Research Summary: Narrative inquiry into the experience of compassionate nursing care in an Acute Care Trust, from the perspective of patients, relatives and nurses

Research team

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Background

This research resulted from collaboration between academic and practice nurses in response to social, political and professional concerns about compassion in healthcare (Firth Cozens and Cornwell 2009). While it is recognised that caring and compassion are by no means owned by nursing this research began with nursing and patients because of its professional significance as an indicator of nursing quality and the public expectation that nursing is "the caring profession".

The objective of the research was to use the stories of patients, relatives and nurses to reveal their experiences of compassionate nursing care in an acute care context.

Aims of the research were to:

- to capture experiences of compassion in nursing from patients, relative and nurses, through the stories they tell
- to capture the significance of compassion to nurses patients and relatives
- identify through their stories enabling and inhibiting factors in the delivery of compassionate care
- use the findings of the research to inform future education at the University and in the Trust to raise the profile of compassionate care

The research was developed as a collaborative project between three academics and a senior practicing nurse and supported by a local acute care Trust.

Methods

The study design was narrative inquiry. Narrative research is a form of interpretive, qualitative research. It is the study of how human beings experience the world through the stories they tell (Moen 2006). The narrative enquiry design fit the exploration of the concept of compassionate nursing care by identifying how nurses, patients and relatives construct the meaning of their experience of compassionate nursing care in the context of an acute hospital trust.

Ethical approval was obtained from Faculty and Local Research Ethics Committees.

The sample consisted of 16 patients and relatives recruited from the distribution of 200 consent forms in 9 selected wards, and 10 nurses recruited through hospital email.

Taped interviews were carried out between July 2011 and January 2012.

Data analysis was triangulated using both Labov's (1999) narrative framework to reveal the structure of the story, what the story was about, why it was being told, it's meaning. In addition grounded theory techniques were used to generate theoretical insights (Charmaz 2008) that would reveal and explain relationships between the nurses, patients and relatives storied accounts of compassionate nursing care.

Findings

Compassion is valued by nurses, patients and relatives and is demonstrated by a word, a smile, or an act of kindness.

"It was quite a big thing in my life and the attitude of the nurses was the thing that could make a difference, it did make a difference, more than anything, more than consultants, more than the treatment, more than the comfort of the bed or anything it [compassion]is just so important". Patient

However, participants struggle to express their humanity within the high pressure context of acute care. Complex contextual influences enable or inhibit its expression. Enabling factors include role modelling, supportive managers, effective teams and personal factors. Inhibiting factors include high workload, personal factors, patient needs which vary from the pathway norm and management requirements.

Enabling factors- energising leading to expansive caring possibilities

- Effective and supportive inter professional teams:
    - *feeling that your voice is valued*
    - *shared values and beliefs*
    - *a sense of belonging*
    - *a sense of identity and feeling proud of the care the team could give*
- Role modelling by others who demonstrate compassionate care – *the role models can be anybody in the organisation, a consultant, a relatively new nurse but all staff and patients know they are in the presence of a person who conveys a holistic compassionate way of being. The glimpse of the role model re-sets the moral compass of nursing staff energising them to be compassionate towards others*
- Personal factors
    - *Values and beliefs of the nurse, many said compassion cannot be taught. It's there or it isn't*
    - *Compassion capacity: sensitivity to self in relation to others – knowing when you are compassionate and when you are not*
    - *Responding to patient needs, nurses would describe how their compassion mindedness would "bring them back into the room"*
- High nurse to patient ratios
    - *these tend to be clinical specialist areas. The impact is significant on the quality of patient experience and the nurse' sense of capacity to meet the needs of patients*
- Supportive Managers who were sensitive to individual needs of staff

Inhibiting factors – diminished capacity to care

- High workloads
    - *low nurse to patient ratios- just time to do basic procedural care, no fancy stuff*
    - *task oriented care – patients feel like they are objectified , conveyor belt care and nurses lack flexibility*
- Personal Factors
    - *Fatigue long shifts and no breaks The last few hours are spent working for others, not the patients, tidying up for the next shift, over tired, less tolerant*
    - *Stress in personal life diminishes capacity to care*
- Managerial requirements
    - *Target requirements can conflict with nursing values*
    - *Clinical audit requirements – limited time frames for patient / nurse contact force nurses to engage in objective data gathering at odds with patient need in that 'space'*
- Variance from the pathway norm
    - *Patients whose needs are beyond the anticipated range are vulnerable to dissonance e.g. a patient who was in for bowel surgery also had complex respiratory and bladder pathology. The*

nurse exchanges consistently focused on the former leading to a perception of not being heard, not being believed, not being understood, not being cared for or about.

The pressures of workload as a result of high bed occupancy and low nurse patient rations were mentioned by every participant.

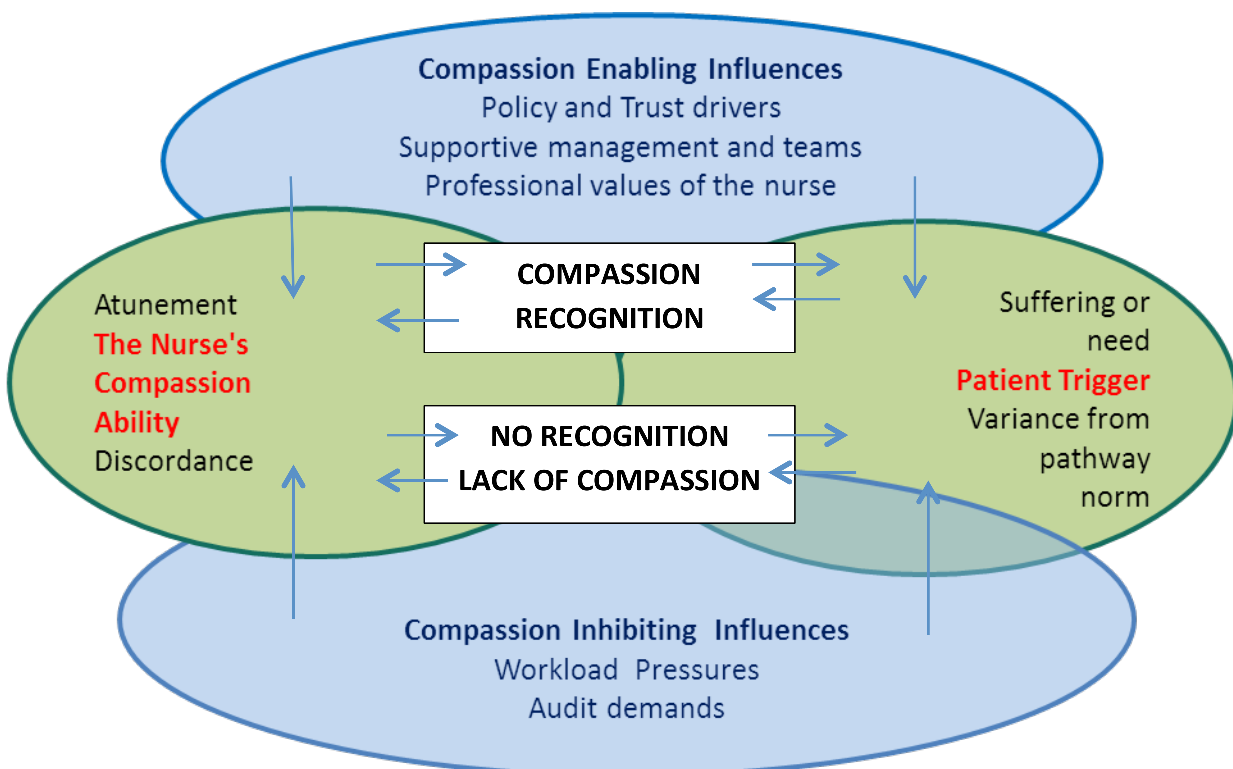
"You can hear them say " we are busy, we are busy" and I think it is not their fault….I understand if you are busy, how could you do that extra caring. You can't". Patient

Discussion

The analysis of the data revealed a theory of compassion expressed as atunement or discordance in response to perceived need.

Compassion is the outcome of an interpersonal, transient, temporal and contextual experience in which one person recognises and responds to the suffering of another by giving emotional or physical support. Compassion is demonstrated when the nurse is able to recognise and atune to the patient trigger and respond appropriately. It is absent in discordance, when the nurse has no capacity either to recognise or to respond appropriately to the patient trigger. The nurse's capacity to engage is subject to a range of personal and contextual influences. Compassion was vulnerable to the pressures of workloads which characterise the acute care environment in which individuals struggle to express their humanity. Being busy was a major factor that led to discordance and inhibited compassion, leaving the nurse participants with a sense of professional failure and the patients and relatives with increased stress and a sense of abandonment. Increased capacity to refocus the self in atunement with patient need was possible through being amongst a supportive team, compassionate role models, mindful senior nurses, and reflexive self-regulation.

The Theory of compassion as atonement or discordance



Conclusions

The research reveals the vulnerability of compassion within the high pressure context of acute care where nurses and patients struggle to maintain their individuality and humanity.

References

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