



Review article

Promoting compassionate care in radiography – What might be suitable pedagogy? A discussion paper

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ABSTRACT

Objectives: Compassionate care is a core value of healthcare practice. In the post-Francis arena, the Shape of Caring review scrutinised healthcare education and training. The aim of the review was to better enable healthcare providers in delivering compassionate care and support to people with complex challenging health needs today and in the future. The review also reiterated the role of educators and universities in developing curricula capable of promoting compassionate care. Despite the review focussing upon the nursing profession, this paper suggests there is a similar role for radiography educators in delivering curricula suitable for promoting compassionate care. Potential pedagogic methods and their suitability within the radiography education setting will be considered.

Key findings: Relationships and emotions were noted as important aspects of promoting compassionate care. The themes 'practising compassionately' and 'individual and relationship factors ...' are of particular relevance to education.

Conclusions: Compassion remains a priority in policy which must be promoted to students as an integral aspect of healthcare education. A facilitated discussion of students' reflections around practice experiences to promote compassion is suggested. Supplemented by service user stories, students would be able to develop the skills needed to 'practise compassionately'.

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Introduction

Compassion is a priority for healthcare; is at the forefront of policy and remains a key focus of professional practice.¹ Recent high profile reports have highlighted the need for 'care to be patient-centred, compassionate and well informed'.² The Shape of Caring review² scrutinises healthcare education and training to establish if current provision is optimal. The focus is two-fold, firstly to better enable healthcare providers to deliver compassionate care and support for people with complex challenging health needs today and in the future.² Secondly, for universities to establish if education programmes provide curricula to enable a workforce capable of delivering compassionate care and support.² Although this review focussed upon the nursing profession, the content is of relevance to the multi-disciplinary healthcare team responsible for patient care, including radiographers and thus, undergraduate radiography education.

This discussion paper will explore, through a critical review of selected literature, how compassionate care might be promoted within the radiography curriculum. A model for promoting compassion within the context of radiography education will be proposed. Firstly it would be useful to define the term compassion before exploring how it might be operationalised within radiography education.

Compassion in healthcare

From a policy perspective, compassion is considered a value and behaviour to be demonstrated by all healthcare staff.² Values expected of healthcare practitioners will not be debated here, but will be accepted as those identified within the NHS Constitution³ which include compassion. However it must also be acknowledged that within the wider global healthcare setting, there is a greater emphasis on compassionate care. The World Health Organisation (WHO) published the global strategy on people-centred health services²³ which promotes health services with people, as individuals, at their centre. Although compassion is not a term directly used the fundamental concepts underpinning person-

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centred compassionate care are evident within the strategy through empowerment and providing 'health services that put people ... at their centre'.²³ Furthermore, the WHO Strategy promotes the delivery of care through equal and reciprocal relationships between professionals and patients. The person-centred, values-based aspects of care are reiterated by the Picker Institute, a charity dedicated to improving and promoting quality, holistic health and social care.²⁴ The Picker policy briefing on person-centred care in Europe suggests that for 'care to be compassionate it must be delivered with respect, dignity, sensitivity and with an understanding about the person'.²⁴ Thus person-centred care is not only a priority within the UK, but also of importance globally.

Willis defines compassion as:

'...how care is given through relationships based on empathy, respect and dignity; it can also be described as intelligent kindness and is central to how people perceive their care'²

Willis' definition emphasises the importance of developing relationships through patient–practitioner interactions which concurs with Dewar's concept of the 'relational nature'¹ of compassion. Furthermore, within this patient–practitioner relationship, there is mutual understanding, regard and respect for the individual involved.⁴ Sabo⁴ suggests the most critical aspect of the compassionate relationship is empathy which is similarly reflected in the definition of compassion given earlier.² For the purpose of this paper, further exploration of empathy is not possible. However it is acknowledged as a complex, multi-faceted construct² and will be defined as the ability to perceive, understand and communicate the patients' feelings.² Thus, compassion from a relational perspective includes empathetic, interpersonal relationships framed around feelings and communication. This perspective proposes both a personalised notion of, and an emotive aspect to, compassion. A clear definition may be problematic due to the nebulous nature of compassion, where it could have different meanings to different individuals.⁵ Consequently, considering the appropriate pedagogic models to promote compassion in student radiographers may be challenging when the central concept is both subjective and complex.

Turning to the psychological perspectives of compassion, Sabo identifies 'compassion is often understood as an emotion'⁴ whilst Goetz, Keltner, and Simon-Thomas refer to compassion as 'the feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help'.⁶ Similarly, Chochinov defines compassion as 'a deep awareness of the suffering of another coupled with a wish to relieve it'.⁷ These notions of compassion would readily associate with the empathetic, relationship focus of compassion discussed earlier. However, it may be suggested that they confine the enactment of compassion only to when suffering is present. Not all patients within radiography would be 'suffering' in the literal sense of this subjective notion. If this definition was adopted, patients attending for screening procedures for example, might not be 'worthy' of compassion from practitioners involved in their care.

Compassion, through either lens previously discussed, includes the significant role played by 'feelings'. Feelings and emotions may be personal constructs⁸ but an increased awareness of them, and the influence they may have over experiences and actions, could be significant when developing pedagogy to promote compassion. Before suggesting a definition of compassion from a personal position in the context of radiography, it would be beneficial to outline the radiography curriculum to better situate the pedagogic models under discussion.

Compassion within the radiography context

The radiography curricula within UK higher education institutions are divided equally between academic and clinical content. The overarching importance is upon clinical competence, stipulated by the professional and regulatory bodies, where knowledge and technical skills are dominant and 'softer skills' have a lesser focus. Teaching favours a traditional, behaviouristic, pedagogical approach concentrating upon competency, outcomes and information transfer.⁹ The curriculum is arguably teacher and content-focussed rather than favouring the cognitive student-focussed learning paradigm.¹⁰ This could be a significant challenge when considering an appropriate pedagogy to promote compassion in students.

There is a paucity of radiography-specific literature concerning compassion and how it might be promoted to students. Upon reviewing the literature, the following definition is proposed as most pertinent in the radiography setting as it does not exclusively relate to patient suffering. Rather, the emphasis is upon vulnerability which may be more appropriate to the radiography patients' experience. Dewar's proposed definition of compassion includes acknowledgement of both emotional and interpersonal relationship features. Additionally, it recognises the subjective nature of compassion as an individually constructed concept which may have varying meaning to different individuals. A recent study by Bleiker et al.²⁵ utilised semi-structured interviews to explore patients' experiences of diagnostic imaging, and what compassionate care meant to them as individuals. Four themes emerged: hidden emotions, professionalism and valued qualities, communication, and feelings and emotions. These resonate with aspects of Dewar's definition yet it is the sub-theme of vulnerability that may be of particular importance. Vulnerability is not confined to groups such as the elderly or disabled²⁵ but relates to every patient as an individual. As Bleiker et al. propose, psychological differences between individuals create a diversity that must be acknowledged by radiographers, particularly around delivering compassionate care.²⁵

Dewar's definition is that compassion:

'...involves noticing another person's vulnerability, experiencing an emotional reaction to this, and acting in some way with the person, in a way that is meaningful for people.'¹¹

With this definition in mind, it is appropriate to now critically explore the literature concerning pedagogy before considering the possible application of these models within the context of radiography.

Critical review of pedagogy

The importance of relationships and emotions has been noted from the literature concerning compassion, and feature in the definition adopted for radiography in this paper. Both perspectives are echoed by Christiansen et al.¹² in their study around the delivery of compassionate care. Christiansen et al. sought to explore the understanding of health professionals and pre-qualifying healthcare students around compassionate care and the factors that hinder or enable them to practice compassionately.¹² Through a thematic analysis of open responses, a framework of perceived barriers and enablers to delivery of compassionate care was developed. This framework may be a beneficial tool in considering the pedagogy to promote compassion. This has been adapted and is presented in Table 1. Although radiographers were not exclusively involved, the findings are reflective of a range of current healthcare practitioners and students within the United Kingdom. The themes 'practising compassionately' and 'individual and relationship

Table 1
Possible themes to guide pedagogy for compassionate care.

Themes	Sub-themes	Possible pedagogic interventions
Compassionate Practise	Attune to others experiences	<ul style="list-style-type: none"> • Patients as educators • Sharing experiences • Facilitated reflection
	Connecting emotionally	<ul style="list-style-type: none"> • Role modelling from academic staff • Patient stories • Values-based curriculum
	Doing the 'small things': person-centred, individualised care	<ul style="list-style-type: none"> • Patients as educators • Sharing experiences • Values-based curriculum
Individual and Relationship Factors	Personal and professional values	<ul style="list-style-type: none"> • Developing attributes through patient stories • Facilitated reflection
	Patient and family values	<ul style="list-style-type: none"> • Patients as educators • Sharing experiences • Values-based curriculum
	Understanding self and others	<ul style="list-style-type: none"> • Patients as educators • Sharing experiences • Values-based curriculum
Leadership Factors	Compassionate leadership	<ul style="list-style-type: none"> • Facilitated reflection • Role modelling from academic staff • Patient stories • Values-based curriculum
	Positive role models	<ul style="list-style-type: none"> • Role modelling from academic staff
	Good relationships to promote feelings of being valued and supported	<ul style="list-style-type: none"> • Role modelling from academic staff • Sharing experiences • Facilitated reflection

(Adapted from Christiansen et al.¹²).

factors ...¹² are of particular relevance to education and will be used to frame this discussion. The remaining themes relate to the clinical setting, and although acknowledged as significant, they will not be directly considered in this paper.

The emphasis of 'practising compassionately' relates to developing an emotional, open connectivity with patients and an awareness of their experiences.¹² The model of reflection and use of patient stories may be approaches that enable such development in students. Reflection is long-established in improving patient care.¹³ and is a requirement of registered radiographers to reflect upon their practice.¹⁴ In the education setting, Adam and Taylor¹⁵ propose students reflect upon a particular experience involving relationships with patients. Their reflections form the basis of tutor-facilitated group discussions and enlighten individual students of subsequent learning needs. Although the study involved nursing students, this strategy could transfer to all healthcare professions, including radiography.

Adam and Taylor did acknowledge that the facilitator was a key influence on students' learning and development. Mutual respect, goal-setting and decision-making promoted collaboration and enabled students to form valuable relationships that developed their compassionate care in practice.¹⁵ Furthermore, Adam and Taylor found '...modelling of caring attitudes by faculty members ...'¹⁵ was vital to the educational process and allowed students to better understand compassionate care. The importance of using reflection to promote compassion is reiterated by Cole-King and Gilbert. They propose the need for students to 'stand back, think and reflect'¹⁶ and through skilled intervention, commitment and courage, show empathy and attention to others. It may be more than the process of reflection itself that promotes compassion, rather the deconstruction of events and experiences. When discussed with peers under careful facilitation, students can become more attuned to others experiences; demonstrating empathy, a key component of compassion identified in the literature. With critical reflection around placement experiences, students explore and develop the notion of compassionate care from their perspective and, most importantly, from patients'.

Noting the importance of the patients' perspective, Bray et al. suggest the 'human experiences of healthcare'¹⁷ are explored by students through stories, placing patients' actual health problems and experiences at the heart of learning. In a small-scale study involving service users in the radiography curriculum, Strudwick and Harvey-Lloyd¹⁸ found students benefitted from service user involvement by reflecting upon their experiences and challenging preconceptions. Although not focussed upon compassion, students identified development of compassionate attributes such as empathy and patient-connectedness. Despite the strategy being utilised in the academic setting, students felt the model would promote compassion in their clinical practice through a raised awareness and a level of connection with the individuals' experiences in healthcare. The pedagogic model employed by Strudwick and Harvey-Lloyd also involved student reflection and facilitated discussion. Both models would provide students with the means of recognising patient vulnerability, an essential aspect of compassion as defined earlier. This was echoed in the more recent qualitative study by Flood, Wilson and Cathcart.²²

The importance of patients as educators was explored by Flood, Wilson and Cathcart²² who highlighted the pedagogic value of patients telling their unique experience of cancer. Student radiographers experienced a deeper level of understanding and learning from the patients involved, developing empathy and compassion some of the professional skills and attributes required of registered radiographers. The patients reported benefits from the educational interaction whilst students gleaned a greater awareness and understanding of the need for individualised person-centred care. This suggests a two-fold benefit to the use of patients as educators to promote compassionate care in radiography.

The second aspect of the thematic framework around barriers and enablers to delivering compassionate care, and worthy of discussion is the development of relationships and values.¹² Pedagogy reflecting the values aspect of compassion is proposed by McLean¹⁹ as a 'values-based' curriculum. McLean recommends that educators must extend 'beyond teaching about care and compassion, but should aim to instil these core values'¹⁹ in students. The values-based enquiry model used for nursing

students included service user input in a similar manner to the previous models, but explored through the lens of professional values. In challenging preconceived ideas and beliefs, students explore their decision-making and clinical practice, so developing the value of compassion. McLean suggests a whole curriculum focus 'emphasises that self-awareness, the professional values of care and compassion...'¹⁹ Returning to the thematic framework of barriers and enablers to compassionate care proposed by Christiansen et al., McLean's model would clearly promote professional and personal values. Furthermore, 'understanding self and others'¹² may result from a values-approach which would better enable relationships, a key aspect of the definition of compassion used within this paper.

In summary, three main models have been suggested to promote compassion: reflection with facilitator support; patients as educators relating their stories; and a values-based curriculum. The possible use of these models in the context of radiography will now be considered.

Challenges within the radiography context

Within the radiography clinical environment, despite the policy priority of patient-centred care, there is arguably a greater emphasis upon output, targets and the process-driven business aspects of health.²⁰ This can be potentially problematic for academic educators who must provide a broad curriculum, meet competency requirements, whilst promoting compassionate care. Tension exists with the increased emphasis upon technology and the academic aspects of education, diminishing the importance of the 'softer' skills of caring and compassion within the curricula.¹⁰ Despite these potential challenges, the need for compassionate care in all aspects of health cannot be refuted. Further, it remains a professional priority for teaching practice which, through this paper, will suggest appropriate pedagogy to promote compassion in radiography students.

The values-based curriculum may appear idealistic, developing students' morals as healthcare practitioners, yet it may be argued that students have already been selected through a values-based recruitment process. This process explores morals, so that core professional values should already exist in recruited students as individuals. Moreover, with the professional body focussed upon technical-competency pedagogy, adopting a values-based curriculum in its entirety may be problematic. For HCPC registration and completion, the need to demonstrate student skills and knowledge remains. A key issue is for students to enact compassion and for it to be an integral part of their practice, as identified by the NHS Constitution³ and the Radiographers' Code of Conduct.²¹ The radiography curriculum includes reflection, as a core skill required by all registered radiographers, and as part of the assessment strategy. It may be that refining the pedagogic model of reflection used within radiography, could better enable compassion to be operationalised and transferred into the clinical setting.

Acknowledging the use of reflection within the current curriculum, the application of reflection needs to be refined to better enable compassion within radiography students. Adopting service user stories and facilitated discussions, based upon the model suggested by Adam and Taylor,¹⁵ would enable students to 'practise compassionately' and develop an emotional connectedness with service users. Careful facilitation of student discussion groups would permit the values and relational aspects of compassion to be explored. Adapting the radiography curriculum in this manner would require careful training of facilitators to ensure appropriate professional and compassionate values were modelled to students. Ensuring parity across all facilitators may be problematic; presenting a potential challenge with training and professional

development. However, arguably both student and patient benefits would result.

Conclusion

Compassion remains a priority in policy which must be promoted to students as an integral aspect of healthcare education. This paper has explored which pedagogic model might be best suited to promote compassion in radiography students. It may be that facilitated discussion of students' reflections around practice experiences would be a useful pedagogic model to promote compassion. Supplemented by service user stories, students would be able to develop the skills needed to 'practise compassionately'. Facilitators as role models would demonstrate compassion and professional values to students and so develop the compassionate practitioner required of healthcare today.

Conflict of interest statement

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