

NET2021 Conference

Live session full abstracts

Theme Session 7A Educational Enhancement

7Ai, 10:30 - 12:15, 3 September 2021

Issues for debate paper

Compassionate Nurse Education imbues compassionate nursing care?

Dr Claire Sutton, University of Bradford

Promotional abstract: A nurse's duty of care is predicated upon compassion. Strong policy and strategy documentation drive compassionate nursing care. If student nurses are to learn to care with compassion, how do Nurse Educators promote compassion? How can Nurse Educators' education praxis promote future nurses to identify demonstrably and enduringly as a compassionate profession? This paper explores such questions through critical reflective discussion, drawing insights from the presenter's experiences as a novice Nurse Educator as she endeavours to teach compassionately to promote her students' sense and sensibility of compassion and its essential value in developing her student nurses' compassionate nursing practice.

Key concepts to be addressed, including, where possible, the international relevance:

Initially the paper examines compassion in nursing practice as both a policy directive and as a discursive concept in nursing literatures. The paper goes on to appraise the role and responsibility of Nurse Educators in teaching (with) compassion. The paper argues that if nurses of the future are to identify enduringly as kind, respectful and compassionate healthcare professionals, student nurses need to experience compassionate care from their Nurse Educators. The paper ends with scrutiny of personal challenges and potential solutions from the author as she strives for compassion in her lecturing and tutoring of Pre-Registration and Post-Registration Nursing students.

Aim(s)/focus: The aim of the paper is to promote the discussion of compassion in our Nursing students' education, questioning how compassionate Nurse Education is conceptualised theoretically and delivered practically; strengths and limitations, opportunities and barriers. The paper is anticipated to raise questions in relation to the Nurse Educators' roles and responsibilities, actions and inactions in facilitating compassionate education.

Evidence base and literature informing the arguments: There is a rich literature in relation to compassion in Nurse Education that includes policy documentation, review and empirical research. The following paragraphs speak a little to this literature.

Compassion in nursing is variably defined but often referenced in relation to concern for the suffering of others (Crawford *et al.*, 2014) caring, dignity, kindness and empathy (Richardson, Percy & Hughes, 2015). The Department of Health (2012) posited nurses, midwives and care workers' fundamental values must include compassion; compassionate relationships were built on, 'empathy, respect and dignity' (Department of Health, 2012: 13).

Compassion as an inherent quality and/or one that can be developed in Nursing students is debated (Bray *et al.*, 2014). There remains debate in this respect, however, consensus in, there is ongoing requirement for discussion and conceptualisation regarding definition of

compassion in nursing care and how Nurse Education can promote students' knowledge of compassion and compassionate practice (Durkin, Gurbutt & Carson, 2018). Values-based Nurse Education that celebrates an ethics of caring is vital says Tetley *et al.* (2016).

Adam and Taylor (2014) argue for educators to role-model compassion. The relationships Nurse Educators develop with their students must espouse the compassion students are expected to develop with their patients.

Issues for debate: How do Nurse Educators define compassion in nurse education? How do Nurse Educators develop relationships of compassion with their students? How can Nurse Educators promote Crawford *et al.*'s (2014: 3596) 'compassion formation'?

Three key points to indicate how your work contributes to knowledge development within the selected theme:

1. Asserts the importance of exploring definitions of compassion, a vital value in nursing care.
2. Promotes the vital contribution of compassionate Nurse Education as demonstrative in promoting compassion for Nursing students.
3. Demonstrates reflective and reflexive Nurse Education in order to shape curricula that promote compassion in students of Nursing.

References:

Adam, D. & Taylor, R. (2014) 'Compassionate care: Empowering students through nurse education.' *Nurse Education Today*, 34, 1242-1245.

Bray, L., O'Brien, M.R., Kirton, J., Zubairu, K. & Christiansen, A. (2014) 'The role of professional education in developing compassionate practitioners: A mixed methods study exploring the perceptions of health professionals and pre-registration students.' *Nurse Education Today*, 34, 480-486.

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Department of Health (2012) *Compassion in Practice, Nursing, Midwifery and Care Staff Our Vision and Strategy*. Leeds: Department of Health.

Durkin, M., Gurbutt, R. & Carson, J. (2018) 'Qualities, teaching and measurement of compassion in nursing: A systematic review.' *Nurse Education Today*, 63, 50-58.

Nursing and Midwifery Council (2018) *Future nurse: Standards of proficiency for registered nurses*. London: Nursing and Midwifery Council.

Richardson, C., Percy, M. & Hughes, J. (2015) 'Nursing therapeutics: Teaching student nurses care, compassion and empathy.' *Nurse Education Today*, 35, e1-e5.

Tetley, J., Dobson, F., Jack, K., Pearson, B. & Walker, E. (2016) 'Building a values-based culture in nurse education.' *Nurse Education in Practice*, 16, 152-155.

Keywords: Compassion, Nurse education.

7Aii, 10:30 - 12:15, 3 September 2021

Research paper

The impact of care experience prior to undertaking NHS-funded education and training, on Pre-Registration Nursing students' compassionate values and behaviours, and patient experiences of care

Dr Sarah Field-Richards and Professor Joanne Lymn, University of Nottingham

Promotional abstract: Following identification of failings in compassion, Francis (2013) recommended that care experience form a prerequisite for entry into nurse training. This longitudinal, mixed-methods research explored the impact of prior care experience (PCE) on Pre-Registration Nursing students' compassionate values and behaviours (CVBs) and patient experiences of care. Findings demonstrate insufficient evidence of longitudinal beneficial impact to recommend PCE as an effective intervention to foster CVBs. Mandating PCE as a prerequisite for entry into nurse training is not therefore recommended. Promoting resilience and empowerment within Nursing Education may offer potential strategies to mitigate against increases in compassion fatigue however, supporting compassionate care.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Following identification of failings in nursing care quality, Francis (2013) recommended that care experience form a prerequisite for entry into nurse training. Subsequently, the Department of Health (DH) (2013) introduced a pilot programme, providing individuals with care experience prior to nurse training. Although publication of the Francis Report fostered a proliferation of international compassion-related research and debate, there remains little evidence regarding the impact of prior care experience (PCE) on the development of Nursing students' compassionate values and behaviours (e.g. the 6Cs [DH, 2012]). The effectiveness of PCE as a means of addressing Francis' concerns therefore remains unknown.

Aim(s) and/or research question(s)/research hypothesis(es): To evaluate the impact of care experience prior to undertaking NHS-funded education and training, on Pre-Registration Nursing students' compassionate values and behaviours (CVBs) and patient experiences of care.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: Contributing to a longitudinal mixed-methods design, package 1 (qualitative component) comprised longitudinal semi-structured telephone interviews with PCE pilot participants (n=10 timepoint 1), which were thematically analysed. Package 2 (dominant quantitative strategy) involved questionnaire data collection (compassion proxies), from Nursing students attending three UK universities at four timepoints (n=220 timepoint 1), an embedded qualitative component (focus groups n=8) and a quantitative component collecting questionnaire data from patients (n=49) cared for by student participants (n=15). General linear modelling and Mann Whitney U tests were used to determine temporal effects on 6C measures and differences between participants with and without paid PCE.

Key findings and recommendations: No differences in compassion measures, or patient experiences of care, were detected between participants with/without paid PCE at any timepoint. There was a small, statistically significant increase in compassion fatigue however, in both groups post-qualification. Qualitative findings suggest that PCE has positive and negative effects on students' CVBs, although the vast majority of positive effects do not extend to qualification.

Interview data suggest that compassion fatigue increases might be accounted for by individuals experiencing reality shock upon transitioning from student to Registered Nurse,

and encountering the extent of contemporary nursing challenges, not prevented by PCE. Strategies to promote resilience, empowerment and wellbeing within Pre-Registration Nursing education, and the newly-qualified workforce, may offer potential to mitigate against increases in compassion fatigue, supporting compassionate care provision.

There is insufficient evidence of longitudinal beneficial impact to recommend PCE as an effective intervention to foster nursing students' CVBs. Mandating PCE as a prerequisite for entry into nurse training is not therefore recommended.

This outcome supports current international demand to increase the size of the nursing workforce, over a shorter timeframe, in the COVID-19 context and beyond, by allowing applicants who display appropriate CVBs at interview but do not have paid PCE, to enter training.

Three key points to indicate how your work contributes to knowledge development within the selected theme:

- Contributes to knowledge surrounding the potential role of PCE in the development of compassionate values and behaviours amongst nurses and student nurses, of importance to nursing internationally.
- Contributes to educational policy debates surrounding PCE as a potential entry requirement for nursing education and training.
- Contributes to knowledge surrounding the development of compassion fatigue and how this may be mitigated through strategies and interventions implemented during Pre-Registration Nursing education.

References:

Department of Health (2012) Compassion in practice: nursing, midwifery and care staff. Our vision and strategy. London: The Stationary Office.

Department of Health (2013) Delivering high quality, effective, compassionate care. Developing the right people with the right skills and right values. A mandate from the government to Health Education England: April 2013 to March 2015. London: The Stationary Office.

Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust public inquiry. London: The Stationary Office.

Keywords: Compassion, Francis Report, Prior Care Experience, Nursing Education, Educational Policy.

7Aiii, 10:30 - 12:15, 3 September 2021

Research paper

Developing compassion and resilience through interprofessional Schwartz Rounds

Helen Orton, University of Liverpool

Promotional abstract: Schwartz Rounds are a multidisciplinary forum for healthcare staff to come together to reflect on the emotional and social challenge aspects of their work. They began in the USA and are licenced in the UK by the Point of Care Foundation. Schwartz Rounds run in 175 National Health Service Trusts and other healthcare organisations: there is an increasing focus on their value as part of Pre-Registration Education for Healthcare students. The University of Liverpool was the first UK university to run interprofessional Schwartz Rounds, funded by Health Education England (North), with students from ten healthcare programmes, thereby maximising interprofessional engagement.

Background, including underpinning literature and, wherever possible, the international relevance of the research: Originating in the USA, Schwartz Rounds are licenced in the UK by the Point of Care Foundation. Enabling compassionate care and investing in the wellbeing of healthcare staff in the NHS was highlighted in the Francis Inquiry (2013). There is an increasing focus on the value of Schwartz Rounds as part of Pre-Registration Health Education to build compassion and resilience. Lasting one hour, the Rounds involve three invited panellists who talk for five minutes on a pre-agreed theme. Students are invited to share their emotional reflections and similar experiences, facilitated by two trained facilitators who contain and shape the discussion.

Aim(s) and/or research question(s)/research hypothesis(es): After each Round, students complete an evaluation form, based on the Point of Care Foundation's standard template. Research ethics approval enabled the exploration of the impact of the Rounds quantitatively and qualitatively. The key research aims are:

- How do healthcare students from different disciplines experience Schwartz Round?
- What differences in empathy, compassion, insight and wellbeing, are there between students who attend Schwartz Rounds compared to those who do not attend Rounds?
- What impact does attending Schwartz Rounds have on student learning, wellbeing and clinical practice?
- How do Schwartz Rounds contribute to interprofessional learning and the development of person-centred care?

Research methodology/research design, any ethical issues, and methods of data collection and analysis: To explore their experience of Rounds and the impact on their clinical practice, semi-structured, face-to-face interviews were conducted with students from eight disciplines. Interviews were audio-recorded and transcribed. The qualitative data were analysed within a thematic framework, using NVivo and yielded four main themes. Using an online survey consisting of six validated measures, the quantitative aspect has enabled the evaluation of the impact of the Rounds on factors such as students' empathy, compassion, self-reflection and resilience and a comparison of attendees and non-attendees and dose-effect at baseline and 12 months. A total of 145 students have participated to date.

Key findings and recommendations: Four themes emerged from the qualitative study: validating and normalising emotions, compassion, resilience and connectedness to other professions. The Rounds helped the students develop confidence in themselves as practitioners when faced with emotional challenges, increasing their ability to relate to patients on an emotional level, and to be open with colleagues about how they were feeling. Furthermore, they felt they could be more compassionate and be able to ask for support. Feeling connected may also help students to build resilience and feel less isolated. Key findings from the quantitative study include:

1. Females had higher compassion and empathy scores than males.
2. Non-medical students had higher compassion scores.
3. Students attending the Rounds had statistically significant higher compassion scores than non-attendees (102.47 and 96.16).
4. Students attending the Rounds had statistically significant higher resilience scores than non-attendees.

The quantitative results demonstrate significant correlations between high rates of compassion, resilience and attendance at Schwartz Rounds and more so in females than males. It is apparent that Schwartz Rounds within healthcare programmes equip the

students with enhanced skills such as resilience and compassion to be better prepared to face the challenges of working within the healthcare environment.

Three key points to indicate how your work contributes to knowledge development within the selected theme:

- Schwartz Rounds develop students' confidence as practitioners and their ability to relate to patients on an emotional level.
- Students identify becoming more compassionate to themselves and others and the value of collaborative learning.
- Schwartz Rounds, therefore, make an important contribution to humanising healthcare by enabling healthcare students to reflect on the emotional impact of working in healthcare, increasing an appreciation of the roles of others and in developing compassion and resilience.

References:

The Point of Care Foundation (2021) Schwartz Rounds [Online] Available at: <https://www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/>.

Goodrich, J. (2012) 'Supporting hospital staff to provide compassionate care: Do Schwartz Centre Rounds work in English hospitals?' *Journal of the Royal Society of Medicine*, 105,117-122.

Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Available at: <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>.

Keywords: Schwartz Rounds, Resilience, Compassion, Emotions.

7Aiv, 10:30 - 12:15, 3 September 2021

Research paper

"#hello my name is... the student experience in practice"

Dr Julie Derbyshire, and Sasha Ban, Northumbria University

Promotional abstract: This paper will present a case study research project which explored the student experience in practice of wearing a uniform imprinted with the #hello my name is... logo and their first name. Mixed methods were used including questionnaires, reflective diaries and focus groups with 67 students from different professional groups. Findings will be presented using three key themes: sense of belonging; patient safety; care and compassion.

Background, including underpinning literature and, wherever possible, the international relevance of the research: As healthcare professionals we pride ourselves on the uniqueness of the therapeutic relationship developed with patients to humanise healthcare, as Kate Grainger passionately articulated in her campaign that introduction by name was important (Grainger, 2013). This study was developed in partnership with our local NHS Trusts to support the campaign in providing person-centred care with recognition by name from the student uniform. Specific, spoken words such as a person's name is linked to safety (NHS Improvement, 2018), particularly in areas where teams may be unfamiliar with one another but need to work effectively together to manage care. Directing instructions to an individual by name can improve efficiency of care and tasks accomplished quicker (Sarcevi *et al*, 2011).

Aim(s) and/or research question(s)/research hypothesis(es): The aim of this study was to explore the student experience in clinical practice of having the #hello my name is... logo

and their first name printed on their uniform. Following feedback from patients, students and clinicians we agreed to pilot this initiative to determine if this initiative was worthwhile and sustainable, in terms of improving the relationship with patients and making students feel more valued as part of the team rather than being 'the student'.

Research methodology/research design, any ethical issues, and methods of data collection and analysis: A case study research design (Stake, 1995) underpinned by a critical realist philosophy was used to capture the experiences of 67 undergraduate healthcare students who agreed to be involved in this study to wear the new uniforms complete with the 'Hello my name is...' logo. Mixed methods were utilised: students were asked to complete questionnaires (Bowling, 2009) about their experience before and after their placement, they completed a reflective log whilst on placement and were invited to attend focus groups at the end of their placement. Initial coding as part of a thematic analysis (Miles & Huberman, 1994) has been undertaken and we are currently corroborating all data to identify final themes.

Key findings and recommendations: Initial findings have been positive with the first three key themes identified. Students felt a sense of belonging, with many of them feeling much more valued as part of the team when approached by others using their name. This was also linked to patient safety which was the second theme. Examples were given in emergency situations when the process was initiated much quicker as healthcare professionals could see their name on their uniform. The final theme related to the improved relationship between students and their patients, with care and compassion being central to this theme. No recommendations have been made as yet but it is hoped that we can take forward these findings, highlight any challenges including funding to roll out this initiative for all healthcare students and potentially clinical staff.

Three key points to indicate how your work contributes to knowledge development within the selected theme: The study findings will contribute to the humanising of healthcare practice, supporting the #hello my name is... campaign nationally and internationally. This initiative was developed in partnership with students and clinical staff and will contribute to knowledge development in interprofessional learning and partnership working. This work will also demonstrate the importance of the student experience, their value in clinical practice and how this can impact on safe and effective care.

References:

Bowling, A. (2009) *Research Methods in Health: Investigating Health and Health Services*. Maidenhead: McGraw Hill.

Grainger, K. (2013) #hello my name is.... <https://www.cqc.org.uk/news/stories/hello-my-name> [Accessed 12/2/20].

NHS Improvement Patient Safety Initiative Group (2018) 'Annex: Much More Than Words'. [Online]. Available at: <https://improvement.nhs.uk/resources/improving-safety-critical-spoken-communication/> [Accessed 12/2/20].

Nursing and Midwifery Council (2015) *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives*. NMC, London.

Stake, R.E. (1995) *The Art of Case Study Research*. London: Sage Publications

Sarcevic, A., Palen, L. & Burd, R. (2011). 'Coordinating time-critical work with role-tagging'. Proceedings of the 2011 ACM.

Keywords: Humanisation, Patient Safety, Compassion, Sense of Belonging, Student.