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## **Compassion in the nursing curriculum: making it more explicit**

### **Summary**

The meaning and definition of compassionate care continues to be discussed and debated, as does how it can be measured and whether it can be taught (Bradshaw 2009; Shea and Lionis 2010; Dewar et al. 2011). Nurse educators are faced with this challenge as they plan, develop and deliver a curriculum that seeks to equip nurses and midwives with the knowledge and skills required to practice compassionate care. But how can we teach our students compassionate care? Although compassion and caring are included within the nursing curriculum it has been suggested that these aspects of care take a far less prominent position than do technical components (Firth-Cozens & Cornwell 2009; Shea & Lionis 2010). At Edinburgh Napier University's Leadership in Compassionate Care Programme (LCCP), the further embedding of compassionate care into the nursing and midwifery programme is a priority. This paper describes an LCCP action research project aimed at enhancing, and making more explicit, students' learning about compassionate care when nursing patients during acute stages of illness.

### **Introduction**

Increasing attention is being paid both in policy and practice to the caring dimension of nursing (Department of Health 2008; Scottish Government Health Department 2010; Smith et al. 2010). Emphasis on dignity and compassion has been driven by growing concern that nurses have 'lost their way' and that the quality of care is not consistent across the country (Maben 2008). Furthermore there is growing evidence about what patients' value in the way care is given. Key dimensions on the experience of 'good care' as perceived by patients include:

- being able to express emotions such as suffering;
- being valued and having one's needs as an individual recognised;
- being offered choice, and opportunities to be involved in and feeling that you have some control about decisions;
- respect for privacy and discretion;
- kindness, warmth and being genuine;
- taking the time to be with the person; and
- staff communicating information.

(Chochinov et al. 2002; Walsh & Kowanko 2002; Johnstone & Smith 2006; Matiti & Trorey 2008).

So at a time when the caring agenda is highly prominent and there is stronger evidence about the caring attributes that are valued by patients it is vital to consider how student nurses are being supported to develop compassionate caring knowledge and skills.

The authors are part of the LCCP, a 3-year action research programme that is underpinned by principles of appreciative inquiry and relationship-centred care (further information about the wider programme can be accessed from <http://www.napier.ac.uk/fhlss/NMSC/compassionatecare/Pages/Home.aspx> ).

The LCCP seeks to examine the concept of compassionate care in hospital settings and to develop key processes and indicators that will facilitate NHS

Lothian and Edinburgh Napier University (Scotland) in embedding compassionate care in practice and education.

Initial focus groups held with students and lecturers during phase 1 of the programme flagged up the need to include elements of compassionate practice in student assessments in order for it to be understood as integral to patient care. As a lecturer (LA) I was challenged to take a fresh look at whether compassionate care could indeed be made more explicit within the modules I was involved in. The LCCP had already developed a framework for compassionate care from a wealth of data including patient, family, staff and student stories and observation in clinical practice. One of the senior nurses (BD) working on this part of the programme worked closely with me to share her knowledge of this data and how it could influence learning, teaching and assessment within the module.

### **Overview of module**

The project focused on a third year module which teaches student nurses how to care for patients during the acute phase of illness, with particular emphasis on the recognition of acute illness and deterioration.

The module utilises a blended approach where theory is delivered online by WebCT in a series of units and the students participate in simulated practice where we use actors to play the part of patients. The blended approach enables students to contextualise the theory within a 'near life' simulation using actor-patients and manikins. Students are asked to demonstrate in the practical simulation examination, that they can recognise acute illness and deterioration, and take appropriate action. In a reflective session (debrief) following the practical assessment students are asked to give a rationale for their decision-making and encouraged to reflect on their actions and learning.

In the written examination students are asked to provide an evidence-base to guide their actions and decision making. However from past experience of teaching these sessions, students were sometimes so focused on technical aspects of care that they forgot even to speak to the simulated patient let

alone demonstrate the interpersonal skills integral to compassionate caring. Although aspects of compassionate care were included in the scenarios, the teaching team became aware that they were neither explicit nor assessed. As this made compassionate care seem more like an option than a necessary requirement, the need to make compassionate care more explicit in the module curriculum was clear.

### **Redesigning the module**

We invited a range of participants, including lecturers, senior nurses in compassionate care, students and charge nurses to participate in an action-learning meeting exploring the key compassionate elements we thought needed to be integrated into the module. The participants reflected on what mattered to patients and families during an acute admission to hospital, which key elements nurses needed to consider, and how care provision during the acute time can be not only safe and effective but also compassionate. We considered this in the context of our teaching and assessment materials - including the patient scenarios used in the module. The key elements discussed were mapped against key themes which had been drawn from data generated in the clinical sites as part of the wider Leadership in Compassionate Care Programme. These were:

- a deliberate welcome and a smile costs nothing
- helping others to connect
- knowing how people are feeling, acting and responding
- knowing the little things that matter
- being kept in the loop
- considering the implications of giving compassionate relationship-centred care
- being open and real about expectations

### *Teaching and learning materials*

These themes, illustrated by relevant patient or carer quotes were incorporated into the module teaching and assessment materials both in the

online theory and in the practical and written assessments. Stories about patient and family experiences of care that reflected these themes were also recorded and made available to students as podcasts to make their learning more alive and focused. Students were encouraged to reflect on these stories and to consider what compassionate care means, what matters to patients and relatives, and how nurses can use this knowledge to shape their caring practice.

### *Practical teaching sessions*

In the practical sessions the simulated patient scenarios were influenced by the key themes. Some illustrative examples follow.

### **Being kept in the loop**

Knowing what is happening and why things are happening is important to staff, patients and families. Being kept in the loop particularly during the initial admission to hospital is crucial since it is at this point that the patient and family may be particularly anxious and waiting to find out what is wrong.

Here is one quote from a relative.

*The nurses would come at the end of their shift to say goodbye and to let us know when they would be back on duty or if they had a day off. Minor alterations in medication or change in the use of equipment could assume huge significance to our untrained eyes, which could be alarming without any real need to be, e.g. the intravenous infusion machine would suddenly beep repeatedly and no-one would come rushing to attend to it. We were at first quite alarmed by this until a nurse explained that it was just a warning that the bag was running low and would need changing. It would have been very easy for the doctors and nurses to bamboozle us with all the medical terminology but they were very good at keeping us informed without the use of jargon or confusing abbreviations (Relative story)*

We reviewed the information and instructions given to actor patients' to ensure that keeping patients and their families "in the loop" was made explicit for students during the practical teaching sessions. So if students failed to provide regular, appropriate information the actors would prompt students by asking questions such as "What are you doing?" "Will that hurt?" "When can I have a drink?" "How long before I get the results?'

The actors were encouraged to question the students when they used medical jargon such as "I'll just do your obs now". During the facilitated reflective session that followed the practical patient scenarios, students had the opportunity to reflect on what they had done well and what they could have done differently, and to receive feedback from the lecturers, which explicitly included aspects of compassionate care.

### **Knowing the things that matter**

Despite the fast pace and urgency of care required in a busy Accident and Emergency department it is important to know what matters to them. It may be (indeed it is often the case) that what matters to them is not the same as what matters to the professional (Chochinov 2007; Dewar et al. 2010). Having some understanding of this and responding appropriately can help reduce patients' anxiety.

Although what matters to an individual patient may be 'picked up' while engaging in conversation, when the pace of assessment and care management is accelerated in the emergency setting, patients may not reveal the things that matter or are troubling them unless they are asked directly. Students were encouraged to ask direct questions and to be open and real in their response. Whether or not they were able to resolve a situation or relieve an anxiety, they could still aim to empathise with their patient. The actor-patients were prepared in advance to bring up a matter that concerned them, for example: "I'm worried about my dog. It's been in the house all day". The student's interaction with the patient was then discussed during the reflective session.

## **Helping to connect**

Helping to connect is about developing relationships. Data from the clinical strand of the programme showed that when this happened patients, and families, and the staff themselves felt more at ease, and were more willing to engage with each other. Regardless of the clinical setting a nurse should be able to pick up on some detail that can tell them about the person they are caring for, and so help them to make a connection. For example, something that the patient is wearing may offer a clue.

Here is a quote from a staff member that demonstrates the importance of making a connection:

*It makes a difference if you try to find out something about the person. There is a man in bay 2 and even though it's hard to talk to him – I've managed to have a wee bit of a conversation with him – he likes Hearts (an Edinburgh Football Club) – I told him what the Hearts' score was yesterday. I look in the notes or speak to the relatives to try to find something– this man had a Hearts strip – so I knew. It's good to have common ground to work with. I always try to do this. I've never come across a time when I couldn't make some connection. (Staff story)*

The actor-patients were asked to wear something that might act as a clue to what was important to them - such as particular tie or a football scarf that could open up conversation and help make a connection. During the reflective session the actor-patient was invited to feedback to students how they felt during the simulation, in particular in relation to aspects of compassionate care.

## **Being open and real about expectations**

Being open and real about expectations in the complex world of health care was a key theme that emerged from the study data. Patients, staff and families valued it when this happened, but it seemed that staff needed to feel confident before engaging in conversations about expectations. Sometimes for example, it is not possible to give the care that the patient wants or that

you would like to give. It may be that there needs to be some negotiation with the patient and agreement on a way forward that can meet everybody's needs in a realistic way.

In the emergency setting the patient might ask for something that nurses could not provide. For example we incorporated this element in a scenario with an actor playing the part of a young man admitted to hospital following a hypoglycaemic attack who was feeling disorientated. He asked the student, "You won't leave me will you?". The students were expected to consider their response that was open and real such as:

- Someone will stay with you for as long for as you feel you need this.  
You won't be left alone
- I will be working close by and will hear you if you call for me
- Is there a friend or relative you would like to sit with you?

### **Practical and written assessments**

The marking criteria for the practical and written assessments were updated to include aspects of compassionate care, such as 'asking the patient "what is important to you right now?" ' and, 'provides information about sequence of events – what he/she can expect to happen'. The students were awarded marks not only for taking appropriate action in relation to technical care management, but for aspects of compassionate nursing practice. In the written assignment students were asked to explain how they might ensure compassionate nursing was provided for a patient cared for in an emergency situation whilst maintaining safe and effective care.

### **Evaluating the changes**

We evaluated the impact of the module in the following ways:

- A questionnaire to students to ask how the module influenced their learning about compassionate care;

- A follow up email request to ask students for examples of how their learning about compassionate care had influenced their practice; and
- A focus group with the module team to ascertain how the module influenced learning teaching and assessment of compassionate care within the module.

A fuller discussion of the impact will be reported at a later date on completion of the analysis. But early findings suggest that listening to the stories as part of the module helped the students to keep compassionate care in the forefront of their minds and helped them recognise how often the smallest things made a difference. They felt that the knowledge gained through listening to the patient should be used to plan care. The students also felt that they were able to apply what they had learned in practice. Here is an example of this.

*I have definitely found the compassionate care element to the module beneficial. Throughout my training I have tried my best to connect with the patient to ensure the patient feels at ease and has all the correct information but now I feel more aware of the importance of this communication. Taking the time out to talk to the patient about their understanding of their situation I find is beneficial as it can de-escalate some of the anxieties the patient has and provide comfort (Student nurse).*

Lecturers felt that the podcasts helped students to be aware of the patient's point of view. They also found there were more discussions about aspects of compassionate care in the debriefing reflective sessions, and in skills workshops which focused explicitly on dignity and respect.

Lecturers highlighted some key process issues for further consideration.

1. The relative weight given to compassionate caring elements as opposed to technical aspects of care in the practical assessment.
2. The importance of discussing students' actions during the reflective session – since we recognised that compassionate care occurs in the

context of a relationships and is dependent on this context. So understanding why a person has chosen to act in a certain way is important.

3. The key role of actor-patients in helping to prompt compassionate caring interactions. It was important to take time to consider the patient quotes arising from the original data, and to reflect on ways to facilitate relevant interactions during the assessment. We realised that the actor-patient was the key to helping the learning become explicit within the interaction.

## **Conclusion**

This paper provides some insight into the processes and interventions we implemented in an undergraduate module that is part of a pre-registration nurse education programme. These changes were designed to ensure that even in a highly technical module, the need for compassionate care would be made explicit, and that this aspect could be adequately assessed. The work is on-going and will continue to be evaluated by staff, actors and students.

Compassion is a concept that is difficult to reduce to a key set of measurable attributes. However, data from patients, staff and families in the LCCP, about times when caring was compassionate has helped to make explicit some attributes of compassionate caring that matter within both the teaching and assessment of this module.

In addition, the authors would like to highlight how research (in this case the data generation that was carried out in the clinical areas) directly informed the educational development through a strong partnership between practice and education facilitated by the ethos of the wider LCCP. What is described here is in effect, a live, dynamic, and iterative process whereby emergent findings from the ongoing action research were creatively woven into educational innovations, which in turn had a more immediate effect in clinical practice.

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(2890 words including summary)

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