understand compassion, identify the barriers that impact upon the delivery of compassionate care, and develop strategies to address such barriers effectively' (Burridge, Winch, Kay, & Henderson, 2017, p. 90). Compassion literacy and resilience could act as protective mechanisms for nurses working in adverse environments. The 'fuel' to build resilience arises from self-compassion, self-care, and supportive networks (McAllister & McKinnon, 2009). Moreover, evidence regarding the latest social neuroscience of compassion argues compassion training could have a buffering effect against burnout (Lown, 2016). This salient evidence supports the urgent call to teach compassion to undergraduate nursing students.

There is ample evidence about classroom teaching of compassion in undergraduate nursing curricula (Adam & Taylor, 2013; Adamson & Dewar, 2011; Bray et al., 2014). However, there is scant evidence about teaching compassion in digital learning environments. Digital learning is an umbrella term to define teaching practices where technology is used to support the learning process. It includes online, blended and mobile learning practices.

## 3. Study methods

### 3.1. Study purpose

This qualitative study was designed to investigate nursing students' understanding of compassion and their practices of compassion towards patients, colleagues and themselves before and after studying an online compassion module. Little is known about teaching compassion online to nursing students.

### 3.2. Study design

An exploratory, descriptive, qualitative design was considered suitable for the purpose of this study (Sandelowski, 2010). The study protocol comprised an online knowledge intervention (i.e., compassion module) and pre- and post-intervention qualitative questions that has been published elsewhere (Hofmeyer et al., 2016). The online self-directed compassion module was a component in a compulsory course in the final year of a three year Bachelor of Nursing program at an Australian University. The 5000 word online module took 4–6 hours to complete. The compassion module was written using a question and answer format in eight sections that addressed the concept of compassion; practising compassion in healthcare; practising compassion towards patients, colleagues and oneself; leading with compassion; cultivating self-care and resilience. Each section concluded with reflective questions and key readings. Students then discussed their reflections in tutorials or in the online discussion forum with other students and their tutor, depending on their enrolment mode.

Data were collected using pre- and post-intervention qualitative open-ended questions administered via SurveyMonkey®. Text boxes were used to collect respondents' written responses. This qualitative method is useful to access geographically distant respondents (Braun & Clarke, 2013). Thirty-three per cent of students enrolled in the course lived throughout Australia, while the remainder lived locally. Thus, this data collection method was ideal for the study.

### 3.3. Sampling and data collection

Purposive sampling was used to recruit respondents from a final year cohort of 362 undergraduate nursing students who stud-

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