



Issues for Debate

Does nurse education promote caring and compassionate practice? A discussion following documentary review of current and future undergraduate curricula

Carolyn Mackintosh-Franklin

University of Manchester, Oxford Road, Manchester, M13 9PL, UK



ARTICLE INFO

Keywords:

Care
Compassion
Education
Nursing
Undergraduate
Curriculum
Standards

1. Introduction

Care and compassion have long been regarded as central tenets of nursing (Mackintosh, 2000) and have been identified as integral to good nursing practice by both the profession and users of nursing care (Griffiths et al., 2012, Van der Cingel, 2014). The presence of caring and compassionate behaviour has been globally identified as a key determinant in positive patient experiences, whilst their absence clearly results in less than satisfactory care standards and in some instances leads to actual negligent practice (Francis, 2010, 2013; Department of Health, 2012; Doyle et al., 2014; Willis, 2015). However the qualities that actually constitute caring and compassionate practice are difficult to identify and there remains an ongoing international debate about the nature of these attributes, the differential value of aspects of care and compassion, and the role leadership, organisational structure and education has in promoting these values (Lazenby, 2013; Durkin et al., 2018).

This means that although there is general global professional agreement on the importance of care and compassion as positive qualities in nursing practice, the actual picture of what this constitutes is both complex and uncertain. Within education and specifically the educational preparation of undergraduate nurses for roles in the graduate nursing profession, significant gaps remain in levels of current understanding of how well education can support and foster compassionate practice (Cornwell et al., 2014). In order to improve understanding of how care and compassion in nursing can be promoted, this

paper focuses on education and presents an overview of the place of care and compassion in current available undergraduate nursing curricula in the UK.

2. Background

When focusing on education there is clear evidence that the promotion of care and compassion should be identified as a key element within the curricula. Carragher and Gormley (2017) in a discussion of emotional intelligence and its role in promoting high quality compassionate and caring nursing are clear that education has a significant role to play in the preparation of future nursing leaders, whilst Bradshaw (2014) places education firmly at the centre of approaches to restore compassionate nursing practice.

When focusing on service users its equally clear that they feel education has a vital role to play in supporting nurses to provide the compassionate and empathetic care they expect (Williams and Stickely, 2010), with participants in both Griffiths et al. (2012) and van der Cingel (2014) studies clearly indicating compassion as an indispensable element of care that is vital when supporting effective nurse-patient relationships. However, equally importantly participants in Griffiths et al. (2012) study also expressed concerns about this educational preparation and whether it does actually promote the caring qualities service users expect to receive.

Concerns about the educational preparation of nurses for caring and compassionate practice have also been raised by those in the profession

E-mail addresses: drcfranklin@hotmail.co.uk, carolyn.mackintosh-franklin@manchester.ac.uk.

<https://doi.org/10.1016/j.nepr.2019.03.013>

Received 2 October 2018; Received in revised form 26 February 2019; Accepted 13 March 2019
1471-5953/ © 2019 Elsevier Ltd. All rights reserved.

themselves; Bradshaw (2014) is critical of a perceived failure with the UK regulatory body the Nursing and Midwifery Council (NMC) to indicate how compassionate practice can be attained. Van der Ginkel (2014) questions the current view of good nursing care as that which is dependent on evidence based practice to the detriment of a compassionate nurse-patient relationship. Whilst Durkin et al. (2018) in a recent international systematic review of compassion within nursing was only able to identify 14 papers focusing on the qualities of compassionate nursing, and 3 specifically identifying how compassion was taught to nurses. The minimal available evidence on education's role in promoting compassionate practice is reflected in Cornwell et al. (2014) doubts about the ability of education to actually inculcate caring and compassionate practice amongst nursing students.

The apparent lack of focus within education on care and compassion has led to some debate about whether these values can be taught or whether they are innate (Crawford et al., 2014; Richardson et al., 2015). In an interesting cross sectional study Petrucci et al. (2016) compared empathy levels between 11 different groups of first year UG health professional students at the same Italian university with a total sample of 502 students completing the Jefferson Scale of Empathy. Findings indicate first year UG nursing students had significantly higher levels of empathy than students in all other health care groups. However this single finding cannot be taken out of context, with older longitudinal studies previously indicating that initial high levels of caring characteristics amongst nursing students may reduce during the course of a programme and increased exposure to clinical practice (Greenwood, 1993; Watson et al., 1999a; Mackintosh, 2006).

These findings means educators cannot be complacent about the importance of their role. It may be that people with higher levels of empathy and caring attributes are attracted to the nursing profession, however the educational process needs to support and foster these characteristics rather than assume their presumed initial presence will be maintained. Adam and Taylor (2014) clearly advocate the importance of supporting nursing students to manage the many challenges they may face when building effective caring relationships with patients, and provide an example of their own approach to supporting students in the delivery of compassionate care. Adamson and Dewar (2015) also report on the use of stories taken from practice linked to reflection as a valuable strategy in supporting person centred compassionate care, whilst Percy and Richardson (2018) focus on the use of individual clinical case studies in the classroom, which emphasise building caring and compassionate therapeutic relationships. However these are all small scale studies focusing on a specific unit within a bigger UG programme and the longer term impact of their work is unclear.

Regardless of the debate around the ability of education to impact on students innate characteristics, it's clear that nurses should have the high quality caring and compassionate attributes that are regarded as essential by health care service users, and nurse educators have an obligation to promote and sustain compassionate care by which ever means are educationally practical.

3. Method

This evaluative overview makes opportunistic use of information which was obtained to support previous studies (Mackintosh-Franklin, 2016a; 2016b). It used published programme specification information from 33 (51%) of the 65 NMC approved higher education providers of UG nurse education in the UK. This information had previously been obtained in 2015 using the Google search engine and the words nursing, adult and preregistration. This was then followed by a second search of each approved HEIs own website using their own search tool, again with the same key words and the additional use of programme specification as a further search term.

This information source still has considerable validity as since 2015 the NMC in the UK have been working on a new set of professional

standards to support preregistration nurse training (published in 2018) and in the interim, changes to professional programmes have been minimal and these curricula documents are still valid and likely to continue in current use for at least three further years.

Ethical advice on the use of documentation obtained in this way had been previously sought, and this review follows the British Psychological Society (2013) guidelines which suggest that if the key principles of: respect, dignity, social responsibility, scientific value and minimal harm are used on publicly accessible information, there is no requirement for consent. In order to minimise harm, this paper will not identify the names of the 33 HEIs which provided the information sources used in this overview.

The retrieved documentation were either pdf or word documents with considerable variation in detail, but all documents which were self-identified as programme specifications and included programme aims and learning outcomes were included as part of the information source. Each document within that source was then systematically searched both electronically and by hand for the key words “care” and “compassion”. Where possible electronic truncation for “car*” and “compassion*” were also used, and hand searching focused on identification of aspects of care and compassion within the documentation which electronic searching may have overlooked.

In order to make sense of the data obtained, a modified form of thematic content analysis was then applied (Braun and Clarke, 2006) focusing on: familiarisation with data, searching for themes and subsequent review of themes. Basic descriptive quantitative data was also taken to support the thematic analysis.

4. Results

4.1. Care

Unsurprisingly all of the reviewed documents included use of the word care, however given the long standing and contentious debate about what care actually means in nursing practice, none of the retrieved documents sought to define its usage. It was used multiple times but numerical data on how often the word was used in the programme specification documents proved unhelpful in supporting the thematic analysis and is consequently not reported here.

One overarching finding from the review was the surprising lack of themes which could be extracted from these information sources. When considering “care” only two thematic elements were developed, these were care as a noun, and care as a functional term or verb.

4.2. Care as a noun

Of the 33 programme specification documents reviewed, all of them used the word care, with 27 of them solely using the word care in its most limited form simply as a name in phrases such as; “health care”, “social care” and “patient care”. What this “care” consists of was not elaborated on, and with the consistent failure to identify what “care” means common across all documents, deeper meaning could not be discerned from its use.

4.3. Care as a verb

The second thematic element extracted from the information sources indicate care being used in a more active functional way, although this was only present in 6 of the programme specifications. Again there was no definition of what this meant and it largely consisted of its use in phrases such as,

“the award holder should be able to demonstrate; social caring skills”.

4.4. Compassion

The second element this review aimed to identify was the use of compassion in programme documentation; however it was not possible to identify any specific themes from these information sources, primarily because 19 of the reviewed documents made no use of the word. The remaining 12 documents did make use of the word compassion and in all cases linked it explicitly to the word care. However even where care and compassion were linked usage remained predominately passive, with the majority of documents again using the word as a noun; e.g.

“at the conclusion of stage 2 the student will demonstrate knowledge and understanding of; care and compassion, the patient experience and health outcomes.”

Examples of active use of the promotion of caring and compassion as verbs were limited; e.g. a programme aim which specified its intention to, “enable learners to develop professional values to practice with care and compassion and promote peoples individuality, dignity and respect”.

To place these findings in context; using all 33 programme specification documents the total number of programme aims and learning outcomes which specifically mention care and compassion were quantified against the total numbers of programme aims and learning outcomes in all documentation. Considering programme aims, findings indicate a striking lack of emphasis on care and compassion. From the total of 247 aims in all documents only 29 (11.7%) made direct reference to either care, compassion or both. When looking at programme learning comes, a total of 1025 were identified with only 65 (6.3%) making similar direct references so care or compassion.

5. Discussion

It's apparent from this review of UG curricula documents that the meaningful presence of care and compassion within this documentation is quite limited. Given the prominence of care as an essential element of nursing practice and its global recognition as a central tenet of nursing's professional role this is quite surprising (Griffiths et al., 2012, Van der Cingel, 2014). Additionally with the well-recognised and clearly documented links between lack of caring and compassion in professional practice and its direct links to poor and negligent care this is also potentially alarming (Francis, 2010, 2013; Department of Health, 2012; Doyle et al., 2014; Willis, 2015).

Within the UK its absence is also strange, given the prominence of care and compassion within the standards for UG nursing education specified by the UK professional validating body the Nursing and Midwifery Council (2010), who explicitly link care and compassion in Domain 1 of the generic standards for competence; “All nurses must first and foremost care for and safeguard the public” (page 13), whilst the active use of care and compassion as verbs are also clearly highlighted in the first NMC essential skills cluster.

One of the key issues identified by this review is the failure to identify exactly what is meant by care. This lack of definition is longstanding, from the early work of Woodward (1997) McCance et al. (1997) and Mackintosh (2000) to the more recent work of Papastavrou et al. (2011) and Richardson et al. (2015), all of whom highlight to lack of consensus over what care actually is as well as identifying an emergent incongruity in expectations of care between those providing the care, and those receiving it. In order to move this forward, nursing as a profession, as well as those within nurse education need to consider what this lack of definition means; programme specifications are key educational documents which sign post and highlight the main achievements a students is expected to undertake during the course of a programme as well as guiding the educator delivering the programme. If the educational signposting is unclear, this leaves both educators and students uncertain of the direction of travel.

Nurse education clearly has a substantial role to play in this omission; Durkin et al. (2018) in a very recent international systematic review were only able to identify 14 papers which specifically focus on what qualities constitute a compassionate nurse, with a further 3 papers identifying the possible role of education in promoting the development of compassionate practice. Although there are clearly some pockets of excellence within educational practice (Adam and Taylor, 2014; Adamson and Dewar, 2015; Percy and Richardson, 2018), this body of work is small in scale, focused at a unit or modular level, and its overall impact uncertain.

Can student nurses learn to actively care is a fundamental question that remains unanswered (Griffiths et al., 2012; Richardson et al., 2015). Neophyte nurses are commonly expected to enter the educational process with a predisposition to caring behaviour (Petrucci et al., 2016), and there has also been recent emphasis in the UK on recruiting the best entrants to nurse education programmes based on their personal values and attitudes and not solely their academic abilities (Health Education England, 2014). However the profession cannot rely on the innate values of its entrants to ensure the ongoing continuation of caring and compassionate practice when there is an ever increasing body of evidence which identifies poor caring and compassionate practices leading directly to well documented failings in care (Francis, 2010, 2013; Department of Health, 2012; Doyle et al., 2014; Willis, 2015). This overview of current curricula in the UK has clearly demonstrated that the role of nurse education in the promotion of care and compassion is unclear. Care and compassion lack definition, are used in limited ways and have a minor role amongst the plethora of other programme aims and learning outcomes.

6. Limitations of this evaluative overview

This overview focused on published documentation in the public domain although as many educationalists are aware, the actual programme delivered may differ from the published programme for a range of reasons (see Ewan and White, 1996 – the hidden curriculum). Additionally this study used only the programme aims and learning outcomes, rather than the total documentation provided as part of a programme to search for these key issues. Other educationalists may argue that the lack of evidence found in the programme specifications is likely to be compensated for by their presence elsewhere in the documentation. It is certainly the case that these words are used elsewhere in all of the documents. However the very fact they are present in a very limited state in the two essential core features of the programme (its aims and learning outcomes) is a significant point.

As previously indicated, the standards of published documentation varied greatly in terms of content and detail, and a multiplicity of formats were identified which mitigate against direct comparison of documentation. However the central importance of care and compassion to nursing practice should mean that however few in number the programme aims or outcomes or how differing the format, if care and compassion are central tents of nursing practice, they should still have been clearly and explicitly articulated.

7. Conclusion

Undergraduate nurse education is fundamental to providing the foundations for future nursing practice and if the future workforce is to be the compassionate caring professionals envisioned as the ideal and expected as the norm by those in receipt of care, educationalists must ensure that the programmes they design and run fully support this.

Responsibility for the quality of nursing practice is shared across a range of institutions and individuals, and nurse education and educationalists equally have their part to play in maintaining and improving standards. Clearly and explicitly articulating what is meant by caring and compassionate nursing practice is key starting point and its place at the heart of a programmes aims and learning outcomes must be firmly

and rigorously established.

Conflicts of interest

There is no conflict of interest with this paper.

Ethical approval

Not applicable.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.nepr.2019.03.013>.

Funding sources

Not Applicable.

References

- Adam, D., Taylor, R., 2014. Compassionate care; empowering students through nurse education. *Nurse Educ. Today* 34, 1241–1245.
- Adamson, E., Dewar, B., 2015. Compassionate care: student nurses learning through reflection and the use of story. *Nurse Educ. Pract.* 15, 155–161.
- Bradshaw, A., 2014. Relink education with practice to restore compassion to nursing. *BMJ* 348, G3310.
- Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. *Qual. Res. Psychol.* 3, 77–101.
- British Psychological Society, 2013. Ethics guidance for internet mediated research. BPS Leicester. www.bps.org.uk/publications/policy-andguidelines/research-guidelinespolicydocuments/research-guidelines-poli.
- Carragher, J., Gormley, K., 2017. Leadership and emotional intelligence in nursing and midwifery education and practice: a discussion paper. *J. Adv. Nurs.* 73 (1), 85–96.
- Cornwell, J., Donaldson, J., Smith, P., 2014. Editorial. Nurse education today: special issue on compassionate care. *Nurse Educ. Today* 34, 1188–1189.
- Crawford, P., Brown, B., Kvangarsnes, M., Gilbert, P., 2014. The design of compassionate care. *J. Clin. Nurs.* 23, 3589–3599.
- Department of Health, 2012. Transforming Care: a National Response to Winterbourne View Hospital. Department of Health Review Final Report. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf.
- Doyle, K., Hungerford, C., Cruickshank, M., 2014. Reviewing tribunal cases and nurse behaviour: putting empathy back into nurse education with Blooms taxonomy. *Nurse Educ. Today* 34, 1069–1073.
- Durkin, M., Gurbutt, R., Carson, J., 2018. Qualities, teaching, and measurement of compassion in nursing: a systematic review. *Nurse Educ. Today* 63, 50–58.
- Ewan, C., White, R., 1996. *Teaching Nursing; A Self Instructional Handbook*. Chapman and Hall, London.
- Francis, R., 2010. Independent inquiry into care provided by mid staffordshire NHS foundation trust January 2005- march 2009. <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/key-documents>.
- Francis, R., 2013. The Midstaffordshire NHS Foundation Trust Public Inquiry. <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/>.
- Greenwood, J., 1993. The apparent desensitisation of student nurses during their professional socialisation: a cognitive perspective. *J. Adv. Nurs.* 18, 1471–1479.
- Griffiths, J., Speed, S., Horne, M., Keeley, P., 2012. A caring professional attitude: what service users and carers seek in graduate nurses and the challenge for educators. *Nurse Educ. Today* 121–127.
- Health Education England, 2014. Values Based Recruitment Framework. <https://hee.nhs.uk/work-programmes/values-based-recruitment/national-vbr-framework/>.
- Lazenby, M., 2013. On the humanities of nursing. *Nurs. Outlook* 61, E9–E14.
- Mackintosh, C., 2000. Is there a place for “care” within nursing? *Int. J. Nurs. Stud.* 37 (4), 321–327.
- Mackintosh, C., 2006. Caring the socialisation of pre-registration students nurses: a longitudinal qualitative descriptive study. *Int. J. Nurs. Stud.* 24, 953–962.
- Mackintosh-Franklin, C., 2016a. Nursing Philosophy: a review of current pre-registration curricula in the UK. *Nurse Educ. Today* 37, 71–74.
- Mackintosh-Franklin, C., 2016b. Pedagogical principles underpinning undergraduate nurse education in the UK: a review. *Nurse Educ. Today* 40, 118–122.
- McCance, T.V., McKenna, H.P., Boore, J.R.P., 1997. Caring; dealing with a difficult concept. *Int. J. Nurs. Stud.* 234 (4), 241–248.
- Nursing and Midwifery Council, 2010. Standards for Pre-registration Nurse Education. <http://www.nmc.org.uk/standards/additional-standards/standards-for-pre-registration-nursing-education/>.
- Papastavrou, E., Esfsthahou, G., Charalambous, A., 2011. Nurses and patients perceptions of caring behaviours: quantitative systematic review of comparative studies. *J. Adv. Nurs.* 67 (6), 1191–1205.
- Percy, M., Richardson, C., 2018. Introducing nursing practice to student nurses: how we can promote care compassion and empathy. *Nurse Educ. Pract.* 29, 200–205.
- Petrucci, C., La Cerra, C., Aloisio, F., Montanari, P., Lancia, L., 2016. Empathy in health professional students: a comparative cross sectional study. *Nurse Educ. Today* 41, 1–5.
- Richardson, C., Percy, M., Hughes, J., 2015. Nursing therapeutics: teaching student nurses care, compassion and empathy. *Nurse Educ. Today* 35, e1–e5.
- Van der Ginkel, 2014. Compassion: the missing link in quality of care. *Nurse Educ. Today* 34, 1253–1257.
- Watson, R., Deary, I.J., Lea, A., 1999. A longitudinal study into the perceptions of caring and nursing among student nurses. *J. Adv. Nurs.* 29, 1228–1237.
- Williams, J., Stickley, T., 2010. Empathy and nurse education. *Nurse Educ. Today* 30, 752–755.
- Willis, P., 2015. Shape of Caring: a Review of the Future Education and Training of Registered Nurses and Health Care Assistants. Health Education England. <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>.
- Woodward, V.M., 1997. Professional caring: a contradiction in terms? *J. Adv. Nurs.* 26, 999–1004.